

Can a **NATURE** prescription be as effective for treating anxiety and depression as traditional talking therapy?

A phenomenological study into the thoughts of those who have delivered both.

Emily May Alford

Aims and Purpose

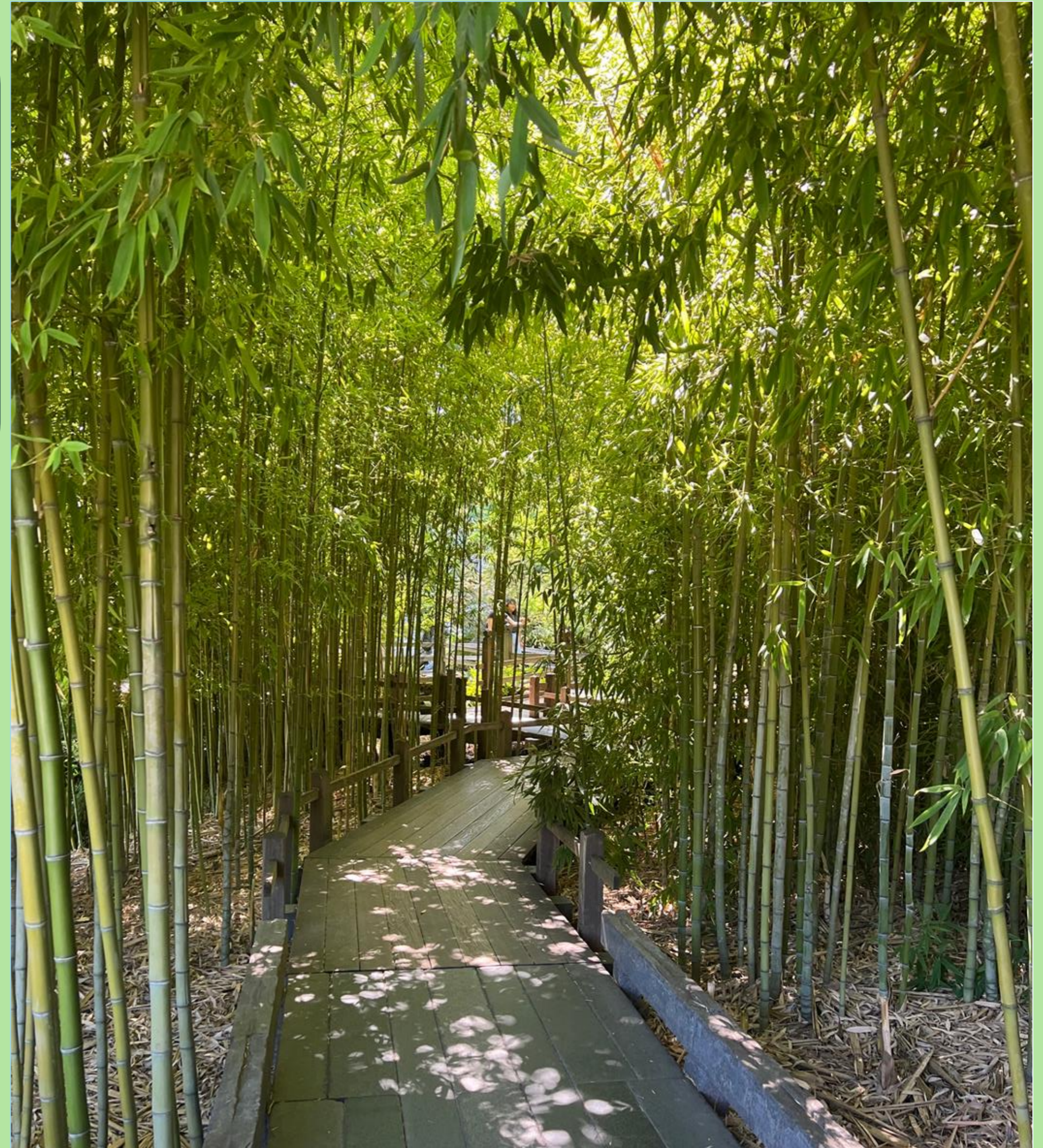
There is increasing evidence showing the benefits of being in nature, “ecotherapy” and/or “nature-based interventions” (NBI’s) for mental health.

This study aimed to interview qualified psychotherapists who practiced traditional talking therapy (TTT) who also volunteered as “nature guides” for the mental health charity Dose of Nature delivering 1:1 nature prescriptions (NPs) to clients over 8 weeks. Participants were asked to compare these two ways of working with clients and the advantages/disadvantages of each for treating anxiety and depression. The focus was specifically the lived experience and attitudes of the therapist/nature guide.

Traditional Talking therapy (TTT)
(Indoors)
With a therapist



Nature prescription (NP)
(Outdoors)
With a nature guide



Design Methodology



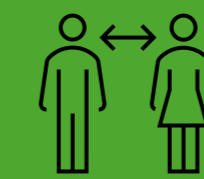
This MA study utilised Interpretative Phenomenological Analysis (IPA), which is a qualitative analysis technique that “is concerned with the detailed examination of human lived experience” (Smith et al., 2002, p.26). The epistemological underpinnings of IPA are phenomenology, hermeneutics and ideography, and the latter denotes looking in detail and depth at a small number of cases or individuals. Reflexivity on the part of the Researcher took place at all levels.

Researcher conducted semi-structured 50-minute interviews with 3 participants who were both qualified psychotherapists and voluntary Dose of Nature guides. Data analysis was then performed on the recorded interviews in the following way; reading and re-reading followed by exploratory note making, which were then used to create a series of experiential statements, which were then grouped in personal experiential themes (PETs) according to common ideas. These were then developed across participants into group experiential themes (GETs):

Reading → Exploratory notes → Experiential statements → PETs → GETs



Results



GET 1: Phenomena that make an NP uniquely effective

- 1) Nature as a tool** – “You also have nature as the third party in this...it is the transfer object in terms of what the client is given and goes on with...it’s not the attachment to just you, it’s the attachment to nature.” (Amy, p30-31)
- 2) Involving the body** – “...one of it’s powers is that it implicitly recognizes the whole mind and the body as one, engaging in nature.” (Kate, p.74)
- 3) The Guide: Client relationship; mutuality** “there is a mutuality in the process...what the client experiences, I also experience as well.” (Amy, p12)
- 4) Low pressure and enjoyable/playful** – “When you’re outdoors and in nature and you’re just chatting, it doesn’t feel like you’re in that sort of therapeutic environment...you sort of step back into normality outside, so that might be a good thing for a lot of people.” (Lynn, p.52)

GET 2: Phenomena that make TTT uniquely effective

- 1) Training, theory and expertise** – “I mean I had, you know, to put it into context, I totted up, I had 15 years of training and experience to get to where I got to.” (Kate, p.37)
 - 2) Emotional depth** – “It is work at depth, in a very brief way, because you’re really helping people dismantle defences that have got in the way of living their lives fully for a long time.” (Kate, p.29).
 - 3) Feeling comfortable or safe indoors** – “We’re all so different, you know, people who will feel more comfortable inside and comfortable outside.” (Lynn, p.38)
- DISCUSSION**
- Do we need emotional depth to enact change? Perhaps not with an NP. It depends on our view of mental health and theory of recovery and change.

GET 3: Effectiveness comparison

- 1) Sensing the difference in clients** – All participants felt that both their NP and TTT was effective at treating anxiety and depression in their clients.
- “For anxiety and depression [using NP], I see differences. I can see them probably in the majority of clients that I’ve had.” (Lynn, p14).
- 2) Yes it may be as effective but it may depend on the individual client and the issue** – All participants felt NP could be as effective as TTT but qualified their responses:
- “I think they’re comparable...dose of nature can be effective...you can get similar outcomes...but it’s a different route entirely...but the outcomes can be the same that people feel better and feel they have some tools and resources and new habits to support them”. (Kate, p.50-52)
- “I think it really depends on the client and I think it depends on the therapist...and then what is the issue at hand?” (Lynn, p.64-65)
- 3) An NP as a foundation** – 2 clients noted it need not be an either/or situation. NP could be a good foundation, followed by TTT if necessary.
- An NP “is a great foundation.” (Amy, p.58). “You know I think it’s not either/or, it’s and.” (Amy, p.67)
- “I’d start with dose of nature. I would always, yes” (Kate, p.63). “Try it first [an NP] because it’s healthy, cheap, a minimal intervention, then move on...it’s the gateway to other therapies.” (Kate, p.67)

Conclusions & Recommendations for practice

All participants believed that YES, NP could be as effective as TTT. This was qualified by it depending however on the client’s presenting **issues**, the **severity** of depression or anxiety and the **skills** of the therapist or nature guide. Two participants noted that NP could also be a great “**foundation**” or a “**gateway**” therapy for those accessing therapy, which has implication for the NHS. NP was thought about as having unique benefits that made it effective including nature itself as a tool or transferential object, the fact that it involves the body, the unique mutuality of benefit experienced by guide and client, and that it could be low pressure and enjoyable or playful. Discussions also noted NPs potential low-pressure benefits for **neurodiverse** clients, due to the reduction of difficult sensory inputs of indoor spaces and the removal of the need for direct eye contact. Overall, NP could be considered by the NHS as a potentially low cost, effective intervention for those clients with depression and/or anxiety, either as an alternative to TTT, or as a first-step intervention before TTT was recommended.

Limitations

Qualitative research has inherent limitations in the ideographic nature of small sample size. All participants were White British, female, of a similar age and education, thus may not reflect diversity and a true representation of all therapists. There was difficulty with anxiety and depression as umbrella terms, not reflecting severities, and inherent researcher (bracketed) bias.

References

Smith, J.A., Flowers, P., Larkin, M. (2022) *Interpretative Phenomenological Analysis*. SAGE. Photograph: copyright of Emily May Alford. For more information, please contact Emily May Alford at: greengrasstherapy@gmail.com