
Ecotherapy Inclusivity For People With Mobility Disabilities

The practice of ecotherapy has been defined as “a range of practice to help us connect with nature and ultimately with our ‘inner’ nature”. This broad definition reflects the vastness of how ecotherapeutic practice may be applied. For example, some specific ecotherapy practices are horticultural therapy, animal-assisted therapy, natural lifestyle therapy, eco-dreamwork, community-ecotherapy, and wilderness therapy, to name a few. Ecotherapy may be categorized into three types: therapy that involves passive viewing or being near nature, therapy that incorporates nature into traditional indoor counseling, and therapy through active participation and involvement in nature. However, ultimately, the overarching goals remain largely the same--to foster an “inner state of wellness, including a physical, mental, and emotional state of consonance which exists in a healthy environment and is based on a harmonious connection with that ecology”. For the purpose of this study, I will be reviewing literature that discusses a variety of ecotherapy techniques. However, I will primarily be addressing “walk and talk” therapy--an ecotherapy technique that involves traditional talk therapy taking place while walking, sitting, and engaging in an outdoor environment. Furthermore, I aim to identify how walk and talk therapy can be utilized in a way that is accessible for people with mobility disabilities.

The Need for Ecowellness and Ecotherapy

In recent years there has been a shift in the field of psychology. With the rise of positive psychology, research began to shy away from focusing solely on psychopathology and grew to consider scientific assessment of human strengths and wellness. Along with this shift has come the redefinition of wellness to mean not just the absence of illness. Instead, wellness has been reconsidered as a dynamic and multidimensional model comprised of physical, mental and social factors. However, ecopsychologists assert that models of wellness need to expand beyond these factors to include the role of the natural environment and a person’s ecological identity. At ecopsychology’s core is the hypothesis that movement away from the natural world (whether it be physically and/or mentally) is the root of psychological distress. Essentially, the belief is that we cannot abstract humans from their environment without losing essential context and meaning. It is suggested that this disconnect from the natural world results in loss of meaning and purpose, which is correlated with negative mental health outcomes.

Essentially, we cannot attempt to abstract humans from their natural environment without psychological consequence. Furthermore, as public and political awareness increases regarding environmental issues, such as climate change and resource management, there is a concurrent need to address ecological anxiety. “Ecological anxiety” is a term used to describe the grief and concern due to loss of species and green spaces as well as the traumas that may occur from ecological disasters. Therapists may respond to growing ecological anxieties by utilizing ecotherapy within their practice as a means to encourage people to reflect on and further develop their relationship with their surrounding ecosystems. Lastly, societal trends demonstrate that people are spending more time inside than in previous generations. On average, Americans spend 90% of their lives within buildings and American children spend an average of only 30 minutes a week experiencing “unstructured time” outdoors. The contrast becomes striking when one considers American children’s exposure to electronic media – which averages

approximately 52 hours per week. This may not seem to present a problem in and of itself. However, this indoor lifestyle is linked to a variety of negative physical and psychological outcomes, such as obesity and related diseases, depression, attention deficit disorder, and loss of emotional control – to name a few. As a result, Richard Louv has developed the term “nature deficit disorder” to describe this phenomenon and draw attention to the need for nature’s integration into our daily lives for optimal health and wellness. Nisbet & Lem (2015) suggest that medical providers play an essential role in encouraging people to engage more in their natural environment and can even go so far as to “prescribe a dose of nature.”

Benefits of Ecotherapy

Ecotherapy: a counter to society’s unhealthy trend? The Hypothesis of Biophilia posits that because humankind developed over thousands of years within Earth’s biosphere, it has ingrained within us an evolved biological predisposition to love life and living systems. This love of living systems lends itself well to the therapeutic process. According to Jordan (2014) experiencing therapy outdoors allows for people to explore their identities and behaviors in a therapeutic context that differs from that of traditional mental health facilities. For example, Revell and McLeod (2016) surveyed 32 therapists who described themselves as offering walk and talk therapy sessions. Participants in the study reported an ability to gain new insight through moving outdoors. Participants noted that walking and talking allowed them to work through feeling “stuck,” strengthen their mind-body connection, and relate to their therapist in new ways while walking alongside one another.

That being said, the benefit goes beyond the walking itself. A recent study examining depression found that seventy-one percent of participants who walked in outdoor settings, such as public parks, experienced significantly less depression than their counterparts who walked inside a store setting. Both passive and active ecotherapy has been shown to have positive effects such as reducing stress, improving attention and cognitive functioning, and even speeding the healing process. Even just being near green spaces is correlated with overall health and reduced anxiety and depression. Burls (2007) suggests that this may be because nature encourages us to transcend our limited perspectives and individual problems in favor of developing a larger awareness of our relationship to the world as a whole. As previously mentioned, ecotherapy may help clients develop an “ecological self. Help clients develop an ecological self, deterritorializes therapy, people that have difficulty with human relationships may find the natural environment to offer a supportive “other therapist” relationship.

Ecotherapy practices can offer some unique challenges within a therapeutic context, such as how to protect confidentiality when encountering other people outside or how to maintain boundaries in nature-based settings. Nonetheless, many of these issues can be addressed utilizing the American Counseling Association’s ethical code. Increasing community access to green spaces in nature also requires awareness of political and social advocacy and conservation. Nisbet (2015) suggests that to reduce barriers to green spaces the government could offer tax credits for passes to parklands and educational organizations could teach outdoor safety to empower people to get outside. Similarly, both physical and sociocultural barriers must be removed to allow better access for disabled people to enjoy green spaces and ecotherapy. Hindering aspects: 27.7% reported no hindering aspects

- Working with uncertainty - walking unfamiliar paths, weather conditions, running into

other people or dogs.

- Attending to the therapeutic process – not having eye contact, not being able to hear client may interrupt the therapeutic process or require therapists to be more aware of facilitating and directing the process.
- Maintaining boundaries - as mentioned previously, running into other people, being overheard, appropriate preparation/clothing, timing of the session.
- Restrictions of not being able to engage in other therapeutic exercises - (this could be worked around if willing to stop walking and occupy a natural space).

Use of Green Spaces by People with Mobility Disabilities

UK Based study The World Health Organization (WHO) reports that more than one billion people are estimated to have “some form of disability;” This is approximately 15% of the world’s population. This ratio is similarly reflected in the United States population. The American Community Survey (ACS), conducted by the US Census Bureau, reported that the overall percentage of people with disabilities in the US in 2015 was 12.6%. A disability is defined in the survey by answering “yes” to one of the six following questions: Is this person deaf or does he/she have serious difficulty hearing? Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Does this person have serious difficulty walking or climbing stairs? Does this person have difficulty dressing or bathing? Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?. According to the 2016 National Health Interview Survey by the U.S. Department of Health and Human Services, 14.9% of adults surveyed reported having difficulties in physical functioning.

Types of mobility impairments

Despite such prevalence of challenges with physical functioning, there is a lack of research on the topic of how people with mobility disabilities utilize green spaces. The limited research that has been done appears to come primarily from European countries. However, one can imagine that with the regions having similar western culture the results may generalize to populations from the United States as well. It should also be noted that people with disabilities come from diverse backgrounds and have a diverse range of experiences, views, and needs. Therefore, not all may be represented in these studies. However, this review is an attempt to increase understanding of representation and shed light on the gaps in the knowledge base.

That being said, UK-based study by Burns, Paterson and Watson (2009) attempted to assess if the outdoors are inclusive for disabled people to utilize for leisure services. The authors suggest that to best assess the inclusivity of the outdoors, one must identify the reasons that disabled people engage in leisure activities outdoors. The study found that disabled people engaged in outdoor leisure activities for reasons that were largely similar to non-disabled people: embodied experiences of the outdoors, enhanced wellbeing, social inclusion, and personal identity. As a result, the authors post that physical barrier removal is only one aspect of increasing inclusivity of the outdoors for disabled people. They suggest that program accessibility is another fundamental way to make the outdoors inclusive, meaning that programs and activities outdoors should be designed with people of all levels of ability in mind.

Barriers for nature activities

Distance people lived from the green space, low health status correlates with disability, likelihood of greenspace visit according to disability: the further the distance from the green space the less people visited. People with mobility devices were less likely to travel further distances to green spaces.

Constraints or barriers identified in this study were concerns about personal health and safety, lack of mobility assistance, inadequate facilities and poorly maintained areas. Increasing accessibility according to these authors means, again, not just physical accessibility but also social support and participant preferences. Options for other ways to make walk and talk therapy more accessible for disabled participants - incorporating art and nature - gathering items on the trek outside, using natural objects during the walk, facilitating an experiential connection with nature, bringing nature back into the office, nature-guided mindfulness/meditation, use of nature metaphors, imagined process of releasing negativity into the earth.

eduzaurus.com