Climbing Out: Exploring the Psychosocial Impacts of an
Adventure Programme for Young Adult Survivors of Cancer

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Abstract

Background: With increasing survival rates achieved for youth diagnosed with cancer, there have been calls to explore intervention modalities that may rehabilitate the aversive psychosocial impacts of experiencing cancer during critical developmental years. Adventure Therapy, is a novel modality that has seen growing clinical use in the United States and Canada, with research efforts highlighting its efficacy in addressing psychosocial concerns for young adult survivors. To date, there exists limited long-term evidence for the impact of an Adventure Therapy programme in a British healthcare context, with scant understanding for the mechanisms underlying beneficial change.

Aims: To explore young adult cancer survivors’ experiences of ‘Climbing Out’, an adventure programme, and address a gap in the literature by exploring the long-term psychosocial benefits and mechanisms underlying meaningful change in the UK.

Methods: Participants completed semi-structured interviews several years after involvement with Climbing Out (n = 6, mean age = 21.8 years). A six-step thematic analysis was used to identify major themes and explore their relation to current psychological theory.


Conclusions: Several years after completion, participants attribute long-term psychosocial adjustment to the adventure programme, citing a return to normality in self-concept, a renewed sense of hope, and a cultivation of self-efficacy. Processes of awareness and acceptance mirrored third-wave narratives in clinical psychology, with the unique group context underlying significant long-held changes. Beyond a model of resilience, it would appear that involvement in Climbing Out helps not only to foster adjustment and recovery following a major chronic illness but precipitates posttraumatic growth. Directions for future research are discussed, with limitations of the study additionally acknowledged.

(297 words)
1. Introduction

1.1 The Psychosocial Impact of Cancer in Development

With survival rates for childhood cancer now approaching 70 per cent, dependent upon the specific diagnosis, the number of child and adolescent survivors of cancer has dramatically increased in the last two decades (Bacci & Lari, 2001; Elad, Yagil, Cohen, & Meller, 2003; Stevens et al., 2004). Consequently, many young people now live with cancer, as opposed to dying from it (Balen, Fielding, & Lewis, 1998). As a result, there has been a paradigmatic shift in epistemology, from that of dealing with issues surrounding death, to that of managing long-term adjustment to a chronic health condition (Cottrell & Luthwood, 2009). Whilst the majority of paediatric oncology research to date has been focussed on disease-related subject matter, there is growing acknowledgement for the need to elucidate the long-term psychosocial impacts of receiving cancer treatment in childhood and adolescence (Balen, Fielding, & Lewis, 1996; Winter, Muller, Hoffmann, Boos, & Rosenbaum, 2010).

The current study explores the experiences of participants in young adulthood, a seminal transitional period, where individuals may be disproportionately susceptible to aversive psychosocial impacts of cancer (Belsky & Pluess, 2009; Elad et al., 2003). Young adults facing cancer are likely to have experienced repeated hospitalisations, the toxic effects of chemotherapy and radiation, changes to their physical appearance and changes in their peer relationships through loss, rejection or time away from social networks (Evans & Radford, 1995; Fritz, Williams, & Amylon, 1988; Stevens et al., 2004). As a result, there exist notable psychosocial challenges for young adult survivors to meet developmental milestones, such as establishing autonomy and independence, commencing careers and forming intimate romantic relationships (Evan & Zeltzer, 2006; Zebrack, Chesler, & Penn, 2007).

Although most of the literature on psychological adjustment for young adult survivors of cancer demonstrates that they are as well-adjusted as their peers, research suggest that are some psychosocial difficulties specific to the population (Felder-Puig et al., 1998), such as with self-esteem and identity development (Evan, Kaufman, Cook, & Zeltzer, 2006; Evans & Radford, 1995), negative self-concept (Hokkanen, Eriksson, Outi, & Sanna, 2004), preoccupations with ill-health and fertility (Gray et
al., 1992; Langeveld, Grootenhuis, Voute, De Haan, & Van Den Bos, 2004), employment/education, physical functioning, and social anxiety/isolation (Abrams, Hazen, & Penson, 2007; Barr, 2001; Stevens et al., 2004). Due to the common acute onset and life-threatening nature of the disease, it appears that diagnosis and treatment of cancer during childhood and adolescence places significant and unique strain on young adults’ attainment of key psychosocial tasks, resulting in significant threats to health related quality of life (D'Agostino & Edelstein, 2013; Elad et al., 2003; Zebrack, 2009). As a result, the major challenge in care of young adult survivors of cancer is to enhance their psychological state and to recuperate the social effects of disease and treatment (Stevens et al., 2004). Conversely, several studies have found evidence demonstrating positive experiences of personal growth following cancer treatment, such as a reprioritising of life and greater maturity compared with same-age peers without a history of cancer (Bello & McIntire, 1995; Daiter, Larson, Weddington, & Ultmann, 1998).

Despite a number of studies focussing inquiry into the experiences of young adult survivors of cancer, there have been proportionally few that have looked at the long-term psychosocial impacts of cancer treatment, in particular as they differ with child and early adolescent populations (Zebrack, 2008, 2009). The majority of studies tend not to differentiate between childhood, adolescent and young adult survivors of cancer, reporting on either paediatric or older adult populations (Haase & Phillips, 2004).

With improved survival rates for cancer and substantive psychosocial concerns for young adult survivors, it is of increasing pre-eminence that comprehensive, age-appropriate rehabilitation programmes are utilised to address the needs of survivors at this important developmental stage (Winter et al., 2010). However, as Zebrack (2009) recognises more than 50 per cent (n = 879) of young adult survivors of cancer indicated that their needs for support services had been unmet. Findings suggest a need to enhance provision of supportive care for young adult cancer survivors throughout a continuum of care from diagnosis to off-treatment survivorship. As Zebrack and Butler (2012, p. 624) recognise, ‘the experience of cancer often has a negative impact on [a multitude of] psychosocial variables, leaving an enduring mark on many young adult cancer survivors’. Given that a diagnosis of cancer during childhood and adolescence can disrupt the attainment of critical developmental tasks,
research efforts need to be prioritised to evaluate and develop more comprehensive rehabilitation intervention modalities (Elad et al., 2003; Winter et al., 2010).

1.2 Physical Activity Interventions for Survivors of Cancer

There exists a growing body of literature evidencing the beneficial effects of physical activity interventions for survivors of cancer (Speck, Courneya, Masse, Duval, & Schmitz, 2010). Accordingly, physical activity programmes are increasingly acknowledged as effective interventions for improving physical health components such as immuno-competence (Fairey, Courneya, Field, & Mackey, 2002) and can attenuate tumor development, reducing the risk in some forms of cancer (Radak, Gaal, & Taylor, 2002) as well as providing psychological benefits such as improvements with mood, attentional ability, self-efficacy, autonomy, peer interactions and quality of life (Camero, Hobbs, Stringer, Branscum, & Taylor, 2012). Although physical exercise during treatment and recovery has shown promising results with regard to psychological benefits in adult cancer patients, there remains scarce evidence to substantiate such claims in adolescent and young adult populations (AYA; Speck et al., 2010; Stevens et al., 2004; van Brussel, Takken, Lucia, van der Net, & Helders, 2005). As Speck et al. (2010) recognises in a systematic review of physical activity programmes for cancer survivors, future directions need to demonstrate their utility with adolescent and young adult populations, as survivors who are in greatest need for improvement in targeted outcomes.

1.3 Adventure Therapy for Young Adult Survivors of Cancer

One novel physical activity modality that has seen initial and promising results with young adult survivors of cancer is that of ‘Adventure Therapy’ programmes (Elad et al., 2003; Rosenberg, Lange, Zebrack, Moulton, & Kosslyn, 2014; Stevens et al., 2004). Adventure therapy, although diverse in content and structure, involves the use of physically challenging experiences in a small-group and wilderness setting (Berman & Davis-Berman, 2013; Gass, Gillis, & Russell, 2012). While there remains significant debate in concluding a universal definition, adventure therapy can be defined as ‘the prescriptive use of adventure experiences provided by mental health professionals… that kinaesthetically engage clients on cognitive, affective, and behavioral levels’ (Gass et al., 2012, p. 1).
Intended to benefit individuals who are in recovery of some nature, whether that be physical, emotional or psychological, such programmes target much of the transitional issues that young adult survivors of cancer face, such as learned helplessness, feeling of low self-worth and a lack of autonomy (Brocklebank, 1993; Kimball & Bacon, 1993; Norton et al., 2014). Interlaced with physical challenges that emphasise personal achievement, responsibility and self-efficacy, are the psychological elements associated with adventure activities, such as personal growth, trust, and actual or perceived risk taking (Autry, 2001; Stevens et al., 2004). Through ‘mastery and performance-based success’ within a wilderness setting, this form of therapy attempts to transfer accomplishments and feelings of self-worth to wider psychosocial challenges in everyday life (Norton et al., 2014; Stevens et al., 2004, p. 279). As such, one of the principal tools of adventure programmes is the use of metaphoric associations, so that individuals are able to transfer lessons learned in adventure experience to behavioural or attitudinal changes in everyday life. As Elad et al. (2003, p. 202) recognises, ‘the key to applying coping strategies on the participants’ returning home lies in visualizing and finding meaning in the parallels between the adventures and real life’. Additionally, while the programmes are facilitated by adventure and mental health professionals, the organizational structure of programmes is non-hierarchical, with conscious efforts to foster inter-personal trust, openness and personal agency (Deane & Harre, 2014).

Regular contact with green space and participation in regular physical exercise have been shown to positively influence both mental and physical health (Pretty et al., 2007; Pretty, Peacock, Sellens, & Griffin, 2005). Initial research by Hvizdala, Miale, and Barnard (1978) recognised that the quality of life for adolescents and young adult cancer survivors is dependent not only on their medical treatment but also the successful management of psychosocial difficulties related to their treatment. Studying the effects of an American-based adventure therapy programme, qualitative analysis found benefits in the opportunity to return to normality through an outdoor lifestyle, where individuals could assert independence and foster relations with peers who had similarly stressful experiences. Kessell, Resnick, and Blum (1985) through pre-post testing found significant increases in internal locus of control and body image at 2 weeks and 6 weeks post-camp. Whilst using validated scales for both outcomes, the authors fail to specify the proportion of young adults who had cancer
versus other disorders, placing the validity of this study’s conclusions into question for this population.

More recently, three studies have conducted qualitative inquiry into the psychosocial impacts of adventure programmes for AYA survivors of cancer. Stevens et al. (2004) study of a Canadian adventure therapy programme for AYA cancer survivors, analysed the experiences of 11 young people and 5 health professionals, resulting in the themes ‘Developing Connections’, both interpersonal and intrapersonal through reflective experiences, ‘Togetherness’, with regard to teamwork and shared goals, ‘Rebuilding Self-Esteem’, through overcoming obstacles and experiences accomplishment, and ‘Creating Memories’. Analysis further highlighted a fostering of optimism and personal empowerment, concluding a positive influence on psychosocial well-being and health-related quality of life. Moreover, content analysis of 17 AYA cancer survivors’ experiences of an adventure programme in Greece revealed improvements in self-confidence, independence and peer networks (Elad et al., 2003). Participant narratives affirm that the programme afforded an appropriate therapeutic milieu in which to cultivate rehabilitation, largely through the experiences of a shared group-interactions and support. Furthermore, in a mixed-method design by Rosenberg et al. (2014) qualitative analysis found improved interpersonal and problem-solving skills, in addition to renewed self-efficacy and confidence in one’s ability to transfer accomplishments from the programme to challenges in everyday life. The 6-day American adventure programme additionally found, compared to wait-list controls, improved body-image, self-compassion, self-esteem and less depression, and alienation, relative to pre-test. Participants, however, attending their second adventure programme were not found to be significantly better off at pre-test than first time participants. Accordingly, the long-term impact of adventure programmes has been called into question, with uncertainty existing regarding the long-term maintenance of observed benefits.

Despite the increasing popularity of outdoor activity programmes for child and adolescent survivors of cancer, there exists limited explorative evaluation of their benefit (Martiniuk, 2003). The United States and Canada have seen a burgeoning field of programmes created since the 1970s, with over sixty residential interventions currently in operation (Martiniuk, 2003). While the United Kingdom, and Scotland in particular has recognised the significance of outdoor activities for key developmental
attainments in the ‘Curriculum for Excellence Through Outdoor Learning’ (Learning and Teaching Scotland, 2010), the use of such programmes has been largely restricted to general populations, with scant use of such programmes with clinical health populations. This research project, therefore, looks to explore the effects of a British adventure therapy programme, and assess its utility in aiding psychosocial outcomes, where the exists a distinct lack of United Kingdom literature. As such, it provides novel inquiry into the effects of adventure programmes for young adult survivors of cancer in a healthcare system patently different to that of the United States and Canada, providing initial explorative analysis into what psychosocial outcomes can be expected.

The biggest limitation within the field is recognised as the lack of knowledge regarding the long-term efficacy of such programmes (Martiniuk, 2003). While initial studies highlight a number of psychosocial benefits for AYA cancer survivors, methods are restricted to ethnographies and interviews in the short-term, reviewing the impacts of programmes on completion or several weeks after. This study, therefore, looks to explore the long-term efficacy of an adventure programme, utilising a qualitative line of inquiry to explore participant narratives several years after involvement. Through long-term follow-up, the study seeks to better understand the efficacy of a 5-day outdoor activity intervention in the psychosocial rehabilitation of young adult cancer survivors.

Furthermore, while research remains in its nascent stages of development, the mechanisms of change remain unclear, with limited explanatory understandings for the resultant psychosocial benefits of adventure therapy programmes (Camero et al., 2012). Accordingly, in order to substantiate initial claims, there have been calls not only to extend the focus of evaluation toward long-term areas of benefit, but also for further research to explicate underlying mechanisms of psychosocial change (Elad et al., 2003). Although an exhaustive review of the proposed mechanisms is beyond the remit of this paper, a number of physiological and psychological processes have been proposed to delineate the observed beneficial effects, such as increases in the transmission of monoamines and neuroendocrine regulation (Hackney, 2006; Monteiro-Peluso & Guerra de Andrade, 2005; Pretty et al., 2005), enhanced self-efficacy, through mastery and performance based-success (Monteiro-Peluso & Guerra de Andrade, 2005; Rosenberg et al., 2014), positive modelling and social persuasion,
(Kimball & Bacon, 1993), peer support (Rosenberg et al., 2014; Stevens et al., 2004) and functional improvement results from increased physical capability (van Brussel et al., 2005). Consequently, there does not exist an easily articulated theory of change for adventure programmes, with understandings of the mechanisms and processes by which change occurs seen as multivariate and in their early stages of research.

Of note, there exist concerns for the use of specialised programmes for AYA cancer survivors, suggesting that not only may they be unnecessary, but potentially harmful by unduly focussing on the disease and its side effects (Balen et al., 1996). In order to substantiate initial claims as to the utility of adventure programmes in the psychosocial rehabilitation of young adult cancer survivors, it is essential that research efforts are focussed in analysing its real-world impact, and the mechanisms by which change occurs.

The current climate of psychological therapies follows evidence-based practice guidelines, requiring emerging treatment to undergo rigorous evaluation before integration into clinical practice (Kazdin & Kendall, 1998). Thus, in order to temper enthusiasm and ensure best practice for novel interventions, it is essential to explore the utility of alternative treatment with rigour and investigate their value for producing meaningful change (Kazdin, 2005; Naglieri & LeBuffe, 2005). While in its emerging stages of development, it is important that research looks to clearly explicate the scope of improvements that adventure programmes can make (Kazdin, 2005). Beyond statistical reductions of symptoms, this project looks to evidence the long-term real-world significance and efficacy of an adventure programme, which aims to promote adaptive functioning in multiple psychosocial domains.

1.4 The Present Study

The present study addresses a gap in the literature by evaluating the long-term psychological impacts and mechanisms of change for young adult cancer survivors who have participated in a UK-based adventure therapy programme. With the vast majority of studies based in the United States, this research looks to analyse the experiences of individuals in the United Kingdom and explore the benefits of a 5-day residential outdoor programme in a healthcare system patently different to that of the
United States. In so doing, this research project aims to inform 3rd sector involvement in the psychological rehabilitation of cancer survivors in Britain.

With the research field in its early stages of development, qualitative research methods seem especially appropriate to access individual experiences and complex narratives of change (Willig, 2008). This study will therefore, utilise a qualitative line of inquiry to explore; 1) What are the perceived long-term psychosocial impacts of involvement in a Climbing Out adventure programme?, 2) What are the perceived mechanisms underlying long-term psychosocial change?
2. Method

2.1 Design

The study used a cross-sectional, qualitative line of inquiry, to explore the long-term psychosocial impacts of an adventure programme for young adult survivors of cancer. Semi-structured interviews were conducted, and later analysed using a 6-step thematic analysis proposed by Braun & Clarke (2006), to provide a complex, rich and detailed account of participants’ experience.

2.2 Participants

Fifteen individuals who have participated in a ‘Climbing Out’ programme one to three years ago were contacted to take part in the study. Participants were required to be over eighteen years of age at the time of interview and to have received a diagnosis of cancer during childhood and/or adolescence. Nine individuals expressed interest in being involved, with two excluded for participating in a Climbing Out programme for a serious illness/injury other than cancer. Seven participants were recruited to this study, one of which completed a pilot interview ahead of six semi-structured interviews.

Participants included four females and three males of British origin (mean age = 21.8, range = 18-24 years). Two participants had experienced brain tumours, receiving diagnoses of a medulloblastoma and craniopharyngioma respectively. Two participants had experienced testicular cancer, and two had experienced diagnoses of Chronic Myeloid Leukaemia. One had experienced a diagnosis of rhabdomyosarcoma. At the time of interview, participants were in either complete or partial remission.

Participant’s courses of treatment varied greatly in both duration and form, with individuals requiring intrusive surgery and removal of tumours and/or tissue, chemotherapy, both oral, intravenous and intrathecal, with others requiring long-term protective isolation. The long-term physical side-effects varied from memory impairment, processing difficulties, and visual impairment to issues with mobility and fatigue.
2.3 Programme

Given the heterogeneity of adventure therapy programmes, it is essential to clearly explicate the content, structure and theoretical underpinnings of individual programmes to accurately substantiate any claims made (Martiniuk, 2003). ‘Climbing Out’, is a charity that works with young people facing life changing injury or illness in areas of outstanding beauty in the United Kingdom. The 5-day residential outdoor activity programme aims to help participants regain confidence and self-esteem through various outdoor activities such as climbing, kayaking, gorge scrambling and hill walking. Activities are carefully adapted to the capabilities of the group and run with a high support-staff ratio from outdoor professionals, healthcare support workers and programme ambassadors. The week is run with small groups of young adults 18-30 year-olds, strongly emphasising capability and the opportunity to achieve personal growth.

While the programme structure is largely dynamic, based upon the ability of individual participants, a generic programme guideline can be seen in Table 1. The week of adventure activities is interspersed with reflective discussions and talks on psychological matters pertaining to personal growth. In addition, a number of programme ambassadors attend the week, to detail their personal histories and share their experiences of serious physical injury/illness and subsequent rehabilitation and growth. Beyond the 5-day residential programme, participants are invited to join Climbing Out weekend programmes annually and the Climbing Out Club for continued support between residential camps.

2.4 Data Collection Method

Semi-structured interviews, or ‘purposive conversations’ were conducted as an appropriate medium in which to hear participants’ experiences of cancer treatment, the adventure programme and psychosocial aspects of their lives since involvement (Kvale, 1996; Willig, 2008). While conducted with non-judgement and a non-directive style, it is important to acknowledge that the research questions largely guided the interview process, with open-ended questions loosely following an pre-formed interview agenda (Appendix A; Frost, 2011). Interviews were audio-recorded and transcribed verbatim for analysis procedures. The environmental milieu of interviews was arranged in collaboration with individual participants, with careful
<table>
<thead>
<tr>
<th>Day</th>
<th>Content and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>After arrival of all participants, the group participates in problem-solving games, the emphasis being on teamwork and getting to know one another. Classroom Activity: The first evening asks participants to reflect on their current mood, self-concept and ambitions through the metaphorical symbolism of the ‘Climbing Out Mountain’. Emphasis is placed on participants taking ownership of the programme, and personal agency in the week ahead. Activity 1: Midnight Mine Walk. The group navigate an old slate mine without the aid of light, forcing participants to use team-work, trust in one another and push past initial fears.</td>
</tr>
<tr>
<td>2</td>
<td>Classroom Activity: Day 2 begins with a talk introducing Climbing Out. The ‘Chimp Paradox’ is presented to help explain and provide coping mechanisms for future activities. Activity 2: Ghyll Scrambling. Activity 3: Abseiling.</td>
</tr>
<tr>
<td>3</td>
<td>Classroom Activity: Day 3 begins with an explanation of the interconnectedness of Attitudes, Emotions and Behaviours. Neural correlates of habit-forming and information-processing systems are explained briefly, emphasising the ability to forge new pathways and shift entrenched attitudes. Activity 4: Hill-walking &amp; Mountaineering.</td>
</tr>
<tr>
<td>4</td>
<td>Activity 5: Canoeing. Award Ceremony: Day 4 ends with a reflective activity and award ceremony. The group re-visit the ‘Climbing Out Mountain’ and discuss any movement. Looking back, the facilitators present awards for individual growth and looking ahead, ask participants to reflect on what their next step is to continue moving up their mountain.</td>
</tr>
<tr>
<td>5</td>
<td>Activity 6: Team-work activity / Tyroleon. The group participate in a morning activity before the programme concludes early-afternoon.</td>
</tr>
</tbody>
</table>
consideration of the frameworks of power existent in interviewer/interviewee
dynamics and potential for harm, given the sensitive nature of topics discussed.

2.5 Procedure

Participants were recruited through the ‘Climbing Out’ mailing list. The research was advertised through an email from the principal researcher, with those expressing interest contacted ahead of interviews to answer questions, detail logistics and build rapport. Ahead of the six interviews, a pilot interview was conducted with a participant meeting eligibility criteria to ensure that the interview format was appropriate and that questions were constructed in a non-directive, sensitive manner (Frost, 2011). On commencement of the interviews, participants were provided information sheets (Appendix B) detailing the study and consent forms (Appendix C) emphasising their voluntary participation. Participants were encouraged to answer openly and informed that they could stop the interview at any time. Individuals were briefed in full before and after their interview (Appendix D), identifying any issues of confidentiality and anonymity.

2.6 Framework for Analysis

A six-step thematic analysis was conducted as detailed by Braun and Clarke (2006, p. 5) to provide ‘a rich and detailed, yet complex account of data’. To ensure transparency in theoretical approaches to analysis, and elucidate the active role of the researcher, it is essential that qualitative psychologists make their epistemological assumptions explicit (Tong, Sainsbury, & Craig, 2007). Accordingly, analysis utilised semantic principles, identifying initial codes and subsequent themes within explicit, surface-level meanings of the data. Additionally, an essentialist theoretical framework was adopted, assuming a largely unidirectional relationship between meaning, experience and language (Braun & Clarke, 2006).

After repeated readings and familiarisation with the data set, one independent reviewer identified initial codes using NVIVO-10 software (Bazeley & Jackson, 2013). A data-driven approach to analysis followed inductive principles, grouping codes into higher-order constructs based on similarity of meanings and content. Several stages of pruning and collating analytic groupings resulted in final themes. While following ‘bottom-up’ inductive principles, remaining as close to participants
wording in the creating of codes, a degree of abstraction was necessary to label final themes, with consideration to easily articulate thematic content.

2.7 Ensuring Rigour

With growing recognition of the merit of qualitative-based inquiry in psychological practice, the field also recognises the need to ensure transparency, credibility and rigour in reporting (Mays & Pope, 2000). In line with COREQ criteria for reporting qualitative research, this study ensures systematic and self-conscious methodological practice through reflexive practice, pilot-interview procedures, member-checking, a peer-review strategy and transparency in reporting (Tong et al., 2007).

In a conscious attempt to address the impact of the researcher’s role, reflexive practice aids transparency in the representation of biases and intentions (Elliot, Fischer, & Rennie, 1999; Tracy, 2010). Accordingly, the researcher is aware that coding may express much of their way of seeing as it does the participants. The study was conducted in partial fulfilment of the requirements for a Master of Psychological Practice, at the University of Glasgow and the principal researcher recognises personal value in both participation and facilitation of therapeutic outdoor activities. In an effort to redress unassailable biases, analysis utilised data-driven, semantic principles to limit third-order interpretations.

Following a process of ‘member-checking’, participants who expressed interest were sent full transcripts of the interview and initial coding was discussed to involve participants in the development of analysis (Creswell, 2014; Tracy, 2010). Furthermore, in a peer-review strategy, an independent reviewer from the masters programme and research supervisor, reviewed a third of interviews, subsequent coding and themes, resulting in changes to the organisation of codes and labelling of emergent themes. To assess the external heterogeneity between thematic groupings, concordance analysis was performed using NVIVO-10 software to highlight any overlap in coding and themes. Additionally, in an attempt to understand the content of the programme and context of teaching, the principal researcher attended a residential week, maintaining a research diary throughout.
2.8 Ethical Considerations

The project adheres to the British Psychological Society code of conduct (British Psychological Society, 2010) and was subject to an ethics review by the University of Glasgow, receiving approval from the College of Science and Engineering Ethics Committee (Appendix E).

The updated World Medical Association Declaration of Helsinki has stressed the ethical duty to disseminate results of programmes for beneficial change (World Medical Association, 2008). Accordingly, this study recognises the ethical obligations to evaluate the long-term impacts of this novel programme in order to direct best practice for future programmes and make recommendations for alternative oncology interventions.

Given the vulnerable nature of the involved population, confidentiality and anonymity remain paramount in all reporting. Accordingly, it was ensured that individual name(s) could not be identified, with participants assigned a pseudonym for the purpose of this study. In addition, participants were quoted in a way that is mindful of privacy, changing locations and specific personal details, such as place of work, to ensure anonymity. Given the sensitive nature of topics discussed, participants were advised of several organisations they could contact on conclusion of the interviews, should they feel the need. Participants were advised they could contact the researcher at any point following the interview, to address matters of concern and were provided with full copies of the report on its completion.
3. Analysis

3.1 Overview

An inductive approach to analysis revealed five clear themes that were embedded in the narrative of participants. Three themes relating to psychosocial outcomes were identified, namely ‘Changes to Self-Concept’, ‘Fostering Hope’, ‘Cultivating Self-Efficacy’, and two themes relating to processes of change; ‘Awareness & Acceptance’, and ‘The Supportive Group’. The final themes and their respective codes can be seen in a ‘Wordle’ word-cloud analysis below (figure 1). The graphic demonstrates a ‘fast and visually rich’ account for understanding the data at hand, where more commonly cited quotes and themes are displayed by occupying greater prominence in the field of text (McNaught & Lam, 2010, p.630). Themes are defined and evidenced using illustrative quotes from participants.

![Word Cloud Image](image-url)

**Figure 1. Word Cloud of Final Themes and Constituent Codes**

3.2 Psychosocial Impact of Cancer

In accordance with the literature, participants highlight numerous affective, attitudinal and social consequences of experiencing cancer. Alongside descriptions of the somatic symptoms associated with cancer and physiological side-effects of treatment, such as memory impairment, processing difficulties and fatigue, participants detail the associative psychosocial impacts. With regard to affective influences, participants highlight experiences of low-mood, suicidal thoughts, social anxiety and grief. Concerning attitudinal influences, participants highlight loss of confidence and self-esteem during and post treatment. Additionally, participants highlight narratives of social isolation, discrimination, and loss of independence.
Figure 2. Mind Map of Final Themes and Constituent Codes

Climbing Out: Exploring the Psychosocial Impacts of an Adventure Programme for Young Adult Survivors of Cancer.

3.3 Changes to Self-Concept

A clear theme that emerged from participants’ experiences was ‘Changes to Self-Concept’. Participants’ reports portrayed that the experience of cancer changed internal schemas regarding perceptions and definitions of the self. Beyond experiences of diagnosis and treatment, participants expressed that personal perceptions and evaluations had fundamentally shifted from their ‘normal self’ (Gabriella, line 308), that of an individual characterised by personality traits, interests and achievements (Elizabeth, lines 190-193), to one defined by illness. As Claire (lines 86-87) said, ‘I’d gone through a long phase of people looking at me as that sick child, like you would basically be known as The Cancer Kid’.

Following the sudden and traumatic impact of receiving a diagnosis that is life-threatening in nature, participants spoke about significant changes to personality, feeling as though a fundamental defining element of the self was missing. As Daniel (lines 404-407) reports,

‘I hadn’t lost my sense of humour but…there was something missing it’s…hard to explain. I think it was a spark that had gone and I think I had lost my way. It was like I had survived and then it was like oh, what’s next?’

Following involvement with Climbing Out, participants describe a return to feeling normal and a shift in self-concept to that of an individual who no longer identifies as someone characterised by illness. As Jack (lines 301-203) cites,

‘Yeah, that bit like I say, actually pushing myself and hurting myself and realising that I’m not fragile anymore was definitely that ‘eureka’ moment for me… Now it's gotten to the point where I don't identify as a cancer patient anymore’.

As Jack states, the nature of risk involved in adventure activities afforded an opportunity to test the bounds of health and illness and in so doing, transformed perceptions of health and self-concept to that of feeling normal.

“It showed I could actually hurt myself and I'm not going to break...now all of a sudden I had blood coming out of me, and climbing a mountain and being covered in dirt. So, that was definitely a challenge to switch off from that mind frame and live like a normal person and get a bit rough... Well maybe, I'm back to normal now’ and if it wasn't for that I would probably would still be kind of cautious of what I do but that kind of chucked me right in at
the deep end, rather than you know, test it little by little. It was like the biggest kind of shock to get out of that mind frame that I was in.” – Jack lines 246-252; lines 276-280.

In this resounding theme, each participant described a change in self-concept following programme participation. No longer seeing themselves as unwell, or defined by their illness, participants express changes in how they see themselves as ‘normal’, conveying an improved evaluation of the self and a more enriched sense of identity. The findings suggest that this change had an impact on who they perceived themselves to be at the time of the interview and how they were living their lives as ‘normal’ people today.

3.4 Fostering Hope

A salient theme that emerged from participants’ experiences was ‘Fostering Hope’. Participants spoke about significant interactions and experiences within the programme, which afforded attitudinal changes, transforming preoccupations with negative cognitions toward optimism and hope. As Francesca discloses,

‘I don't know where I'd be if I didn't go on that trip. I didn't let my mum know but... this only gets worse. My legs only get worse, my eyes only get worse, it's only gonna get worse. So, if it's not getting any better, what's the point in living... I think Climbing Out, possibly, Kelda, saved my life... I don't know if I'd be brave enough to take my own life but I certainly felt, like, at the time that I was questioning whether life was worth living and Kelda definitely gave me some positives to all the negatives in my head... So, yeah I wrote here that if you want to know what impact Climbing Out makes, it potentially is life-saving is what I would say’ – Francesca, lines 224-231; lines 237-238.

It appears that the social dynamics of the programme fostered an attitude of hope. Through interactions with others facing life-threatening illness and ongoing difficulties, individuals recount the transformational quality of working with others to instil hope and optimism beyond the confounds of the 5-day residential programme.

‘I thought I was in a bad way physically but there were other people there that were a hell of a lot worse off than me and done just as well, if not better than what I did physically during Climbing Out... It just gave me a lot of hope... that I would and could still do a lot of physical activity, even though it's not what I'm used to doing’ – Elizabeth, lines 156-160.
As Daniel depicts, the programme harnessed positivity and influenced an attitude change to that of creating good from aversive and traumatic experiences.

‘I think going on the Climbing Out programme was me doing something positive and creating something good out of it. That’s what I was trying to do with the running, but it was only working a little bit, it didn't really do what I intended. I was trying to make a positive out of a negative, but it wasn’t until the Climbing Out week that it actually happened I think’ – Daniel, lines 279-284.

Seeing both themselves and others facing their fears and challenges created a sense of hope for participants and a change in attitude from one of despair and negativity. Experiences described by participants all conveyed a recognition that once they completed the programme they had acquired a more positive view of what was ahead for them in the future and were capable of much more than what they had first believed when entering the programme.

3.5 Cultivating Self-Efficacy

Akin to ‘Fostering Hope’, a clear theme strongly embedded in the participants’ experience was a shift in focus towards capability and a cultivation of self-efficacy. From a fixation with health concerns, disability, and narratives of catastrophising after diagnosis and treatment (Charlie, lines 139-141; Jack, lines 186-189), participants report that involvement with Climbing Out shifted attentional focus towards personal strengths and capabilities. As Elizabeth (lines 151-152) says, ‘I definitely learned that I’m a hell of a lot stronger than I thought I was, even though half the time I would never admit that’.

Additionally, Francesca highlights what she learned from her experiences with Climbing Out,

“Just thinking about things differently. Thinking ‘OK, you can’t do that but you can do this’. Basically, what I tell myself is ‘You bump into a couple of things, but you’d done a sixty-foot abseil. So are you really that incapable? Are you really that disabled? No… I’m not.” – Francesca, lines 356-359

The transformational quality of pushing one’s limits beyond perceived limitations and the following experiences of mastery appeared powerful in regard to long-term changes in individual beliefs about their capacity to achieve in multiple domains of everyday life,
“As soon as I had my operation to remove my lat muscle and that kind of stuff I thought 'well that's it I can't do that kind of stuff that I wanted to do' and if it wasn't for Climbing Out pushing me, I probably wouldn't have done that, I'd never challenge myself but because I went on this trip and I had no choice but to push myself that showed me that I can do it. So now I'm pretty fit and I go to the gym and do all the stuff that I did prior to it. So yeah definitely it helped me in that respect and just getting the confidence to push myself and challenging myself, yeah.” – Jack, lines 441-448

Regaining a focus on capability in spite of limitations was inherent to Elizabeth’s experience:

‘I think if I hadn't went, I wouldn't know what I could do, what I could still do. So, it really opened my eyes to that... like I say, I don't think I would've been able to realise what I can still do, what I am still able to achieve, even with the lack of my physical ability.” Elizabeth, lines 465-469.

Looking beyond the week, the multitude of outcomes resultant from renewed self-efficacy are evident in Daniel’s account,

‘Kelda sort of said, '...what are your dreams or ... what do you want to do from here sort of thing'. Obviously I said I want to do all these challenges and finish them. Obviously for that young girl it was about getting up in front of people and talking, and for this lad it was something as simple as asking out a girl he'd liked for ages. I think that's a bit of magic of it as well and everyone's sort of gone on and done something positive. It's not necessarily the same thing, it's not just about... going out and climbing a mountain or... doing tough guy, for him it was just to go and talk to this girl. So I think, yeah, everyone gets something different out of it but it's kind of the same thing’ – Daniel, lines 459-467.

And Jack also reflects on his accomplishments and what this means for him in the everyday:

‘A few weeks after you've finished and you think 'wow, I really did that you know'. The whole week was quite intense, so adding it up the whole thing is you go home and think about what you actually did which gives you the confidence to say, 'if I've done that...what can I do in my personal life?' – Jack, lines 484-488.
Self-efficacy appears to be cultivated from participation in activities within the programme that push participants beyond their preconceived limitations and whereby a feeling of achievement and mastery is associated with completing the activity. This theme portrays an embedded change in attitude appearing to have significance to participants long after completion of the programme by generalising into a renewed approach toward everyday life.

3.6 Awareness and Acceptance

An emergent theme from participants’ experiences was evident as ‘Awareness and Acceptance’. Participants report that Climbing Out afforded a turning point as characterised by an increase in self-awareness and greater recognition of their cognitive and affective states. As a result, the programme provided participants with increased awareness of the difficulties they had and were currently facing, providing a platform from which to activate change through reflection and acceptance. As Daniel (lines 387-395) states,

‘I think, just before the trip I'd got quite depressed and down and I didn't really know. It sounds silly but I wasn't aware of how down in the dumps I was... It wasn't until afterwards I was thinking, 'God I was a bit of a mess before this' and I think, that's what I mean by turning point in that it not only helped me to overcome what was going on in my head, it actually helped me realise it was there as well’.

Through greater awareness and recognition of mental states, individuals report a process of overcoming maladaptive coping mechanisms and self-limiting beliefs and a coming to terms with their experiences of cancer and its consequent psychosocial impacts.

‘When I went there, I didn’t realise how low my self-esteem and confidence was. I always thought I was really bubbly and chatty but really I was just hiding behind a massive wall’ – Elizabeth, lines 446-448

As such, participants demonstrate greater recognition of their cognitive and affective state ‘awareness’ and a willingness to rest with its subsequent changes ‘acceptance’. As Daniel writes,

‘So I think the message I'm taking from Climbing Out is for people to actually realise where they are at, sort of mentally, because it's easy to think you're OK when you're not really... 'Cause I think what I was trying to do was, not hide it, but I was trying to sort of move on and
leave it all behind but you can't do that, not so soon after. You can’t just sweep it under the carpet and I think Climbing Out sort of helped you deal with it, you know, make it into a… positive thing – Daniel, lines 445-450.

The programme appears to be transformational in renewing a sense of hope, cultivating a sense of self-efficacy, and allowing individuals to feel normal again. Such outcomes appear evident by shifting self-limiting beliefs through a coming to terms of change, a process of awareness and acceptance. Consequently, involvement in Climbing Out does not necessarily focus on changing the content of thoughts but involves an acceptance of the profound changes that are experienced in receiving a diagnosis of cancer during childhood and adolescence. As Francesca (lines 495-496) conveys, the significant changes that the programme precipitates is founded upon ‘accepting that I am not normal, but can still do stuff’.

3.7 The Supportive Group

A strong theme that emerged from the narratives of participant interviews was that of ‘The Supportive Group’. Participants frequently report on the significance of the group, highlighting the unique social context of Climbing Out. Beyond the activities themselves, participants discuss the importance of being in a safe and supportive environment (Elizabeth, lines 497-500), one founded upon trust (Jack, lines 204-208) and from which they can push themselves physically for the first time since treatment (Elizabeth, lines 405-409). Moreover, participants highlight the empowering and transformational quality of working with others, demonstrating attitudinal changes from observing and working with a supportive group.

Sub-Theme: Shared Experience

All six participants comment on the significance of having a shared history and set of shared experiences. As Daniel (lines 183-185) recalls, ‘I think everyone was in a similar position, I think that’s the magic of it. You know everyone has been through something tough but it wasn’t at the forefront’.

In that respect, Climbing Out appears to afford a unique environment in which there exists underlying shared experiences, something that appears to foster trust, positive affect and emotional support.

“Yeah the funny thing is I think people assume that if cancer patients get together that we
talk about cancer quite a lot but it never really comes up. So, it’s just, it's a group of young people you know you can trust and you know you can feel yourself because you've been through similar situations, but in terms of what we talked about it wasn't 5 days worth of sharing our experiences of cancer or anything like that it was just a great group of people you could trust and you could have a laugh with, you knew supported you and kind of knew what you had been through – Jack, lines 526-532

Sub-Theme: Understanding Each Other

Beyond a similarity in backgrounds, participants recognise that through a coming together of shared experiences, there exists a strong understanding of one another.

“It was all just really relaxed and it was quite nice, and we all just kind of, sat round together. Some people like shared their cancer stories and everything else and some people didn't and that was fine because some people wanna hear it and some people are there because they want to get away from that completely all together, but everyone already had that, kind of, understanding of each other and it was really great to like, meet people in a completely different environment that have got, sort of, the same experiences.” – Claire, lines 265-271

In having a serious illness, there appears to be a common thread of feeling socially isolated during adolescence, with participants looking for non-judgment in their peer interactions. As Claire discloses,

“I was always then very cautious about who I made friends with and who I let know about me, so the only people who I have really made good friendships with are those people who have been through similar situations and understand.” – Claire, lines 367-369

In particular, there appears to be an attitude of non-judgment in interactions between peers who have experienced cancer, and a level of acceptance that is unparalleled in peer interactions with those who have not experienced a chronic health condition.

“Yeah, you find that, people who have been through cancer and you are going on trips with them, they are a lot more accepting and you don't feel awkward about talking about it, you know especially if you meet young people and cancer comes up and they have no experience of it, they don't know what to say…but definitely with young people that have had it, it's just
like 'yeah that's cool, I've had this, I've had that, you know, that awkwardness isn't there. So that's really important and that's great yeah” – Jack, lines 292-297

As Claire states,

“I went and it was the best decision that I'd made to be honest ... I didn't want people to be judgmental that I was still struggling after so many years of finishing treatment, but it was the complete opposite when I was there. It wasn't like a taboo subject that you couldn't talk about, each other's illnesses or anything like that, everybody spoke quite openly about it but it wasn't made that you had to speak about it though. It was just, kind of, normal. It was just like a group of friends hanging out but you already had that understanding of each other, which was quite nice without having to explain it.” – Claire, lines 100-108

The participants describe within their narratives that ‘The Supportive Group’ experience was a unique feeling of acceptance, safety, and trust with others their own age who understood what each other had been through. Interactions with peers who had had similar experiences provided what appears to be a secure space for reflection, the opportunity to push oneself in an environment of encouragement, to feel a part of something greater than themselves, and to make connections with others which may grow into friendships.
4. Discussion

This study explored the perceived long-term psychosocial impacts and mechanisms underlying change for young adult cancer survivors who attended an Adventure Therapy programme. While Adventure Therapy practice in Britain has predominantly focused efforts to reduce offending behaviour, this study contributes to an emerging evidence-base supporting the clinical efficacy of adventure programming for young people with chronic illnesses (Autry, 2001; Balen et al., 1996; Baruchel & Bilodeau, 2000). Through thematic analysis, this study prioritised understanding the experiences of young adult cancer survivors and demonstrates a detailed and nuanced account of experiences through five themes. The following discussion explores findings in relation to psychological literature from clinical health psychology perspectives.

4.1 Changes to Self-Concept

Cancer is described as a life-changing experience (Kumar & Schapira, 2013). The life-threatening nature of the disease, in addition to the traumatic experiences involved in diagnosis and treatment are likely to leave an enduring mark on the individual. Living through cancer, thus, commonly involves the integration of illness experiences into one’s self-concept, in turn affecting a change in identity (Park, Zlateva, & Blank, 2009). In line with a growing body of literature, participants highlight significant changes to self-concept following diagnosis and treatment of cancer. As Charmaz (1983) recognises, it is important not only to acknowledge the physical deleterious effects of diagnosis and treatment but also to recognise that individuals commonly experience a form of suffering through a sudden and dramatic change in identity, or ‘loss of self’.

Accordingly, the construction of identity is of salient consideration in chronic health conditions and psychological adjustment (Karnilowicz, 2011). As with participants, research highlights that concepts of disease can invade and permeate the psychological self, disrupting integral components of identity, such as fitness, health and sociability. As a result, chronic illnesses such as cancer during childhood and adolescence, commonly disrupt the normal development of self-concept in its cognitive and affective dimensions (Kyritsi et al., 2007). Young adult survivors of cancer, in particular, look to be disproportionally susceptible to
changes in self-concept, given that the life-stage of young adulthood is one characterised by identity transformation (Snobohm, Friedrichsen, & Heiwe, 2010).

To cope effectively, young adult survivors’ must negotiate the resultant changes to self-concept, as they re-establish a stable and secure sense of self (Karnilowicz, 2011). As AYA adjust to an altered self-image, there often exists a strive for a ‘sense of normalcy’ (Odo & Potter, 2009). Involvement in Climbing Out, thus, appears to help restore a sense of normalcy to participant self-concepts and in opposition to claims that specialised programmes for adolescents with cancer may be detrimental to evaluations of the self, results indicate instead a ‘return to normality’ and favourable self-concepts (Carpenter, Sahler, & Davis, 1990; Kumar & Schapira, 2013). Whereas experiences of cancer demonstrate a ‘loss of healthy self’ (Odo & Potter, 2009, p. 27), adventure activities appear to promote favourable self-concepts, and rebuild self-esteem and personal judgment of worthiness (Rosenberg et al., 2014; Stevens et al., 2004).

Participant experiences strongly suggest that involvement in Climbing Out aids a process of change to self-concept, with individuals citing improvements in self-esteem and a re-claiming of identity beyond disease. The supportive nature of the group appears to have fostered a safe environment in which to test the bounds of health and illness, one in which individuals cite marked changes to their self-concept, no longer identifying as a cancer patient (Jack, lines 386-387). Moreover, concordance between ‘changes to self-concept’ and ‘shared experiences’ highlights the significance of being with others of similar backgrounds. It would appear that the unique social environment of Climbing Out and peer exchanges of shared experiences normalises the cancer experience, with individuals feeling as though they are not alone in their struggle. As with research from Martiniuk (2003), it would appear that the programme aids psychological adjustment through its role as social support. Importantly, as found with Odo and Potter (2009, p. 27) it would appear that ‘the illness and its aftermath can come to be understood not as a defining aspect of the self, but as just one of many aspects of a survivor’s identity’.

Although western medicine is often dualistic, results in line with research for changes to self-concept, emphasise the interconnectedness of mind and body and the significance of adopting a truly biopsychosocial model of care for young adult survivors of cancer (Engel, 1977; Snobohm et al., 2010). The traumatic and aversive experiences of cancer during childhood and adolescence, in addition to the changes to the physical appear to have
significant impacts on participants’ identity development (Zebrack & Butler, 2012). With growing clinical recognition for interventions to support a holistic model of care, findings from this study emphasise the transformative capacity of adventure programmes for returning a sense of normality to young adult’s self-concept following survival of cancer.

4.2 Fostering Hope

Analysis revealed a pertinent attitude change in Fostering Hope. In concordance with evidence from Stevens et al. (2004) researching AYA cancer survivors’ experiences, this study suggests that outdoor activity programmes may prove a salient modality to cultivate attitudes of hopefulness and optimism. Whether understood as ‘a feeling of the possible, an inner readiness’ (Rustoen, 1995, p. 356) or ‘an inner power that facilitates the transcendence of the present… and enrichment of being’ (Buckley & Herth, 2004, p. 36), hope is seen as an essential characteristic of human life (Kodish & Post, 1995), one that is both integral to an individual’s quality of life (Rustoen, 1995) and well-being (Clayton, Butow, Arnold, & Tattersall, 2005).

Participant narratives, thus, demonstrate a shift from hopelessness to ‘a willingness and a desire to overcome their current problems’ (Cuttiffe, 1996, p. 689). Findings, are in line with a systematic review of research for AYA with cancer, which strongly emphasises the role of hope in coping and adjustment (Juvakka & Kylma, 2009). Seen as an essential inner resource, hope has been evidenced as a protective factor and positively related to coping and adjustment for AYA with cancer (Cantrell & Lupinacci, 2004). A number of correlational studies have, thus, researched the relations of hope and psychological adjustment, with consistent findings that hope is positively related to overall adjustment and negatively correlated with negative affect (Felder, 2004; Kwon, 2002; Snyder, 2002; Snyder, Rand, King, Feldman, & Taylor, 2002). Moreover, hopeful AYA report increased self-worth, quality of life and lower levels of depression (Chang, 1998; Snyder et al., 1997), with high-hope individuals more likely to find benefits in their attempts to cope with aversive life events (Tennen & Affleck, 1999). The more hopeful an individual, the more likely they are to cope with aversive life events and the less likely they are to fall prey to illness (Downing & Jura, 1999; Sciolli et al., 1997).

Participant experiences strongly suggest that adventure therapy programmes may prove effective in the cultivation of hope in young adult cancer survivors. It would appear
that participant narratives are characterised by a process of change akin to third-wave perspectives in clinical research (Kabat-Zinn, 2004). Constituent codes for ‘fostering hope’ appear highly concordant with those for the process of ‘awareness and acceptance’, with narratives strongly citing a shift in their relation to experiences of cancer. Rather than follow cognitive-behavioural therapy narratives, in changing the content of thoughts, or discriminating between adaptive and maladaptive thoughts or feelings, participants appear to alter the ‘function of private events, rather than primarily their form or frequency’ (Block-Lerner, Wulfert, & Moses, 2009; Brown, Ryan, & Creswell, 2007; Howells, Tennant, Day, & Elmer, 2010, p. 5). Negative preoccupations, hopelessness and suicidal ideation are, thus, allowed to enter the field of awareness and through the programmes’ encouragement of a non-judgemental attitude, it would appear that both acceptance and openness to experience provide participants with the opportunity not necessarily to change the content of thoughts or feelings but rather to accept them as private experiences, not universal truths (Haydicky, Weiner, Badali, Milligan, & Ducharme, 2012, p. 152; Hayes & Greco, 2008; O’Brien & Murrell, 2008).

Fostering hope also appears to occur through group processes that are unique to an adventure therapy environment. One way in which that hope appears to be cultivated is through a process of social-learning theory and through modeling of hope and optimism (Bandura, Ross, & Ross, 1961). Programme leaders and peers engender hope and optimism, actively challenging negative preoccupations and ruminative patterns of thought. Given that much of our attitudes and behaviour represent learned outcomes from immediate others, it would appear that attitudinal shifts in regard to hopefulness are resultant from the group environment (Dishion & Patterson, 2006; Patterson, 1975). Accordingly, it would appear that through interactions with peers and programme ambassadors who have faced life-threatening illness and injury, Climbing Out provides a therapeutic milieu in which a renewed sense of hope and optimism is instilled from others. As with research by Rosenberg et al. (2014), spending intense hours with others who have experienced similar life experiences, such as that of cancer, the programme affords individuals to learn how peers have coped with managing physical, mental and social changes in their lives. Climbing Out, thus, appears to create a sense of community and support among group members, which in itself reduces feelings of isolation, and hopelessness, and provides a setting in which to cultivate hope (Rosenberg et al., 2014).
The psychosocial complexities facing young adults during and after cancer-related treatment are monumental (Abrams et al., 2007). A sense of hope, however, provides an individual with the strength and courage to maintain a positive perspective of the present and future, and gives strength to continue in coping with difficult life situations (Rustoen, 1995). Juvakka and Kylma (2009), thus, recognise that while the research remains scant for AYA with cancer, fostering hope should be a central concern when considering any psychological intervention. Widespread conclusions, therefore, cite the need for practitioners working with AYA cancer populations to continue hope-fostering behaviours and to implement hope-inspiring interventions among their patients (Abrams et al., 2007; Felder, 2004; Hollis & Morgan, 2001). Adventure programmes, such as Climbing Out, appear to be provide such support and future research would benefit greatly from further exploring how to effectively foster hope in out-of-bounds settings.

4.3 Cultivating Self-Efficacy

Participant experiences demonstrate a cultivation of self-efficacy and long-term shift of attention from disability and weakness, toward capability, personal strength and renewed confidence. Such findings are in line with much of the current research for AYA cancer survivors’ experiences of adventure therapy programmes (Elad et al., 2003; Rosenberg et al., 2014; Stevens et al., 2004). Experiences of cancer have been shown to diminish a person’s sense of self-efficacy, experiencing a loss of agency and sense of control with their lives (Foster et al., 2014; Karnilowicz, 2011). Accordingly, it is contended that self-efficacy, an individual’s belief in their capacity to exert influence over events that affect their life, is of central concern for adjustment and adaptive functioning during times of adversity and stress (Bandura, 1977; Foster et al., 2014). Self-efficacious beliefs thus, have been shown to influence AYA’s commitment to personal goals, motivations and resilience through treatment and recovery with cancer (Foster et al., 2014). Accordingly, self-efficacy has been shown to be a significant predictor for a variety of cancer-related outcomes, such as disease adjustment and depression, mediating the relationship between somatic symptoms and psychosocial adjustment (Philip, Merluzzi, Zhang, & Heitzmann, 2013). Consequently, research with young adults affected by cancer, demonstrates a positive correlation with self-efficacy and quality of life and negatively correlation with indicators of anxiety and depression (de Castro, Ponciano, Meneghetti, Kreling, & Chem, 2010).
The significance of self-efficacy for typical developmental trajectories has been cited as paramount for attaining psychosocial competencies (Foster et al., 2014). Given the added stressors and atypical developmental experiences that accompany experiences of cancer in childhood and adolescence, interventions need to prioritise the cultivation of self-efficacy with this population. While Foster et al. (2014) recognises that little attention has been paid to the development of self-efficacy with young adult survivors of cancer, initial findings from this study broaden our understand of how to foster self-efficacy and highlight the application of adventure therapy programmes to promote self-efficacious beliefs and positive adaptation following traumatic experiences of ill-health.

Participant narratives appear to highlight the importance of the group in transforming self-efficacious beliefs. In line with Bandura (1994) model of change, participants strongly emphasise group processes as the foremost contributory source of self-efficacy. Through the cultivation of an environment that is focussed upon capability and achievement, the ‘supportive group’ looks to ensure a sense of mastery through performance-based success (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996; Stevens et al., 2004). Thus, through the scaffolding of competencies by peers and careful adaptation of activities by programme leaders, the group facilitates experiences of mastery in the outdoors, with participants demonstrating renewed confidence that successes within the confounds of the week can be translated to challenges in wider life (Bandura, 1977; Rosenberg et al., 2014). Secondly, participants report a renewed sense of self-efficacy through observing others achieve within the programme. Observing peers succeed through sustained efforts raises individual’s beliefs that they too hold the capacity to master comparable challenges (Bandura, 1977, 1994). The process of cultivating self-efficacious beliefs through vicarious experience has been cited as being strongly influenced by the perceived similarity to models (Bandura, 1994). In that respect, Climbing Out affords a unique social environment in which group cohesiveness is extremely high, with shared experiences between members fostering a sense of solidarity, oneness and mutual support between members (Hogg & Vaughan, 2014). Thirdly, the mere presence of the others appears to engender performance-based success through a process of social facilitation (Markus, 1978). The presence of others appears to activate drive and arousal that motives performance amongst group members, with individuals reporting achievements beyond what they thought was possible when acting alone (Aiello & Douthitt, 2001; Zajonc, 1965).
Accordingly, it would appear that adventure therapy programmes focussed upon performance-based success and mastery may prove a salient modality in which to foster beliefs of self-efficacy. With programmes intent on cultivating strengths and capability through the application of manageable tasks, it would appear the adventure programming, such as Climbing Out reinforces positive aspects of coping, highlighting achievement, capability and strength, shifting attention from failure, weakness and disability (Balen et al., 1996). Given the potential developmental disruptions that a diagnosis of cancer precipitates, interventions focussed upon cultivating success and self-efficacious beliefs looks to be essential for young adult survivors of cancer (Rosenberg et al., 2014).

4.4 Putting it all together: Posttraumatic Growth in Health-Related Trauma

Experiences of Climbing Out demonstrate a fostering of competencies and adaptation in multiple psychosocial domains, from that of changes to self-concept, a fostering of hope and cultivation of self-efficacy. As a result, adventure programmes such as Climbing Out appear to help scaffold resilience and aid ‘adaptation within the context of significant adversity’ (Luthar, Cicchetti, & Becker, 2000, p. 543). However, beyond a model of resilience, and return to baseline, findings from this study suggest that adventure programmes may prove an effective intervention strategy to transform traumatic life events such as experiences of cancer into opportunities for growth (Mancini & Bonanno, 2006). Whereas research on trauma and resilience focuses on an individual’s capacity to maintain a stable equilibrium (Bonanno, 2004; Masten, 2007), participant accounts demonstrate positive transformation in the aftermath of trauma and adversity (Bostock, Sheikh, & Barton, 2009; Ramos & Leal, 2013). Participants cite a greater sense of personal strength, more intimate relationships with others, renewed confidence and a greater appreciation of life with results exceeding a return to normality. Thus, it would appear that involvement in Climbing Out helps not only to foster adjustment and recovery following a major chronic illness but precipitates ‘posttraumatic growth’ (Tedeschi & Calhoun, 2004). It would appear that participants arrive at new understandings and revisions of the self and of the world, with consequential improvements in personal functioning that surpass pre-trauma levels (Tedeschi & Calhoun, 1996, 2006).

Although there remains much to be learned about the role of posttraumatic growth in young adult survivors of cancer, it appears that adventure programmes may prove an effective intervention strategy to transform traumatic life experiences into opportunities for
growth (Milam, Ritt-Olson, & Unger, 2004; Tedeschi & Calhoun, 2004). As Cann et al. (2011, p. 138) recognise, interventions that challenge beliefs about the self and the assumptive world, ‘allow the person to appreciate how they have been challenged and changed by the experience of a major crisis’. With practitioners ever increasingly aware of the need for comprehensive rehabilitation modalities to be developed, adventure therapy programmes, such as Climbing Out, appear to cultivate ‘ordinary magic’ in the context of life-threatening illness and opportunities for growth in the aftermath of monumental adversity (Masten, 2001; Tedeschi & Calhoun, 2006; Tedeschi, Calhoun, & Engdahl, 2001).

4.5 Limitations

While this study provides novel insight into the role that adventure programming has to play in the psychosocial rehabilitation of young adult cancer survivors, its methodological design nevertheless prioritises depth and richness of experience, over breadth and large samples for generalizability (Creswell, 2014). The interpretations within this study are based upon experiences of change from a small participant sample from a unique population. As a result, these findings do not aim to be representative of all young adult survivors’ experiences of cancer, yet, narratives indicates that findings may well hold true in similar populations experiencing rehabilitative interventions focussed upon fostering psychosocial adjustment.

This study was conducted by a single independent researcher and despite several strategies to ensure systematic and self-conscious methodological practice, this study acknowledges the limitations of being situated as an outside, independent reviewer. In order to understand the experiences of learning, it is essential to understand the environment in which teaching occurs. Whilst attending a 5-day residential programme, the author recognises their positionality as an independent evaluator limits detailed contextual knowledge of the programme in practice.

While research efforts attempted to ensure transparency, credibility and rigour in reporting, this study acknowledges inevitable limitations in the interpretation and representation of the lived experiences of others (Creswell, 2014; Tong et al., 2007). While attempts were made to ensure rigour and credibility though reflexive practice, pilot-interview procedures, member-checking and a peer-review process for thematic analysis, there will always remain a linguistic gap between the participants’ accounts and the researcher’s interpretation (Kvale, 1996; Tracy, 2010).
4.6 Future Directions

The nature of this explorative analysis, places findings as the starting point for further inquiry. Results from this study, therefore, begin to help navigate the future bearing of research in this field and direct research priorities for the possible integration of adventure therapy programming into clinical practice within a British healthcare system.

First and foremost, future steps in the direction of systematic and quantifiable research are needed to rigorously evaluate initial claims made. While this research holds value in indicating a number of possible long-term psychosocial outcomes and mechanisms underlying those changes, the nature of the project is nevertheless exploratory. If clinical recommendations are to be made, it is essential to ‘temper enthusiasm’ for novel interventions and ensure their application is founded upon evidence-based practice (Levant & Hasan, 2008; Naglieri & LeBuffe, 2005, p. 107).

Consequently, the profound transformations and significant growth embedded within participant narratives indicates the need to further scrutinise and quantify the extent of programme impacts. Future studies, therefore, would benefit greatly from ensuring systematic, critical appraisal of adventure programming within the United Kingdom, with research investigations in line with initial outcomes demonstrated in this study. While selected instruments have been adapted to address the unique experiences of young adult cancer survivors, such as the Herth Hope Index (Herth, 1992; Phillips-Salimi, Haase, Kintner, Monahan, & Azzouz, 2007), measures for self-efficacy and self-concept would require careful adaptation and validation, at lengthy cost and effort. In appraisal of the numbers of participants required to validate novel scales, and its subsequent cost, there are strong arguments to utilise a single, existing validated questionnaire. The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) reports on the degree to which cancer has changed participants lives in the domains related to (i) others, (ii) new possibilities, (iii) personal strength, (iv) spiritual change, and (v) appreciation for life, with internal constructs closely representative of psychosocial outcomes observed in this study. The scale demonstrates good internal consistency (α = .90; Ickovics, Meade, & Kershaw, 2006) with adolescent and young adult populations who have experienced trauma, and recent research into links between physical activity and posttraumatic growth evidence is appropriateness for the population in question (Love & Sabiston, 2011). This study, therefore, proposes the application of the PTGI questionnaire to examine the long-term effectiveness of adventure
therapy programmes in fostering psychological growth. In addition to quantitative methodologies, this paper recommends the need to maintain qualitative accounts within the research process. A mixed-method design, which captures psychometric and qualitative accounts pre- and post-intervention, in addition to several stages of follow-up data collection would provide critical supporting evidence for the integration of adventure therapy programmes into clinical practice.

That being said, Climbing Out and similar interventions have always had a pragmatic mission. Regarding the future direction of the field, much of the literature on adjustment and rehabilitation emphasises the ethical implications of waiting for full understanding before intervening with individuals suffering from adversity (Masten, 2007). While research efforts address the aforementioned areas, there are strong indications for clinicians to recommend adventure therapy interventions as a ‘promising’ medium for rehabilitating the aversive psychosocial effects of cancer during childhood and adolescence. To withhold recommendations before longitudinal evidence is available is as absurd as the resolution of Scholasticus ‘not to venture into the water until he had learned to swim’ (Merrifield, 1995, p. 49). With more than 50 per cent of young adult survivors of cancer reporting that their needs for support services are unmet (Zebrack, 2009), practitioners needs to venture into the unknown and pursue creative, holistic modalities of treatment and develop comprehensive rehabilitation interventions that ensure individuals are supported and provided with opportunities for adjustment and even growth (Abrams et al., 2007; Elad et al., 2003).

4.7 Conclusions

As Odo and Potter (2009, p. 27) so eloquently capture, results from this study support the assertion that ‘in spite of the losses, the sadness, the anger, and the confusion, young adult survivorship is potentially a period of significant growth, possibility, and hope’. Analysis of participant experiences indicate long-term psychosocial adjustment and posttraumatic growth, through a return to normality in self-concepts, a renewed a sense of hope and cultivation of self-efficacy. Beyond a model of resilience, it would appear that involvement in Climbing Out helps not only to foster adjustment and recovery following a major chronic illness, that of cancer, but additionally precipitates growth in the face of significant adversity. Through third-wave narratives of awareness and acceptance, in addition to group processes that ensure mastery and performance-based success, findings indicate the novel and ‘promising’ efficacy of adventure therapy programming for young adult survivors of cancer.
Findings suggest that adventure therapy may prove an effective intervention strategy to transform traumatic life-events such as experiences of cancer, into opportunities for growth. With experiences of cancer precipitating profound psychosocial vulnerabilities with young adult survivors, it is essential that research and practice prioritises the long-term adjustment and rehabilitation of this critical developmental period. Intervention programmes such as Climbing Out provide experiential, creative, and holistic methods of support for this population, with this study initiating exploration and discourse into its relevance for application in clinical practice.
References


Appendix A: Interview Agenda

*Climbing Out: Exploring the Psychosocial Impacts of an Adventure Programme for Young Adult Survivors of Cancer*

**Interview Agenda**

**Participant Information:**
- ID Code:
- Age:
- Date:
- Profession:
- Time:
- Nationality:
- Date of Climbing Out programme:

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Question</th>
<th>Probe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Climbing Out Experiences / Processes of Change</strong></td>
<td>Q So, how did you get involved with Climbing Out?</td>
<td>Anything similar? Thoughts/Feeling Before?</td>
</tr>
<tr>
<td></td>
<td>Q So, tell me about your experiences during Climbing Out?</td>
<td>Greatest Success? Biggest Challenge? What did you learn? Most sig. moments?</td>
</tr>
<tr>
<td><strong>Before Climbing Out</strong></td>
<td>Q What were you doing before Climbing Out?</td>
<td>Transition into cancer diagnosis</td>
</tr>
<tr>
<td></td>
<td>Q Are you able to tell me how it was finding out you had cancer?</td>
<td>Various impacts / treatment</td>
</tr>
</tbody>
</table>
| **After Climbing Out**              | Q So, do you feel that being involved with Climbing Out has helped you? | o Yes: Line of questions
  o What do you think is the main reason that you found Climbing Out so beneficial?
  o Are there things in your life now you don’t think would have been possible without Climbing Out?
  o What do you think your life would look like if you hadn’t gone on a Climbing Out programme? |
Climbing Out: Exploring the Psychosocial Impact of an Adventure Programme for Young Adult Survivors of Cancer

○ No, line of questions

Why?

Helpful/harmful?

Other things helped?

Peers and Social Skills

Q So, tell me about the people you met at Climbing Out?

Strong relationships?

Still in touch?

Q So, tell me about your peers and relationships at the moment

Looking Ahead (Self-efficacy)

Q So, how do you see the next few years of your life? – Appropriate? Healthy?

Goals?

Objectives?

Failures?

Rounding-up: Further Questions

Q Knowing what climbing out is, would you like to do it again / recommend it to others?

Q Do you think there’s anything that we’ve missed out?

Q Now it’s your chance to ask me any questions about the study…

About study?

How I will use info?

Thank You & Debrief
Appendix B: Study Information Sheet

Study Information

Climbing Out: Exploring The Psychosocial Impacts of an Adventure Programme for Young Adult Survivors of Cancer

Invitation

Following your involvement in a Climbing Out programme, I am inviting you to participate in an interview to discuss your experiences.

- Before you decide to provide consent, it is important for you to understand why the research is being done and what it will involve.
- Your participation in this study is entirely voluntary (your choice). You do not have to take part in this study, and do not have to provide a rationale if you do not wish to participate.

I am more than happy to answer any questions about the study. Please do not hesitate to get in touch, using the contact details provided below. Thank you for reading this.

What is the purpose of the study?

This study aims to understand the experiences of young adult survivors of cancer who have participated in a Climbing Out adventure programme. The results of this study will be used in a postgraduate project for a Masters student of Psychological Practice at University of Glasgow and future publication. A full copy of the research will be made available in September.

What will participation involve?

This study involves completing a thirty-minute to one-hour semi-structured interview. The interview will explore physical and psychological issues before, during and following your participation with Climbing Out. The interview will further explore the long-term impacts of Climbing Out, exploring how and in what ways the programme has impacted upon your life. Interviews can be conducted in person or over Skype for your convenience.

What are the risks of this study?

We deem there to be minimal risks involved in the study. The project has adhered to British Psychological Society ethical guidelines, and has been subject to the University of Glasgow’s ethical review.

All information, which has been collected, will be kept strictly confidential and anonymous for the purpose of this study. In any reporting, we will ensure that your name cannot be identified. All electronic information kept in a limited access computer file will be identified by study ID number only. Any information that could be identifiable will be kept in a separate secure file. The information will be reviewed every 5 years with relevance to future studies.

How do I get involved?

If you wish to participate in the study, please contact Matthew Slavin by Friday 24th April to schedule an interview.

Principal Researcher: Mr. Matthew Slavin
Phone: 07979 515 811
Email: 21619925@student.gla.ac.uk

Research Supervisor: Dr. Eva Murzyn
Phone: 0141 330 5089
Email: Eva.Murzyn@glasgow.ac.uk
Appendix C: Consent Form

Identification Number:

University of Glasgow

Consent Form

Climbing Out: Exploring The Psychosocial Impacts of an Adventure Programme for Young Adult Survivors of Cancer

Contact Details:

<table>
<thead>
<tr>
<th>Principal Researcher</th>
<th>Mr. Matthew Slavin</th>
<th>Phone: 07979 515 811</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:21619928@student.gla.ac.uk">21619928@student.gla.ac.uk</a></td>
</tr>
<tr>
<td>Research Supervisor</td>
<td>Dr. Eva Murzyn</td>
<td>Phone: 0141 330 5089</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:Eva.Murzyn@glasgow.ac.uk">Eva.Murzyn@glasgow.ac.uk</a></td>
</tr>
</tbody>
</table>

- I confirm that I have read and understood the information sheet for the above study designed to explore young adults' experiences following participation in a Climbing Out adventure programme. I have had the opportunity to ask questions and am satisfied with the answers I have been given.

- I understand that my participation is voluntary and that I am free to withdraw at any time, without penalty.

- I have the right not to answer any questions that make me feel uncomfortable.

- I understand that my responses will remain confidential and anonymous.

- I consent to being audio recorded as part of the project.

- There are no risks involved in the participation of this study.

- I understand that the study complies with ethical regulations specified by the British Psychological Society.

- I understand that I can contact the research(s) for this project to receive more information and/or a summary of the anonymized results

- I would like to receive a copy of my interview transcript: YES or NO.

'I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and give consent to participate in this study.'

__________________________________________
Full Name

__________________________________________
Signature

__________________________
Date
Appendix D: Debriefing Form

Debriefing Form

Climbing Out: Exploring the Psychosocial Impacts of an Adventure Programme for Young Adult Survivors of Cancer

Contact Details:

<table>
<thead>
<tr>
<th>Principal Researcher</th>
<th>Mr. Matthew Slavin</th>
<th>Phone: 07979 515 811</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:2161992S@student.gla.ac.uk">2161992S@student.gla.ac.uk</a></td>
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<th>Research Supervisor</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Email: <a href="mailto:Eva.Murzyn@glasgow.ac.uk">Eva.Murzyn@glasgow.ac.uk</a></td>
</tr>
</tbody>
</table>

This study is concerned with exploring the long-term psychological impacts and mechanisms of change for young adult cancer survivors who have participated in a UK-based outdoor adventure programme. Several ‘Adventure Therapy’ programmes have been introduced to the United States, with initial research suggesting a number of psychosocial benefits demonstrated upon programme completion. This study looks to extend the current evidence and explore the long-term benefits of participants in a UK setting. In so doing, this research project aims to evaluate the potential benefits of 3rd sector involvement for psychological rehabilitation of cancer survivors in the United Kingdom.

We invited people who had participated in a ‘Climbing Out’ programme 1-3 years earlier, to conduct an interview and share their experiences. The interviews will be transcribed and analysed using thematic analysis to group individual experiences into meaningful ‘themes’. Several illustrative quotes will be used for each theme.

As explained, all collected information, will be kept strictly confidential and anonymous for the purpose of this study. In addition, you will be quoted in a way that is mindful of your privacy, changing locations and specific personal details, such as place of work, to ensure anonymity in reporting. Furthermore, should you wish to remove any responses from your transcript you are more than welcome to do so.

Should this interview raise any concerns you would like to explore further, you might wish to consult the following organisations:

http://www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer

https://www.cancerresearchuk.org/about-cancer/cancer-chat

Once again, thank you for your participation in this study. If you have further questions, please feel free to contact myself, Matthew Slavin or Dr. Eva Murzyn on the contact details provided.
Appendix E: University of Glasgow Ethical Approval

Ethical approval for:
Project Title: Climbing Out: Exploring the Psychosocial Impacts of an Adventure Programme for Young Adult Survivors of Cancer
Application No: 300140105
Committee: College of Science and Engineering
Supervisor: Dr Eva Murzyn

This is to confirm that the above application has been reviewed by the College of Science and Engineering Ethics Committee and approved. Good luck with your research.

Sincerely,

Professor Paddy O’Donnell
Ethics Officer
College of Science and Engineering
University of Glasgow

Glasgow, July 31, 2015
Appendix F: Declaration of Originality

University of Glasgow | School of Education

Declaration of Originality Form

This form must be completed and signed and submitted with all assignments.

Please complete the information below (using BLOCK CAPITALS).

Name: MATTHEW SCOTT SLAVIN
Student Number: 2161926
Course Name: MSC PSYCHOLOGICAL STUDIES
Assignment Number/Name: DISSERTATION

An extract from the University's Statement on Plagiarism is provided overleaf. Please read carefully THEN read and sign the declaration below.

I confirm that this assignment is my own work and that I have:

- Read and understood the guidance on plagiarism in the Undergraduate Handbook, including the University of Glasgow Statement on Plagiarism
- Clearly referenced, in both the text and the bibliography or references, all sources used in the work
- Fully referenced (including page numbers) and used inverted commas for all text quoted from books, journals, websites etc. (Please check with the School which referencing style is to be used)
- Provided the sources for all tables, figures, data etc. that are not my own work
- Not made use of the work of any other student(s) past or present without acknowledgement. This includes any of my own work, that has been previously, or concurrently, submitted for assessment, either at this or any other educational institution, including school (see overleaf at 31.2)
- Not sought or used the services of any professional agencies to produce this work
- In addition, I understand that any false claim in respect of this work will result in action under the University regulations for Student Conduct

DECLARATION:

I am aware of and understand the University's policy on plagiarism and I confirm that this assignment is my own work, except where indicated by referencing, and that I have followed the good academic practices noted above

Signed: ____________________________

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