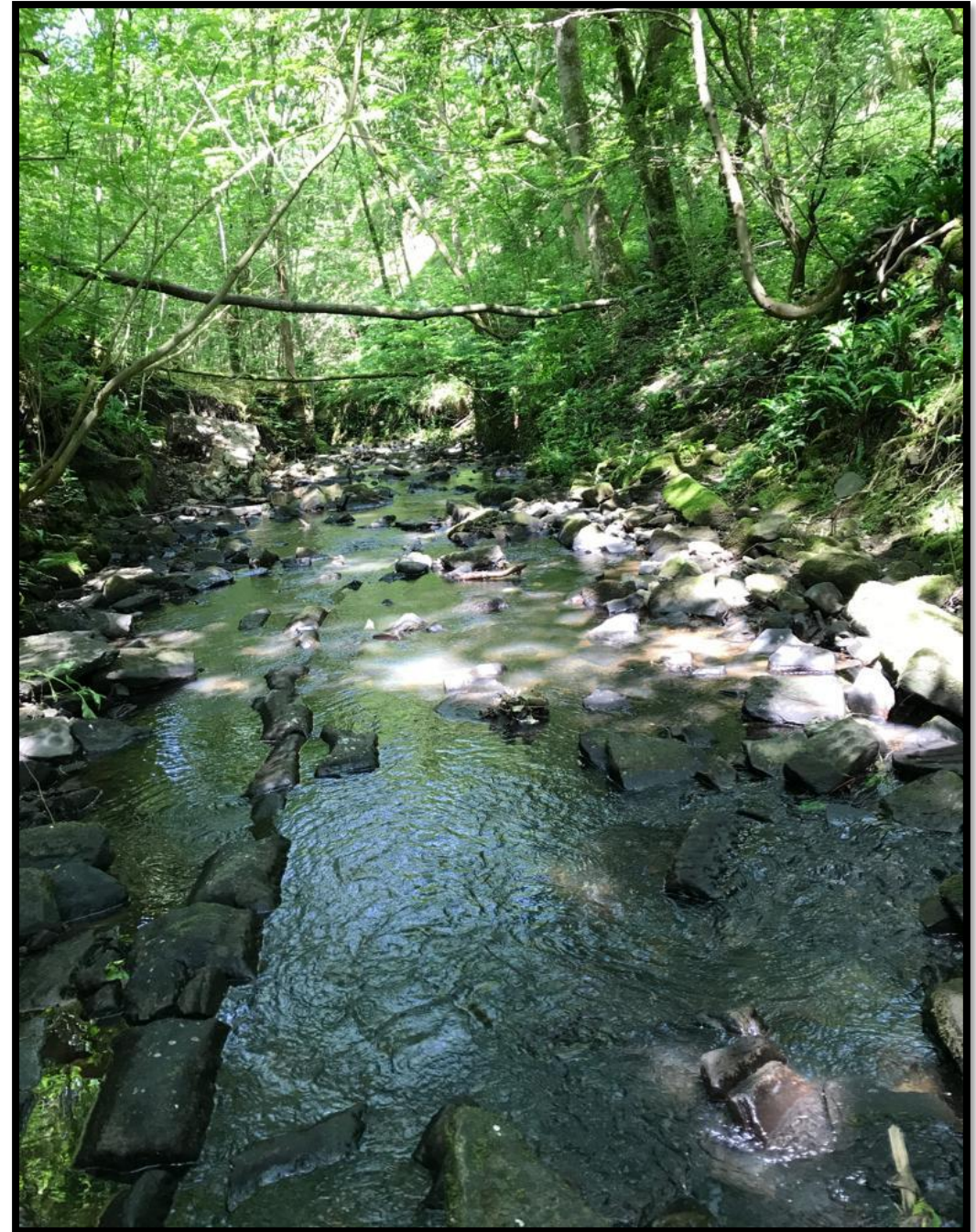


**Out in the Open: An Examination  
of the Physical and Psychological  
Affordances of Outdoor Spaces  
within the Delivery of Formal  
Therapy**

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# Overview

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- **Mental Health within Young People**
- **Theoretical Background**
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- **Theoretical Framework: Ecological Dynamics**
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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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