

BCACC BC Association of Clinical Counsellors

# Insights

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## Therapeutic benefits of contact with nature: A primer for counsellors and suggestions for schoolyard naturalization



By Nevin J. Harper, Ph.D., Contributing Writer

Consider your childhood and the amount of time you played outdoors without adult supervision or structure. Children today are not afforded these same opportunities to range and explore in natural environments. A movement is building to restore child contact with nature in response to increased issues of declining health and wellness. Some authors have gone so far as to pathologize the child-nature disconnect, referring to it as 'nature-deficit disorder' and that today's child is highly restricted from playing outdoors, at home or in the community (Louv, 2005). Significant efforts, supported by research, are showing how the 'naturalization' of schoolyards, a place where students spend up to 300 hrs each year, may provide significant health and wellness benefits to children. Unfortunately, many schoolyards today are barren, flat, and void of natural features.

We know that indigenous people, philosophers, poets and now scientists have articulated how human health and wellness are intricately related to the physical environment we live in. A socio-ecological perspective allows us to examine how we are affected physically, emotionally, cognitively and spiritually by environmental factors; in this paper, the role of nature (i.e., gardens, forests, ponds, restored natural features...) in schoolyards is explored as mental health promotion strategies.

Urbanization and the rapidly accelerating technological lifestyles we live have removed most authentic daily contact with the natural world. Canadians are now 80% urbanized, spend 90% of our days indoors and an additional 5% in our cars. That leaves an average of 1 hour and 12 minutes outside. For a species that has spent thousands of years living outdoors, a significant adaptation has to be taking place; the results for species incapable of adapting quickly enough to environmental change is generally catastrophic. Urbanization has been blamed for declining environmental and physical health and childhoods which are over-scheduled, over-supervised and less physically

active; leading to childhood obesity, learned helplessness, reduced attention spans and lower social and motor skills (Faber Taylor & Kuo, 2006) leading to subsequent increases in behavioural and emotional problems which school counsellors address on a daily basis.

How does this reality relate to the school counsellor?

A brief review of research from journals such as *Environment and Behaviour*, *Children, Youth and Environments*, and *Health Promotion International* revealed interesting results about human contact with nature (See Maller et al., 2005) that school counsellors may find worthy of note relative to schoolyards and the physical space they counsel in, and presenting issues they face:

- Natural environments are generally preferred to 'built' ones
- Natural environments reduce stress and restore attention
- Positive outlook, life satisfaction and ability to cope with life stress are correlated to contact with nature
- Recovery from illness and injury is increased by viewing nature
- Observing nature increases productivity, and reduces aggression
- Nature-based therapies (wilderness, horticultural, animal-assisted) have shown success in treatment where other treatments had not

Anne Bell and Janet Dymont are leading researchers of schoolyard naturalization projects across Canada. The work of Evergreen Foundation ([www.evergreen.ca](http://www.evergreen.ca)) has been central to their research; Evergreen provides a wide range of resources and services to schools, districts and communities interested in reconnecting children, families and the general population with nature. Their website is highly recommended for anyone interested in this work. The following has been found following schoolyard naturalization projects (See Bell & Dymont, 2008; Dymont, 2005; Raffan, 2000):

- Increased imaginative play, cooperation and engagement in learning

- Increased knowledge retention, creativity and academic achievement
- Reduced hostility, injuries and bullying on school grounds
- Improved student/teacher relationships and civil behaviour in the classroom
- Increased attendance, pride in school and community connections
- Safer and healthier environment

So now what does the school counsellor do with this information? Contact with nature has been clearly shown to have stress reducing and attention restoring properties (Kuo & Faber-Taylor, 2004; Kaplan, 1995). A counsellor faced with client issues of depression, stress anxiety, ADD, ADHD, and a host of other behavioural and emotional

problems may consider the use of the outdoors as counselling milieu. If the schoolyard does not provide a safe natural setting conducive to counselling, maybe a need exists to build one. Shade trees with herb gardens and benches could be designed as a place for quiet reflection; a walking trail built through a restored 'pocket' forest could allow for activity in a 'green' space during a session; gardening would see counsellor and student getting their hands dirty while tending food that could supplement or replace a school snack program.

The most significant factor in suggesting contact with nature as a mental health promotion strategy is that it requires limited additional training, is highly cost-effective and provides benefits to both student and counsellor. The concepts of 'clearing your head' and 'recharging your batteries' in nature have been substantiated through physiological research. Few can deny the positive affect of sitting by a stream or staring into a campfire; it calms, clears and restores our ability to be focused and think clearly. How can contact with nature not be a widely-used approach to counselling and therapy? I ask, to disclose my biased position, as a practitioner-come-researcher who has spent 15 years observing positive results of high-risk

adolescent populations participating in outdoor activities and wilderness expeditions (e.g., Harper et al., 2007). I am still seeking answers of substance.

While psychological, social and educational benefits of contact with nature are shared, it is also critical to understand a secondary motive; building a positive and egalitarian relationship with the environment. Ecological literacy and a desire to provide stewardship to the earth can develop concurrently through curriculum and the adoption of a school ethos of care regarding the school grounds. The crises of global warming, species extinction, and the depletion of clean water continue. A significant opportunity exists for schools and those who work in them, to make a significant impact on their students and the school's community in an effort to live more harmoniously with

the environment that we depend on for life. We need nature but nature doesn't really need us. Our need for contact with nature extends well beyond physical health


*Those who contemplate the beauty of the earth find reserves of strength that will endure as long as life lasts ~ Rachel Carson*

and our current social and psychological problems may, in fact, be inextricably connected to the state of the environment, a basic tenant of \*Ecopsychology. If this holds true, then mental health distress and social anomie are merely symptoms of ill environmental health; maybe depression is an adaptive response to the failing quality of the resources we need to thrive/survive?

\*For more on Ecopsychology, please read Insights Spring 2007 issue (Pieroni, pp. 10-11,27).

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### The Value of Expressive Arts...

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becoming increasingly available in mainstream psychology curricula. Throughout antiquity the arts have served humanity as an expression of culture and healing practices. The use of EAT with school-aged children can serve as a powerful therapeutic process in assisting them to reclaim a sense of wholeness and their vital spirit. 🌳

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### The Counsellor's Counsel Obtaining Consent from Children (Revisited)



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This would include any conclusions the counsellor may have reached about the child's intelligence and capacity to understand. A counsellor who is not skilled in performing such assessments should consult with another health care provider who is trained and experienced in these matters.<sup>6</sup>

The second precondition may not arise in a counselling practice, but if a child cannot communicate consent for some reason (even if the child appears to have sufficient intelligence to understand, etc.), the counsellor should obtain consent from some other source, such as the child's parent.<sup>7</sup>

To satisfy the third pre-condition, a counsellor should then make inquiries to ensure that the proposed counselling service is in the child's best interest. It may be useful for the counsellor to consult with the parents, as they may have information about important aspects of the child and his/her personal, family, religious or health circumstances of which the child may not be aware. However, it should be kept in mind that the best interests of the child are assessed from the standpoint of the child and not from the standpoint of the parents. The counsellor should ensure that the child is comfortable with any negative opinions that have been or may be expressed by that child's parents. Again, the counsellor should document such conversations in the clinical notes.

Finally, the counsellor should be comfortable that the child's consent is being given voluntarily and not as the result of undue pressure or fraud. Consent in such circumstances is void, even if the other conditions have been met.

The sort of child who is capable of understanding and giving informed consent is commonly referred to as a "mature minor." In summary, therefore, if the counsellor is satisfied that the conditions outlined above have been

<sup>6</sup> Huddart J. in Ney, supra, a para 30 also suggested that physicians alone should make such determinations: "[The] authorities [indicate] that it is the medical practitioner rather than the parents who is to determine whether the minor is capable of consenting." And later at para 33: "It appears that the medical practitioner is to make this determination." However, an assessment by a medical practitioner may only be necessary where the nature of the proposed health service involves serious or substantial risks to the child.

<sup>7</sup> In "Consent for Counselling Children During Marital Breakdowns", *Insights* 13:3 (Winter 2002), [posted at: [www.bc-counsellors.org/martial.aspx](http://www.bc-counsellors.org/martial.aspx)] Martha Sandor and I explained that, if both parents continue to have joint custody of a child, then the counsellor can rely on the consent of either parent. While consent from both parents would be desirable in practice, from a legal point of view a counsellor does not have to obtain the consent of both custodial parents, which can be difficult to obtain if they are involved in a marital dispute or custody battle and have taken opposing views on the need for counselling.