"It's the closest I can get to meditation sometimes": Volunteering as a Surf Therapy Mentor

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Abstract

Surf therapy is a novel form of small-group, nature-based mental health intervention that has proliferated globally in recent years. Self-reported outcomes indicate that surf therapy can be effective for enhancing mental health and wellbeing, but there is little theoretical understanding into the causal mechanisms of effect and limited strength behind the existing evidence base. This study employed a qualitative approach to explore the personal experiences and observations of volunteer surf mentors' working with UK-based surf therapy charity the Wave Project. Five surf mentors (3 males and 2 females; mean age = 34.4 years, SD = 7.4, range = 19) were interviewed, data collected that related to first-person experience was analyzed using Interpretative Phenomenological Analysis, and that related to third-person observations of client experience using Thematic Analysis. Participation in delivery was affectively impactful for mentors. Affective experience of surf mentors correlated with past research into client experiences. Experiences for both clients and mentors were heavily influenced by environmental and social factors, and these factors interacted. Mentors were found to be both influenced-by and integral-to several key mechanisms of therapeutic effect. Findings demonstrate the research value of the perspectives of surf therapy facilitators and provide guidance for future research and for general service optimization.

Introduction

Surf therapy is a form of small-group mental health and wellbeing intervention that has no standard model of delivery. Programmes may either employ surfing as a stand-alone therapeutic approach, or supplement surfing with additional modalities. While surfing is at the core, surf therapy's structured, activity-based sessions also expose clients to social interaction, exercise, and the natural environment, all of which can be psychologically beneficial (Fleischmann et al., 2011). Surf therapy programmes have shown effectiveness in targeting: PTSD in military veterans (Caddick et al., 2015: Crawford, 2016: Rogers et al., 2014); mental health in 'at-risk' youths and youths with disabilities (Colpus & Taylor, 2014: Drake et al., 2021: Godfrey et al., 2015: Mckenzie et al., 2021); social wellbeing in autistic children (Stuhl & Porter, 2015: Van Der Merwe & Yarrow, 2020); and major depressive disorder in military personnel (Walter et al., 2019a). However, the specific mechanisms that lead to improvements are poorly understood (Benninger et al., 2020: Moreton et al., 2021).

To date, surf therapy research has focused primarily upon programme evaluation and pre-/post intervention testing and has therefore been oriented more towards demonstrating effectiveness than exploring specific mechanisms of effect (Benninger et al., 2020: Walter et al., 2020). As a result, a consolidated understandling of which variables should be controlled, manipulated, or measured in experimental surf therapy research is lacking. Additional qualitative exploration of possible casual mechanisms within surf therapy thus remains essential for guiding future quantitative research.

While research into causality within surf therapy is limited, Marshall et al.'s (2019: 2020) use of grounded theory contributed towards a preliminary programme theory of therapeutic effect. These studies found that non-judgmental emotional safe-spaces, self-selected challenges, a positive socially-supportive environment, and the normalisation of failure were all critical in achieving success (Marshall et al., 2019: 2020). Findings also supported an established belief that surf therapy enhances self-efficacy (see Benninger et al., 2020: Cavanaugh &

Rademacher, 2014: Crawford, 2016: Gibbs et al., 2022: Godfrey et al., 2015: Fleischmann et al., 2017: Rosenberg et al., 2014), while suggesting that positive outcomes could be linked to the satisfaction of basic human needs as defined within Ryan and Deci's (2000) Self Determination Theory (SDT) (Marshall et al., 2019: 2020).

SDT proposes that people require a sense of autonomy, relatedness and competence to be optimally engaged and personally fulfilled, and that a deficit in any of these core areas reduces wellbeing (Ryan & Deci, 2000). For the 'relatedness' aspect of SDT to be satisfied, authentic and receptive relationships with other people are required. Marshall et al. (2019; 2020) found this requirement was satisfied within surf therapy through the intimate one-to-one in-water support provided by facilitators or 'surf mentors'. This finding attributes mentors with a causal role within the intervention. Despite their pivotal contribution, research has only touched upon the perspectives of surf mentors (see Drake et al., 2021), and the experience of delivering surf therapy from the mentors' perspectives remains unexplored.

Charities predominate within surf therapy delivery; therefore mentors are commonly volunteers. Volunteering has been shown to enhance subjective wellbeing (Anderson et al., 2014: Jenkinson et al., 2013: Wheeler et al., 1998), although meta-analysis by Hui et al., (2020) indicates that this effect is modest, and relates to enhanced eudaimonic wellbeing (i.e. related to meaning and purpose) rather than hedonic wellbeing (i.e. related to pleasure and enjoyment). Previous research has also indicated that the act of mentoring itself may increase an individual's sense of wellbeing and self-satisfaction (Allen, Poteet & Burroughs, 1997; Allen 2007). However, no existing research was found that considered the impact of fulfilling the volunteer/mentor role within an activity-based therapeutic intervention, therefore the relevance of previous findings to the present study is unknown. Nonetheless, any exploration of the experience of volunteer surf mentors must consider the potential normative personal benefit associated with volunteering/mentoring itself.

Gibbs et al. (2022) identified that time spent in nature benefitted surf therapy participants, leading them to suggest that Attention Restoration Theory (ART; Kaplan, 1995) and Stress Reduction Theory (SRT; Ulrich, 1983) may explain therapeutic outcomes. ART proposes that time spent in nature clears the mind, allows depleted mental energy to replenish, and thus restores an individual's psychological health (Kaplan, 1995). SRT proposes that humans are evolutionarily optimised for existence in natural environments, and that natural settings therefore induce a lower level of physiological stress than man-made environments (Ulrich, 1983). Neuro-imaging research supports ART/SRT's proposition that natural and urban settings have a qualitatively different impact upon mental activity (Norwood et al, 2019), though the empirical and conceptual foundation of both theories remains contested (Joyce and Dewitte, 2018). Nonetheless, it is widely accepted that natural environments ameliorate human wellbeing and cognitive functioning, and evidence suggests that this effect increases in the proximity of water (Brereton, Clinch & Ferreira, 2008; Barton & Pretty, 2010). Given that mentors share the physical environment with clients during delivery, the potential exists for them to also share any environmentally derived benefit.

The present study considers the impact of intimate involvement in surf therapy upon surf mentors. Both the first-person phenomenological experience, and the third-person subjective opinions of volunteer surf mentors are explored in order to investigate causality within surf therapy from a novel perspective. This approach presupposes that

volunteer surf mentors gain personally from their involvement in delivery, that this gain exceeds that of voluntary work in general, and that the processes that lead to personal benefit may mirror the mechanisms that benefit clients. In exploring these perspectives, the following key research questions will be addressed:

1. Are the proposed mechanisms of effect within the existing surf therapy literature reflected in the experience of surf mentors?

2. If these mechanisms are present, what is the relationship between them?

3. What changes do the mentors observe in clients as they undergo surf therapy?

Research Design and Methods

Theoretical framework

This study used two complimentary analytical processes: Interpretative Phenomenological Analysis (IPA; Smith et al, 2012) and Thematic Analysis (TA; Braun & Clarke, 2006). IPA was used for exploring the subjective experiences of surf mentor's, and TA for their third-person perspectives. Where TA was used, a latent inductive approach to coding (Braun & Clarke, 2006) was employed in order to retain subjective richness of data and maintain a degree of idiographic parity between analytical fields

The Wave Project

Participants were recruited from the Wave Project, a UK-based surf therapy provider founded in 2011. The Wave Project employs stand-alone (i.e. no additional therapeutic approach is used) mentor-facilitated delivery using volunteer surf mentors. Courses are provided to youths aged eight to 21 who are experiencing mental health issues, or social

difficulties. Clients are referred into the programme by a variety of professional bodies, including educational establishments, NHS and Social Care providers, and mental health charities. Courses consist of one two-hour session per week for six weeks, and clients are paired with the same mentor for the duration of the course whenever possible. A follow-on surf club is also offered, allowing continued engagement with surfing and surf therapy practices once the formal course finishes. Previous research has provided empirical support for Wave Project programme effectiveness (Devine-Wright & Godfrey, 2020: Godfrey et al., 2015), and contributed to the development of a programme theory of therapeutic effect for surf therapy (Marshall et al., 2019).

Participants

A purposive sample (Patton, 2002) of volunteer surf mentors was used in line with IPA methodology (Smith et al., 2012). After obtaining permission from Wave Project gatekeepers, a passive recruitment strategy was implemented that used untargeted messages distributed within a local Wave Project volunteer social-media network. Qualification criteria for participants included completion of Wave Project surf mentor training, and involvement in at least one full course (i.e. minimum of six sessions) of surf therapy. Five participants were recruited (Table 1) to participate in either a face-to-face or an online interview with the researcher.

Table 1
Research Participant Particulars

Participant	Age	Gender	Approx. Experience as a Surf Mentor
P1	32	Male	2 years
P2	42	Male	< 1 year
P3	23	Female	2 years
P4	39	Female	10 years
P5	36	Male	1 year

Data Collection and Analysis

Interviews were conducted by the first author between 27th May and 6th July 2022; mean interview duration was 51 minutes (range = 43 to 67 minutes). Interviews were semi-structured, opening with a question exploring how participants had come to volunteer as surf mentors, followed by questions tailored to their responses. All interviews were recorded using Leereel model LBM-02 Bluetooth lavalier microphones, and the voice-memo function on an iPhone 12 mini (software version IOS 15.5). Verbatim transcription was made using Otter.ai online transcription software, before being manually cross-checked and corrected by the researcher.

Analysis was conducted in a three-stage iterative cycle; initial first-stage generation of themes from each interview (completed on each audio recording before subsequent interviews were undertaken), second-stage theory-driven analysis of themes, and third-stage between-interview comparison of all themes and related theory. Termination of data collection was justified by data saturation having been achieved in accordance with Guest et al.'s (2006) definition, i.e. the research aims had been satisfied, the core meta-themes had been identified, and the study had reached a stage whereby findings were considered replicable.

Reflexivity

As a surfer, an active surf mentor, and an academic, the first author (who acted as interviewer and analyst) holds both an 'insider' and an 'outsider' perspective (Gair, 2012) in relation to this study. While the insider perspective facilitated free-flowing discourse, critical self-awareness was necessary to prevent the researcher over-involving themselves in the emerging narrative. Critical self-awareness was employed during the interviews in the form of active listening, confirmation of understanding, and participant-led discourse. During coding, separate code-books were maintained for each participant to mitigate against conflation of responses, and themes were created using a 'signal to noise' (Edwards et at, 2000) approach that formed themes based upon a weight of coding evidence both within and between participant narratives.

Results

Summary of Themes

Data themes were grouped into two categories: 'First-person Experience of Surf Mentoring' (analysed in accordance with IPA) and 'Third-person Perspectives on Surf Therapy' (analysed in accordance with TA). Primary themes from each category and the participants that these themes related to are shown in Table 2. Figure 1 shows themes grouped together according to their factors of primary influence: Environmental, Social or Normative.

Table 2
Primary Data Categories and Themes

| Category	Theme	Expressed by Participant
First-person Experience of Surf Mentoring **(IPA)**	Environmental grounding (+ reduced rumination*)	1*,2*,3*,4*,5
	Immersion and attentional focus	1,2,3,4,5
	Fun enjoyment and positive affect	1,2,3,4,5
	Interpersonal connection (+ reduced social anxiety*)	1,2*,3*,4,5
	Altruism and obligation	1,2,4,5
	Increased awareness and community benefit	1,2,3,4,5
Third-person Perspectives on Surf Therapy **(TA)**	Environmentally facilitated changes in behaviour	1,2,3,4,5
	Incremental improvements in confidence	1,2,3,4,5
	Creative expression and autonomy	1,2,3,4,5
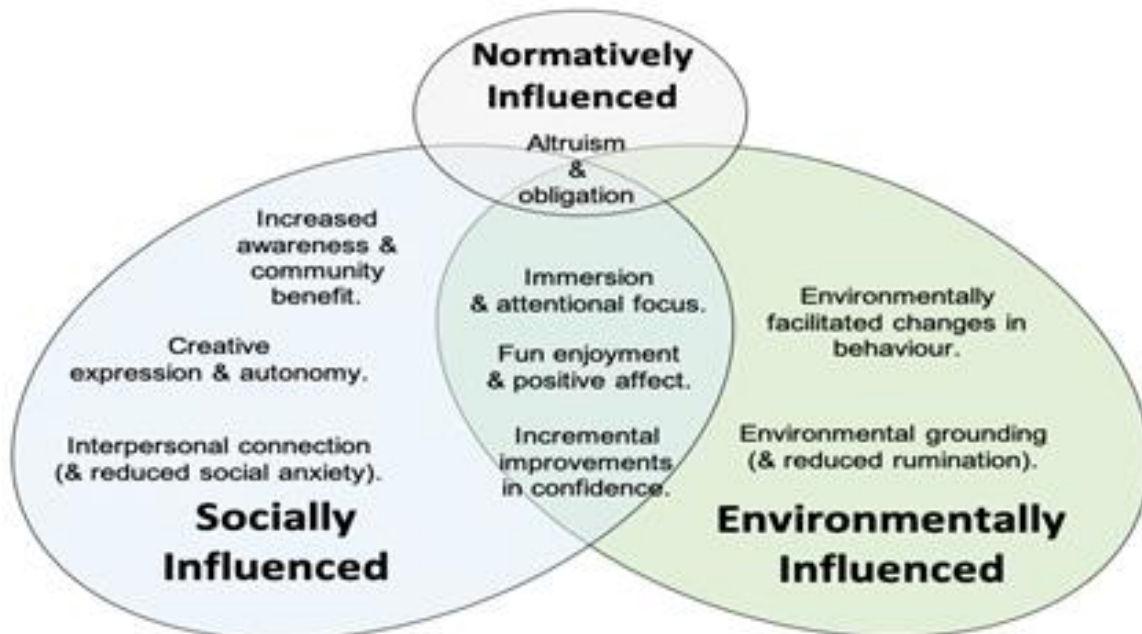
Figure 1. First-person Experience and Third-person Perspectives: Themes Grouped by Influencing Factors.

First-person Experience of Surf Mentoring

Environmental Grounding and Reduced Rumination

"You can go to the mountains, and you can see the mountains. You can drive through them, but it doesn't have that effect of being in the sea… the sea is just an instant immersion; you're in." (P5)

The ocean/coastal environment was described by all participants as being affectively significant, calming, and immersive, with several stating that the ocean helped them to "silence the brain [from] overthinking" (P2), or that it allowed them to "let go of everything else" (P1). Depth of connection was attributed to the immersive nature (physically and mentally) and sensory richness of the environment, be it visual, auditory, or tactile. Location of upbringing had no influence upon the depth of this feeling, with participants that were not raised near the sea describing how they found the environment "magic", and "mind blow[ing]" (P4) on first exposure, or stating how they "had always been drawn to it" (P5) though not necessarily knowing why. The ocean was thus an anchor for participants, a location that imbued a sense of peace and calm, that helped to break cycles of rumination, and planted participants in the present.

Immersion and Attentional Focus

"I'm totally focused on them. It's almost like a form of meditation, because I'm not thinking about what I'm doing or how I feel" (P4)

The immersive nature of the ocean was complimented by a sense of total attentional immersion during surf therapy sessions. The act of "trying to keep the small person alive in the ocean" (P4) was distracting to the extent that it provided participants respite from rumination. A sense of focus, escapism and distraction during sessions was universally articulated, and this experience facilitated recuperation from stress accumulated through work (P2), from socially induced anxiety (P2: P3) or just "whatever the stresses of life were" (P1). Thus, the attentional requirements associated with being a surf mentor became an almost "mindful" (P1), "meditative" (P4) practice that participants considered powerfully distracting and personally beneficial.

Fun, Enjoyment and Positive Affect

"Smiling is infectious, and one of those things to be shared, but yeah, especially when it's so, like, such a big smile… When they're beaming from ear to ear? You can't not smile." (P5)

Mentors were deliberately and consciously positive, fun, and socially inclusive during sessions in order to create a positive atmosphere for the clients. The positivity that mentors instilled was not artificial, they were already "pretty happy just being in the water with the waves around" and delivering surf therapy added "another layer of happiness" on to the experience (P1). Positivity was reflected back when "the kid's faces, the smiles and the energy that they give back" (P2) had a reciprocal, positive impact upon the mentors. The enjoyment felt during delivery lingered, and mentors reported that they left sessions feeling "really positive and happy" (P3), and never "anything other than 'better' from the sessions" (P1). Delivering surf therapy was thus an affectively positive experience, with pleasure derived from the physical environment, the social interactions, and through vicarious enjoyment of clients' positive experiences.

Interpersonal Connection and Reduced Social Anxiety

"Last week I got a text from [the coordinator] saying that my new girl's mum had phoned in and said that she only wants to do it, like, if I was there; to make sure that I was going to be

there again … so I guess in that example I obviously did something that made her feel sort of safe, or that she wanted to go back to." (P4)

Throughout a course, participants felt that a mutual bond developed with their paired client. P4 viewed this as an attunement, or "a little emotional journey" that was completed by both the mentor and the client together. This process put mentors in the position of being "a trusted person that [clients] were happy to open up to" (P5), and seemed to be facilitated by the attentiveness of mentors, and the fact that they responded to clients' non-verbal cues as well as their explicit statements. The bond that this process created was viewed by participants as important for the intervention's success, but also as personally rewarding. Two participants described how they themselves had previously experienced social anxiety (P2: P3), and each felt that their work as a surf mentor had helped to manage this issue. While difficult moments within the sessions could be 'anxiety inducing' (P3) for mentors, the focus was not upon the mentor's social needs, it was entirely upon the client, and this assisted in overcoming any social discomfort. Surf mentors thus attended to clients' specific needs, cues, and behaviour, and consequently formed close bonds with clients that were personally fulfilling, and in some cases anxiety-reducing.

Altruism and Obligation

"The fact that you feel guilty for not giving up two or three hours of your time for free… once you've been a part of it, I think everyone would feel the same." (P1)

Delivery presented participants with the chance to share 'the gift' of surfing and the ocean, and this was both fulfilling, and for some (P2: P4) provided an enhanced sense of purpose. Participants also felt a sense of obligation as a result of their involvement in

delivery. Inability or failure to attend sessions was viewed as antithetical to the bond they had established with clients, as a failure to provide "the opportunities [they] could be creating for a young person" (P1) that forced clients into starting the process of relaxing and bonding all over again (P2). However, the sense of obligation that delivery imbued was not viewed negatively; participants knew that they would feel better for their involvement in sessions, even if they were initially reticent to attend. Being a surf mentor was therefore associated with both positive (personal reward) and negative (obligation and a sense of guilt) inducements, but volunteers felt that attending sessions always resulted in a net-positive emotional experience for them.

Increased Awareness and Community Benefit

"They might be doing something that seems quite erratic, but you kind of go 'I don't know what's behind that, so who am I to judge or have any issues with it?" (P1)

All participants felt that their awareness of social issues, mental health issues, and the stigma that are associated with each, had improved as a result of their work as a surf mentor. P1 described how he had come to appreciate that "every child is so different, even though they may have the same diagnosis, they have so many different character traits that make them so unique", indicating that volunteering had helped him to see through the diagnostic label to the person. As a mentor and someone that suffered with a hidden disability, P4 felt that the enhanced interaction and empathy generated within these sessions (and more generally in the community as a result of this style of intervention) was helping to drive a cultural shift towards greater tolerance, understanding and inclusion within the local community. Close personal interaction with clients thus helped to overcome participants' preconceptions of mental and social issues, and contributed to increased acceptance,

empathy and a greater sense of community with individuals that were experiencing mental ill health or social disadvantage.

Third-person Perspectives on Surf Therapy

Environmentally Facilitated Changes in Behaviour

"He had had a tantrum on the beach. He was in a world of pain, … when we got into the water…within seconds he was jumping around and…it was the same [boy] from 10 minutes before." (P5)

The ocean environment had a grounding effect upon surf therapy clients that mirrored the mentors' own experiences. This effect varied depending upon the child, but there was a general sense that "when you get into the water with the kids, they just sort of change completely" (P3). This change was behavioural; whereby being in the water seemed to "break a barrier or something" (P3) allowing shy children to talk more freely with mentors, and emotional; whereby heightened states of emotion (i.e. tantrums) were moderated when the clients entered the water. As well as aiding in the control of negative emotions, immersion in the water produced positive affect in clients. The ocean thus acted as a social facilitator, reducing negative emotion, and increasing positive emotion in clients and mentors alike.

Incremental Improvements in Confidence

"You see the fear and the withdrawal, like, kind of go over the couple of weeks as they become more confident." (P2)

Participants observed incremental increases in clients' confidence in the water, in social settings, and in their engagement with the ocean environment throughout a course. While mentors were responsible for ensuring clients emotional and physical safety, failure and 'wiping out' were a part of the process of

surf therapy, and participants saw both direct and vicarious exposure to these experiences as key to fostering growth in the children. While exposure to managed risk was seen as beneficial for the clients, mentors were extremely conscious of the need to ensure that a client's experience was both safe and positive. During sessions, mentors thus assumed responsibility for dynamically managing risk, keeping the clients safe, and encouraging them to "push their boundaries" (P5) while also protecting them from negative experiences. This process was viewed as instrumental in a process of building "bigger, stronger people" (P2) by fostering enhanced confidence through controlled exposure to appropriate risk.

Creative Expression and Autonomy

"I guess they get to choose whatever they're doing, and not be told by someone 'you're going to do this now', like at school … They can do whatever they want to at the beach." (P3).

While sessions were structured around surfing, clients were encouraged to engage in any activity that interested them. Children sometimes simply chose to "build some sand-castles, or build a mountain" (P2) in the sand, or jump "in and out of rock pools" (P5), and mentors would facilitate these activities. By encouraging imaginative play, "digging holes, grabbing bits and pieces of seaweed for flags and stones for forts" P2 was still able to be impactful, and clients still benefitted despite the lack of engagement with surfing itself. All participants felt that sessions such as these were "just as [personally] rewarding" (P5) as helping kids to actually surf.

Understanding what clients wanted to do required adaptability and an open mind; mentors often had to "ask a lot of questions, or give a lot of options … and then see where it [went] from there" (P3). What clients said that they wanted to do and what they actually wanted to do did not always align,

exemplified by P5's experience with one child; "his Dad had done some surfing, and [he said] that he wanted to be able to do it like Dad … and then all behaviour from that point indicated that he didn't want to". 'Child led' therefore did not necessarily mean doing what the clients stated explicitly. It meant attuning to their experience and responding to their levels of interest, engagement and enjoyment. Mentors thus facilitated child-led activity on the beach, whether that involved surfing or not, and engagement in any activity fostered both growth in clients, and a sense of reward for mentors.

Discussion

Delivering surf therapy had a positive impact upon mentors. While benefit came from the act of volunteering, most was attributable to factors that previous research has associated with therapeutic outcomes in clients. In contrast to Hui et al. (2020), participants reported personal benefit as more hedonic than eudaimonic. This finding supports the primary presupposition of this study: that the benefit volunteer surf mentors derive from surf therapy delivery exceeds the normative benefit of volunteer work. Mentors' third-party observations provided evidence in support of theories of casual effect proposed in previous research.
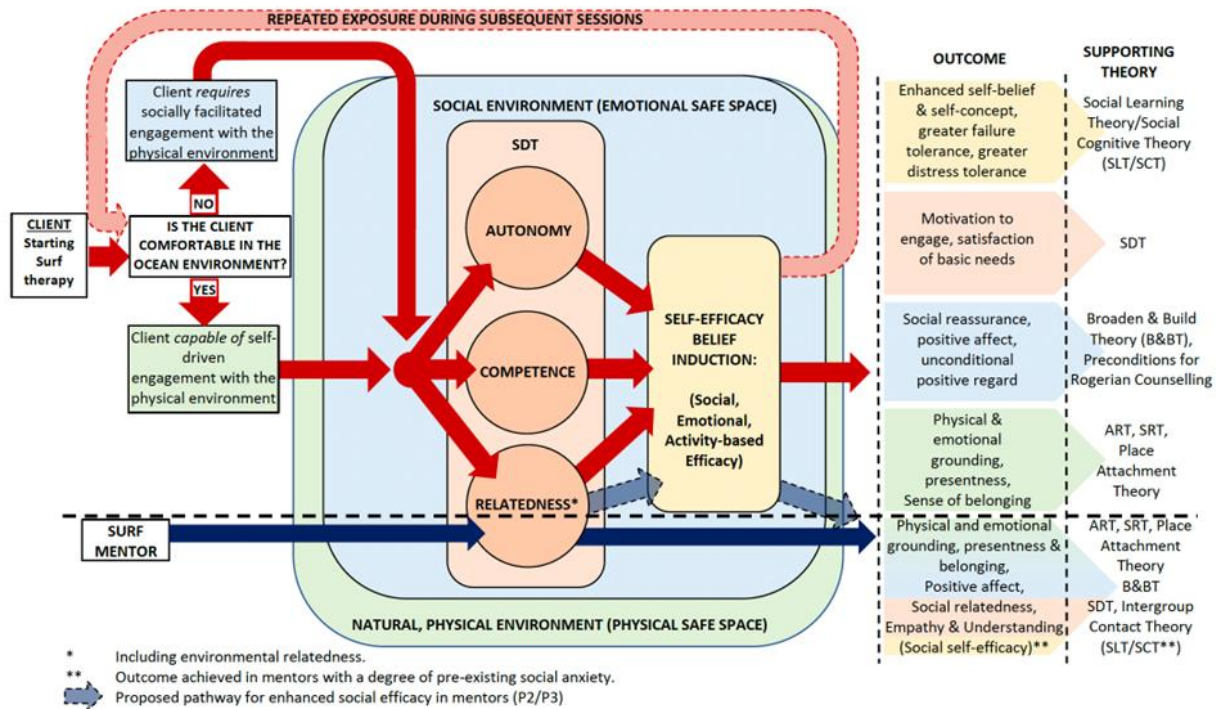

Figure 2. Theoretical Framework of Casual Effect for Clients and Surf Mentors Participating in Surf Therapy with the Wave Project.

Figure 2 incorporates the findings into a proposed framework of causal effect, highlighting key sources of effect, primary

mechanisms of change, therapeutic outcomes (including source of derivation), and the

theoretical frameworks that support these assertions for both clients and surf mentors.

The ocean environment was central to several key themes that emerged and influential within several others (see Figure 1). The sense of belonging and calmness that participants felt by the ocean reflected aspects of Altman and Low's (1992) Place Attachment Theory (PAT), which states that people can form affective bonds with places that confer a sense of belongingness, affiliation, and that eventually become a part of their identity. By establishing positive associations with the ocean during surf therapy, the ocean can become a place of respite for clients. A sense of belonging is an important part of the 'safe spaces' concept highlighted as crucial to surf therapy outcomes by Marshall et al. (2019). PAT emphasizes the contribution of environmental factors within emotional safe spaces, and provides a mechanism within surf therapy for enhanced emotional processing, and for positively updating self-concept and self-identity that future research should explore.

Mentors considered the ocean a restorative, immersive, and psychologically beneficial environment to be in. The benefit they derived from time in nature mirrored client experiences that Gibbs et al. (2022) linked to ART (Kaplan, 1995) and SRT (Ulrich, 1983). Physical immersion in the water itself also affected the behaviour and emotional state of clients. Immersion in cold water leads to an endocrine response and vagal stimulation (Tipton et al., 2017). It is possible that these responses contributed to the rapid changes in behaviour and emotional state that mentors observed in clients, however this assertion is speculative. Further research is required to understand the effects of physical immersion in water during surf therapy and to explore whether these effects contribute towards therapeutic outcomes.

For the physiological and psychological adaptation proposed by ART and SRT to take effect, the environment has to be perceived as non-threatening, safe, and familiar (Kaplan, 1995: Ulrich, 1983). Anecdotally, this is not the case with many surf therapy clients, and a process of socially-facilitated acclimatisation was required before many appeared sufficiently at-ease in the ocean to derive any benefit (see Figure 2). By providing support and encouragement during sessions, mentors moderate the negative consequences of perceived or actual threat, and also mediate between surf therapy clients and the personal growth that the ocean environment can foster. The mediating and moderating role played by surf mentors between clients and the environment is an important aspect of creating a physical safe space within which surf therapy can be delivered (Burtscher & Britton, 2022: Marshall et al., 2019: 2020). Therefore, while exposure to nature is a likely to contribute towards therapeutic effect within surf therapy, the effect is socially mediated.

Supported by the mediating/moderating function provided by mentors, clients were able to make observable improvements in social, emotional, and activity-based confidence that mirrored increases in self-efficacy identified in previous research (Crawford, 2016; Drake et al., 2021; Godfrey et al., 2015; Fleischmann et al., 2011; Marshall et al., 2019, 2020). Mentors unknowingly attributed these improvements to factors that reflect the social induction of self-efficacy beliefs proposed by Bandura (1977). Future research should explore the relative contribution of different sources of self-efficacy within surf therapy, considering each source or mode of induction as a potential variable and measuring any change in self-efficacy with the General Self-Efficacy scale (GSE; Schwarzer & Jerusalem, 1995).

Positive social environments contribute towards achieving the preconditions required

for restoration, facilitate place attachment through the generation of positive associations, and provide positive emotional support during efficacy-induction. Socially-derived positive affect thus supports several of the key candidate mechanisms of effect within surf therapy, though positive social experiences have also been found to enhance subjective wellbeing (Diener et al., 1991) and undo the after-effects of negative emotional experiences (Fredrickson and Levenson,1998). Fredrickson's (2001) 'Broaden and Build Theory' (B&BT) of psychological development is an expansion of this concept, and suggests that positive emotion has a restorative, attentionally broadening effect that enhances long-term psychological resilience. B&BT implies that the positivity experienced during surf therapy promotes psychological resilience, thereby placing further emphasis upon the importance of positive affect, and by association the importance of safe spaces. Further research into the impact of positive experiences upon therapeutic outcomes within surf therapy is required to explore the potential relevance of B&BT.

Within the positively valanced atmosphere created by sessions, mentors remained conscious of their responsibilities and attentive to the verbal and non-verbal cues that clients displayed. The bond fostered by this attentiveness is central to one of the primary mechanisms of motivation and behaviour change identified within surf therapy; SDT (Marshall et al., 2019: 2020). Although unaware of SDT, mentors' accounts indicated that they satisfied all of the preconditions required to elicit behaviour change: they were attentive to clients (relatedness), facilitated child-led exploration (autonomy), and encouraged clients to explore their limitations (competence). Relatedness was also personally rewarding for mentors, and contributed to a sense of social-efficacy for those mentors who had previously experienced social anxiety (see

Figure 2). Enhanced relatedness also increased mentors' understanding of disability and social and mental health issues, and increased their tolerance and acceptance of challenging social behaviours. Such attitudinal shifts resemble Pettigrew's Intergroup Contact Theory (1998), whereby involvement in delivery allowed mentors to learn about an 'outgroup' and undergo a process of ingroup reappraisal.

Bonding, relatedness, and enhanced inter-group acceptance and understanding are at the core of the emotional safe spaces identified as key to therapeutic outcomes within surf therapy (Burtscher & Britton, 2022: Marshall et al., 2019: 2020). Within the delivery safe space, mentors understood the importance clients feeling heard, valued, and permitted freedom to express themselves without judgement. Drake et al. (2021) considered such conditions analogous to core conditions of Rogerian (client-centred) counselling, namely; unconditional positive regard, interpersonal congruence, and empathy (Rogers, 1959). The present studies finding that mentors perform a mediating and moderating role between the client and environmentally derived therapeutic benefit is comparable to other core conditions within the client-centred paradigm, specifically the requirement for the client to be incongruent within the relationship (i.e. with the environment), and for the therapist (i.e. mentor) to be congruent (Rogers, 1959). Rogerian counselling relies upon discourse to update self-concept and achieve therapeutic effect, this is lacking within (most) surf therapy. However, having achieved the necessary preconditions for therapeutic benefit defined within the client-centred paradigm, other mechanisms (SDT, efficacy induction, PAT) may achieve modification of client self-concept through experience (See also Godfrey et al., 2015: Matos et al., 2017). Future research that explores this notion of modified self-concept in relation to the self in nature, the emotional self, the social self, and

general self-identity may prove particularly insightful for understanding therapeutic effect within surf therapy.

Implications

This study has identified areas where mentors' experiences align with those of clients, and has provided potential insight into the underlying mechanisms of effect within surf therapy. By highlighting the potential interaction between environmental and social factors, the results have practical implications for service optimisation in relation to site selection, surf condition go/no-go criteria for sessions, and staff training for surf therapy providers. We suggest that training emphasizing the importance of social facilitation, acceptance, and the creation of emotional and physical safe spaces would be particularly effective for optimizing outcomes. In addition, by identifying potential correlates between therapeutic change in surf therapy and Rogerian counselling/B&BT, our findings have broader implications for the general field of small-group nature-based therapeutic interventions and highlight the potential utility of future comparative/trans-disciplinary research. This study has also identified how broader community benefit can be achieved through volunteer-assisted mental health interventions, which appear to both enhance the mental wellbeing of their clients and volunteers, and increase the sense of acceptance, inclusion, and community for everyone involved. Finally, the current study has highlighted areas for future research, emphasizing the contribution of the environment to therapeutic outcomes, and highlighting the utility of SDT, B&BT and PAT as theoretical frameworks to guide further exploration of surf therapy.

Limitations

The design and research sample used within this study were appropriate for achieving the stated research aims. However, as the lead author was the only researcher involved in coding and analysis, the potential influence of individual bias limits the reliability of the results. By focusing purely upon a stand-alone, mentor-facilitated method of surf therapy delivery, generalizability of the current study's findings to programs that employ different methodological approaches may be limited. Focus upon the experience of surf mentors (who do not spend much time actually surfing during sessions) rather than clients (who tend to surf more) leaves the present study poorly placed to explore the specific contribution that surfing itself makes towards therapeutic outcomes. Additionally, while mentors' third-party perspectives were insightful, it is appreciated that they constituted only anecdotal evidence. While this anecdotal evidence was worth exploring, its strength was limited by the sample size used, which was more suited to a purely IPA study than within a TA framework exploring third-person perspectives, for which a larger sample size would have been desirable (Braun & Clarke, 2013). The sample was drawn from current mentors, so cannot address any barriers that prevent potential volunteers from becoming mentors. The small sample size and the focus upon a single service provider within a limited geographical area also limits the range of volunteer experiences that are likely to have been captured, and thus limits generalizability of the results. Notwithstanding these limitations, considerable homogeneity emerged within the third-party observations of all mentors, and key themes in this data aligned heavily with existing literature.

Conclusion

This study has highlighted the interaction between social and environmental factors within mentor-facilitated surf therapy interventions, and suggests that modification of clients' self-concept may be key to enhancing psychological wellbeing. By

deepening the association between the therapeutic environment of surf therapy and that of client-centered therapy, this work has highlighted importance of the atmosphere that surf therapy takes place within. Finally, this study concludes that while surfing is at the core surf therapy interventions, it is not the source of all therapeutic change within the surf therapy paradigm.

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