

White, Victoria (2019) Out in the open: an examination of the physical and psychological affordances of outdoor spaces within the delivery of formal therapy. In: Valuing Nature Annual Conference 2019, 28-29 October 2019, Royal Society, London, UK. (Unpublished)

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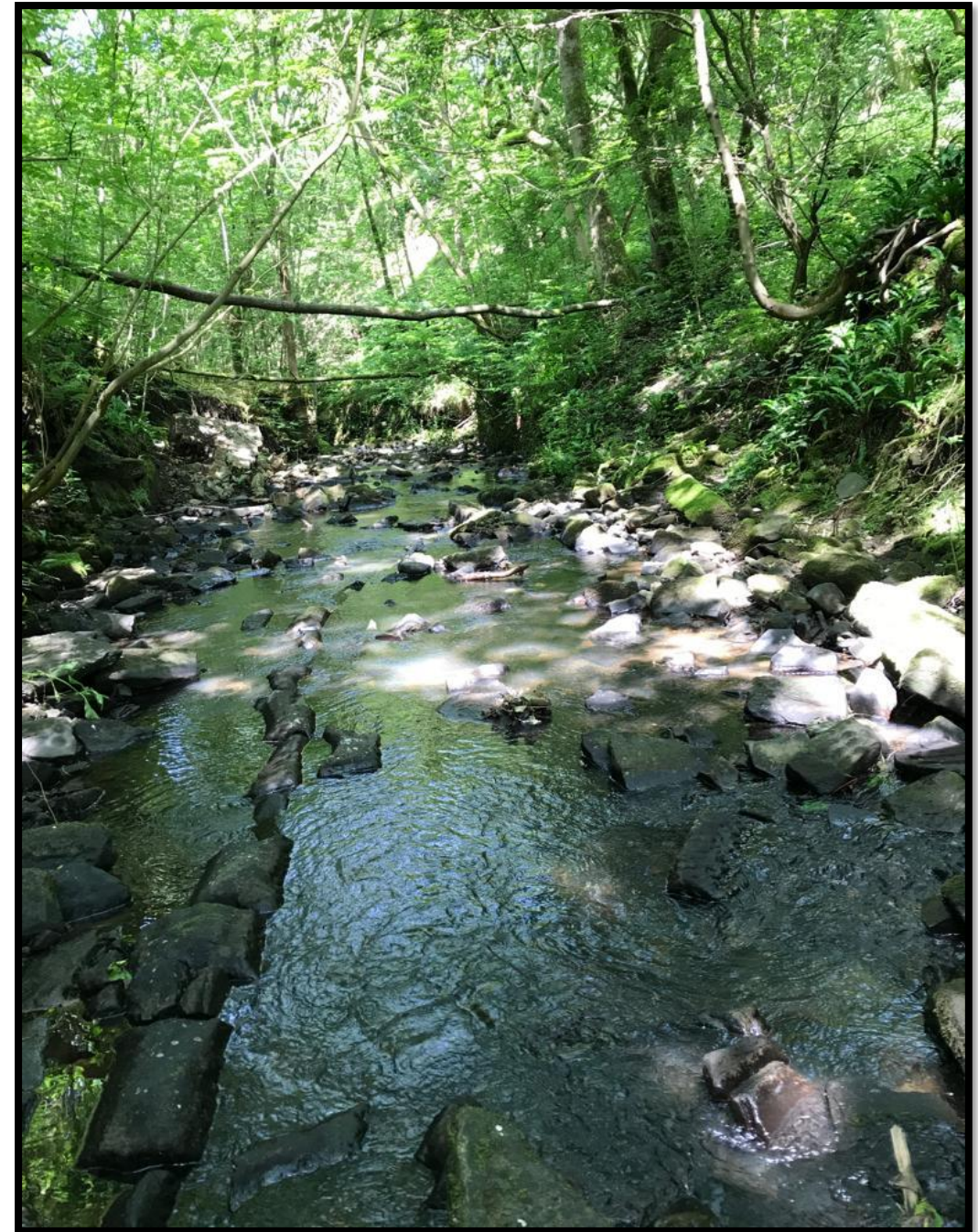
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**Out in the Open: An Examination
of the Physical and Psychological
Affordances of Outdoor Spaces
within the Delivery of Formal
Therapy**

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Overview

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- **Mental Health within Young People**
- **Theoretical Background**
- **My Research Brief**
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Mental Health within the United Kingdom

Common Mental Disorders

Latest information – published 2016

Source: Adult Psychiatric Morbidity Survey (2014)

Survey runs every 7 years, collects data on poor mental health among adults (16 and over)

Common Mental Disorders – different types of depression and anxiety causing marked emotional distress and interfering with daily function

- One adult in six surveyed reported a common mental disorder
- One woman in five, one man in eight
- One person in three reporting a common mental disorder reported current use of mental health treatment
- Demographic inequalities in treatment: people who were white British, female or in mid life (35-54 especially) most likely to receive treatment

(McManus, Bebbington, Jenkins & Brugha, 2016)

Suicide

Latest statistics – published September 2019

- In 2018: 6,859 suicides in UK and Republic of Ireland (6,507) in UK
- Men three times more likely to die by suicide than women
- In the UK, suicide rates among young people have been increasing in recent years
- Suicide rate for young females now at its highest on record
- Suicide is the biggest killer of young people (15-24 years)
- In 2018, 759 young people took their own life in the UK and Republic of Ireland

(Samaritans, 2019)

Mental Health within Young People

- 1 in 6 young people (aged 16-24) have symptoms of a common mental disorder (McManus, Bebbington, Jenkins & Brugha, 2016)
- Almost half (46.8%) of 17-19 year olds with a diagnosable mental health disorder have self-harmed or attempted suicide (52.7% for young women) (NHS Digital, 2018).
- Among males and females aged 5 to 19 years, suicide and injury or poisoning of undetermined intent was the leading cause of death in 2017. This has increased since 2016, increase especially notable for females (13.3% of deaths at this age, 9.6% in 2016) (Office for National Statistics, 2017).
- Non-attendance common problem in child and adolescent mental health services (Michelson & Day, 2014)
- Adolescents less likely to seek help than adults for mental health difficulties (Collins, Westra, Dozois & Burns, 2004)

Theoretical Background

Stress Reduction Theory: Human stress levels can be reduced by mere exposure to natural settings (Ulrich, 1979, 1981, 1984; Ulrich, Walker & Tassinary, 2003; Kweon, Ulrich, Walker & Tassinary, 2008)

Attention Restoration Theory: People respond to natural stimuli with involuntary attention and fascination. This has a restorative effect on mental fatigue (Kaplan & Kaplan, 1989; Kaplan and Talbot, 1983; Hartig, Mang & Evans, 1991; Hartig et al., 2003)

The Biophilia Hypothesis: Proposes that people have a fundamental need for affiliation with other life and life-like processes within the natural world (Wilson, 1984; Kellert & Wilson, 1993)

Therapeutic Landscapes: Examines the connection between place and well-being and considers how specific places may have healing qualities (Gesler, 1992; Gesler, 2003)

Nature Deficit Disorder: Lack of contact with the natural world can lead to a range of behavioural problems. (Diminished use of the senses, attention difficulties, obesity, higher rates of emotional and physical illness) (Louv, 2005; Children & Nature Network, 2019)

My Research Brief

“Explore the impacts of green and blue spaces as alternatives to traditional therapeutic landscapes used within formal counselling or psychotherapy”

Overall Research Aims

- **Examine** how the process of formal therapy may change when delivered in an outdoor setting through an examination of the physical and psychological affordances the setting may provide.
- **Identify** and **examine** the unique constraints which can be present in an outdoor setting such as issues with health and safety, confidentiality, and client privacy and how they may be overcome.
- **Investigate** whether the setting appears to attract any client groups who may be less represented when examining engagement with formal therapy in indoor settings, in particular, males and young people.

Theoretical Framework: Ecological Dynamics

➤ Ecological Psychology
(Gibson, 1979)

➤ Dynamical Systems Theory
(Clarke & Crossland, 1985)

➤ Constraints Theory
(Newall, 1986)



(Adapted from: Davids, Button & Bennett, 2008: p 40.)

Study 1: “What Makes a Space a ‘Healing Place’. An Examination of Settings for Counselling and Psychotherapy within the United Kingdom.

- How many therapists deliver therapy outdoors?
- The types of settings indoor and outdoor therapists use
- Key factors which influence choice of indoor/outdoor setting
- Description of indoor settings e.g. natural features – light, plants, fish tank etc
- Description of outdoor settings e.g. are certain landscapes more suitable?
- How the environment affects the setting e.g. trees/light
- Types of therapy being offered outdoors
- Feelings toward outdoor therapy among clients & therapists
- Perceived benefits & barriers to commencing the delivery of therapy outdoors
- Therapist’s perceptions of ease of availability of outdoor therapy locally
- Connectedness to Nature Scale (Mayer & Frantz, 2004)
- New Ecological Paradigm Scale (Dunlap et al, 2000)

Findings

- Online questionnaire
- 212 participants
- Indoor settings only ($n = 174$) 82.1%
- Indoor & outdoor settings ($n = 36$) 16.9%
- Outdoors only = ($n = 2$) 0.94%
- Total number of therapists using some form of outdoor therapy ($n = 38$) 17.8%

Findings

Constraints

- Heightened awareness of confidentiality in public space
- UK Weather
- Insurance
- What if we meet someone we know.
- Time constraints - fitting it in with other clients.
- Safety - Will I be ok outside with the person I'm walking with.

Findings

Affordances

- May suit those who feel intimidated face to face.
- Lends itself to metaphor
- Added exercise which stimulates endorphins which helps boost mood.
- Green space somehow encourages an opening up of thoughts/creativity/hopefulness.
- Gives a sense of achievement by building in a walk/exercise

Findings

“Clients experiencing depression have moved to Walk & Talk Therapy after conversations about the benefits of being outside, amongst nature etc”

“It feels particularly freeing to work in a setting away from the norms and pressures of People. To give space to the animal in us: distinct, but not separate from the Civilised, Socialised part. It gives us - client and myself - the space to contemplate our role/roles in life; belonging; grounding; to feel connected. The challenge then is, of course, to work to integrate this feeling and deeper knowing back in our lives in the World of People”

“Clients entering therapy for the first time who have felt uneasy sitting face to face, have preferred Walk & Talk to start with - less eye contact required - but then moved to traditional therapy room style sessions in time”

Future Research

Further studies will include semi-structured interviews with counsellors, psychotherapists and clients across the United Kingdom and the undertaking of a case study in an applied setting. The thesis hopes to address a research gap which currently exists in relation to a consideration of the physical and psychological affordances and constraints which may arise with the delivery of therapy in outdoor settings as opposed to traditional indoor settings.

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