Abstract

Literature has suggested that the cyclical nature of psychological trauma can cause enduring long-term effects on individuals and those around them. This review examines the effects of psychological trauma and its relationship to ecopsychology to provoke questions about integration and stimulate debate pertinent to trauma therapy. While being relatively unexplored with regards to psychological trauma, empirical evidence is beginning to amass to suggest that ecopsychology could be incorporated as a beneficial therapeutic approach. This paper will outline existing approaches to trauma before considering it from an ecopsychological perspective. Some contributions such as wilderness journeys, contemplative practices and the Natural Growth Project, along with their therapeutic and practical implications will be discussed in more depth along with their limitations and empirical challenges. Speculative practical and therapeutic implications are identified and relevant future research is suggested.

Keywords: Ecopsychology; Psychological trauma; Post-traumatic stress disorder; Nature.

Introduction

If we do not consider ourselves connected with nature we are in a state of disconnection and this is what shattered lives are all about. If we cannot make a link with what is outside ourselves, we cannot get to know ourselves (Linden & Grut, 2002: 18).

A traumatic incident is a shocking and emotionally overwhelming situation in which an individual experiences or perceives a threat to the physical and/or psychological integrity of self or others, resulting in a reaction of intense fear, helplessness or horror (American Psychiatric Association [APA], 2000; Lodrick, 2007; Rothschild, 2000). It has long been apparent that such experiences can lead to psychological problems, with possibly the first cataloguing of traumatic
Symptoms documented on Sumerian cuneiform tablets following deaths in battle (Ben Ezra, 2001, cited in Grey, 2007). More recently, acts of terrorism such as the attacks in the United States on September 11, 2001 and widespread natural disasters such as the tsunami in Southeast Asia in 2004, have been increasingly formulated from the perspective of trauma by professionals and the media (Courtois & Gold, 2009). Indeed, trauma is increasingly being recognised not as a specialised area, but a fundamental aspect of human experience (Gold, 2008).

Stolorow (2007) took a personal and philosophical reflection on the psychological and emotional impact of trauma, defining it as “an experience of unbearable affect” in a context in which there is an “absence of adequate attunement and responsiveness to the [individual’s] painful emotional reactions” (pp. 9-10). Reactions to traumatic events vary considerably, ranging from the relatively mild, creating minor disruptions in the person’s life, to severe and debilitating. It is common for those who are exposed to trauma to experience intrusive thoughts and images, accompanied by attempts at avoidance, emotional numbing (such as feeling distant or a general loss of interest), and increased arousal (such as sleeping difficulties or anger) (Joseph, 2010).

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 2000) outlines post-traumatic stress disorder (PTSD) as the development of characteristic symptoms of distress or impairment that are present for over one month after exposure to trauma. Banyard (1999) described its cyclical nature, outlining three main clusters of symptoms: re-experiencing phenomena, avoidance/numbing and increased arousal. However, Foa et al. (2008) argued that this diagnostic framework is inherently limiting, and reported a growing clinical and empirically supported consensus for multimodal interventions. Yalom (2002) similarly warned against focusing too much on diagnosis, since it restricts a therapist’s ability to relate to their client as another person and risks assigning people to categories. It has been argued that PTSD is not a neutral term, but a social construction (Maddux et al., 2004) that may inadvertently pathologise normal and natural reactions to trauma (Joseph, 2010).

Existing Approaches

The National Institute of Clinical Excellence (NICE) guidelines advocate a course of trauma-focused psychological treatment – cognitive behavioural therapy (CBT)
or eye movement desensitisation and reprocessing (EMDR) – for PTSD with research overwhelmingly appearing to demonstrate their efficacy (e.g., Moss, 2009). However, the present situation is by no means categorical or indeed immobile, and it would seem that there is scope for advancement and innovation highlighted within the literature. For instance, Ryan (2010) highlights advances in the treatment of psychological trauma that have emerged in the light of recent developments in neuroscience, while Tarrier (2010) has called attention to the development of positive psychology which may offer further treatment options.

There has also been a move to challenge existing circumstances within the literature. CBT assumes that the individual’s inability to adequately process the traumatic experience has led to the development of symptoms (Taylor, 2007) which makes little room for inclusion of other modalities and implies that practitioners have knowledge of the client’s internal world (Hemsley, 2010). The availability and standards of CBT have also been questioned: Follette and Ruzek (2006) argued that many CBT clinicians do not have adequate training, while Courtois and Gold (2009) drew attention to a disparity between the need for professionals with expertise in psychological trauma and the availability of these services. It has been contended that just using CBT for PTSD reinforces the medical model of intervention (Hemsley, 2010) without acknowledging that every theoretical model offers a heuristic focus for the level of intervention (Roth & Fonagy, 2005). Hemsley (2010) comments that this undermines professional autonomy within the National Health Service (NHS) and private practice, since insurance companies could demand for interventions to correlate with NICE guidelines (Fairfax, 2008).

Tarrier (2010) argues for continual innovation, which will come from “recognition of variability and heterogeneity and the development of new treatment strategies” (p. 140). Trauma therapy is a complex biological, psychological and social project that unfolds in stages over time and may involve many different modalities to reach a stage of optimal recovery (Herman, 1992). Such rationales invite practitioners to acknowledge the idiosyncrasies of their clients, and with recent developments and emerging alternatives, practitioners are faced with convoluted and perhaps tough decisions to make about which approach corresponds with their therapeutic manner but also best serves the needs of their individual clients.

At this point we turn from what much of the traditional literature has said and look
to the contribution that ecopsychology can offer to the understanding of trauma.

**Ecopsychology**

Roszak (1992) originally coined the term “ecopsychology” as an appeal to environmentalists and psychologists for a dialogue that would enhance both fields. Ecopsychology is indeed a relatively new developing field, though while Roszak (1992) publicly defined it, many of the key concepts originated in earlier work (Roszak, 1979; Shepard 1982). Fisher (2002) has proposed ecopsychology as a foundation for a critical theory of modern society, arguing that it should be a catalyst for social change. He described it as an evolving project, rather than a discipline, identifying the dualism of outer, objective, and inner, subjective reality which has become part of mainstream psychological discourse. Similarly Adams (2005) described ecopsychology as a cultural phenomenon necessitated by our alienation from nature and identified ecopsychology as a means of addressing this crisis, which he typified as “the idolatry of the supposedly separate egoic subject and its insatiable quest for security, certainty, control, and power” (p. 270).

**An ecopsychological perspective on trauma**

Van Deurzen (1997) described our relationship to the earth in a way that seemed pertinent to the premise of ecopsychology: the way we interact with our physical environment should be a central concern, since it underpins the whole of one’s existence, yet ecological awareness is kept on the fringes of society. This itself was considered a trauma by Glendinning (1995) who noted that society has endured a “collective trauma… the systemic and systematic removal of our lives from the natural world” (p. 51). The theme of a repetitive cycle from the psychological trauma literature is evident here, as Adams (2005) described a vicious cycle of our impoverished self and ways of being, which provokes an impoverishment of nature and in turn accelerates a further impoverishment of our self and ways of being. An ecopsychological perspective will now be considered by giving an overview of evidence to suggest therapeutic benefits from natural settings, examining the developmental and evolutionary perspectives that underpin literature concerning ecopsychology and trauma, and finally proposing some possible avenues with an ecopsychological influence that could be considered for their contribution to trauma therapy.
Natural settings have been evidenced within the literature to have psychological, physical and therapeutic benefits. Examples include a study by Pretty et al. (2007), which illustrated that participants in an ecotherapy study reported an improvement in mood merely following a green outdoor walk, and recommended ecotherapy as an affordable treatment for mental distress. Ulrich (1984) discovered physical benefits: that patients following gallbladder surgery recovered faster with fewer painkillers when they had a view of trees through their hospital window than when they looked out on a brick wall. Pertinent specifically to trauma therapy, Lefkowitz et al. (2005) proposed an animal-assisted-therapy (AAT) model for survivors of sexual abuse suffering from post-traumatic stress, anticipating decreased number of therapy sessions.

Aside from approaching the psychological benefits of natural settings, literature concerning ecopsychology also addresses trauma from developmental and evolutionary perspectives, which suggest that nature plays a critical role. Chawla (1998) connected our relationship with nature to a childhood perception that we had of the natural world being alive and conscious, suggesting that it plays a significant role in early development. Shaw (2000) researched childhood nature connections and trauma, observing that nature was characterised as a protector by traumatised children. For some, nature was the only place they could feel safe. For others, it acted as a kind of parent. The significance of this role could reflect Khan’s (1964) conceptualisation of cumulative trauma which states that trauma originates when the primary carer’s protective function is frequently absent or compromised. Shaw (2000) makes a connection between such individuals and later conservation work undertaken, which she attributes as an attempt to resolve their trauma through restitution. Nature in this example appears to be a powerful therapeutic resource, and one that required further exploration. Gatersleben (2008) describes a requirement to reinforce our understanding of the psychological components underlying the relationship between people and their natural environment: a relationship that would appear to develop at a young age. Connections such as this highlight a need for further detailed research to clarify the sphere of nature’s role in our early development, identify its attributes, and explore how this could influence the way we process trauma.

With regard to the therapeutic features of nature, some dominant theories draw upon evolutionary perspectives. For instance, Kaplan and Kaplan’s (1989)
Attention Restoration Theory focused on nature’s restorative capacity in relieving stress. They suggested that natural surroundings promote healing by containing the elements that draw on involuntary attention. Ulrich (1984) proposed a genetic basis for our appreciation of nature in his Stress Recovery Theory (SRT), theorising that emotional and psychological recovery from stress was effectuated when observing natural scenes that precipitated reactions of interest, agreeableness and calm: negative affects were replaced by positive affects, while negative thoughts were obstructed. Wilson et al. (2008) also cited evolutionary perspectives suggesting that humans respond positively to natural environments due to a genetic predisposition which once aided survival (Appleton, 1975; Orians & Heerwagen, 1992). Similarly, Lodrick (2007) illustrated evidence indicating that people instinctively respond in one (or more) of five predictable ways when threatened: ‘Fight, flight and freeze’ are well documented responses (Cannon, 1929; Levine, 1997), plus “friend” and “flop” (Ogden & Minton, 2000; Porges, 1995, 2004). To exemplify this, Levine (1997) noted that “freeze” aids mammals when threatened by a predator: the predator has a reduced possibility of detecting immobile prey, many predatory animals will not eat meat that they consider to be dead, and if the predator kills, the freeze mechanism provides a natural analgesic (Levine, 1997, cited in Lodrick, 2007). Between mammals of the same species the “freeze” response denotes submission, with the conquering animal acknowledging their dominance and abandoning attack on the subordinate animal. Psychological trauma occurs, however, when these strategies continue to be adopted long after the threat has passed (Lodrick, 2007).

**Therapeutic implications**

If our trauma responses and characteristics are so inextricably linked to the natural world, then surely it could be a relevant inclusion into both the conceptualisation of trauma and the therapeutic work. A variety of interventions outlined by Buzzell and Chalquist (2009) exist under the ecopsychology umbrella such as restoration work, animal assisted therapy (AAT) and horticultural therapy that could be considered as approaches to psychological trauma. This review will present wilderness journeys, contemplative practices and the Natural Growth Project, along with their therapeutic and practical implications.
**Wilderness Journeys**

Wilderness journeys are typically group retreats with personal growth or therapeutic purposes (Fries et al., 1998). Used initially in psychotherapy under the name “psychoecology” (Greenway, 1999), they are described as a powerful countermeasure to depression, anxiety, and emptiness associated with life in modern society, with participants overwhelmingly reporting stress reduction, mental clarity, and inner calm (Hendee & Martin 1994).

Exploring the ways that wilderness journeys could contribute to trauma therapy requires a closer look at the observed benefits of these experiences reported within the literature. Driver et al. (1987) created an index of measurable benefits of wilderness journeys including greater self-sufficiency (e.g., Brody et al., 1988; Klint 1990; Paxton & McAvoy, 2000) and self-actualisation (Maslow, 1970); suggesting wilderness as a means of recovery from trauma guided by intuition, instigated by and led by the client. Skill development and challenges successfully met are reportedly perceived as empowering and proof of capability and self-worth (Johnson 2002). Indeed, Putman et al. (2009) reported in a survey conducted with Guatemalan aid workers that levels of personal accomplishment were inversely related to PTSD symptoms, suggesting that the sense of accomplishment achieved from a wilderness experience could have a positive impact on a traumatised individual. Driver et al. (1987) went on to report that being in the wilderness is a physically-demanding experience, including associated health benefits set against the detrimental effects of trauma (ISTSS, 2004). A clinical resource written to facilitate primary health care providers working with survivors of war trauma and torture advised that such clients could benefit from physical challenges (Johnson, 2005), though this would have implications for a thorough assessment to ensure that a client’s limits and perceptions of the wilderness are accounted for (Tedeschi & Calhoun, 1994). Johnson (2002) additionally wrote that wilderness facilitates therapeutic healing as it has limited factors that require an outward focus, thereby directing the participant’s attention towards self-reflection.

These findings take embryonic steps to identify some of the ways in which nature can play a therapeutic role in the recovery from trauma, but they are by no means conclusive and demand further exploration to determine a comprehensive set of factors that therapeutically benefit a client. Research concerning the effects of wilderness therapeutically for trauma is additionally scarce and inconsistent.
Russell et al. (2000) reviewed wilderness therapy and reported positive outcomes, yet the treatment focused on adolescents not exclusive to trauma, making it difficult to generalise. Further work in this area could establish perhaps how a wilderness journey could be orchestrated with the specific purpose of trauma therapy, or indeed which aspects of wilderness journeys could be harnessed and used in other therapeutic approaches for trauma.

**The Natural Growth Project**

Linden and Grut (2002) described the Natural Growth Project which offers traumatised clients a programme of long-term rehabilitation through a combination of horticultural work and psychotherapy. This is not an isolated initiative: horticultural therapy has previously proved effective for addressing the trauma of refugee displacement and resettlement (Tristan & Nguyen-Hong-Nhiem, 1989). Within the Natural Growth Project, the role played by nature is clearly characterised by the authors as a critical one. Nature is used as a medium for communication and as a source of healing, based on the premise that a person who has suffered a trauma can find relief by restoring a sense of autonomy and self-responsibility through making a connection with a natural environment. The role of nature is described not only being a place of peace but a space in which clients can process the trauma: “…using nature as a metaphor, it is possible very quickly to access deeply traumatic events and to work on the most difficult feelings, and the life cycle embodied in nature carries the promise of healing” (Linden & Grut, 2002: 12).

It would seem in this instance that nature can be especially containing for the Natural Growth Project’s clients. The authors described that for some clients, being outdoors is often where they have felt safe throughout their lives. For others, the outdoors is merely more containing than the closed consulting room for sharing traumatic experiences. Nature is described as a significant focus for traumatised clients: identification with the natural cycle plays out themes of birth, growth, decay and death, providing powerful metaphors to be worked through therapeutically. In this way, a re-connection with the natural cycle appears to be a powerful therapeutic tool, especially so since it demonstrates the capacity to communicate within any language.

While NICE guidelines (2005) state that interpreters and bicultural therapists
should be used to ensure that people with PTSD from diverse cultural and ethnic backgrounds are provided with the opportunity to utilise psychological interventions, there are drawbacks and a vast associated cost. While the BBC (2006) estimated that £55 million was spent every year on translation services by the NHS, Jones (2007) argued that this was likely to be a conservative estimate, and argued that on many occasions a full exploration of a patient’s problem had not been possible because of lack of availability of a translator. It has also been argued that the medicalised approach for PTSD recommended by NICE guidelines fails to acknowledge cultural, religious and socio-economic factors (McHugh & Triesman, 2007), and despite an escalating acknowledgement that PTSD is a universal response to trauma, research overwhelmingly originates in Western nations (Foa et al., 2008). These limitations are precisely how the Natural Growth Project illustrates a unique benefit of ecopsychology. Linden and Grut (2002) observed that since the clients came from a number of countries with diverse cultural, religious and linguistic backgrounds, their difficulty expressing themselves in words was felt to be impeding any psychotherapeutic work in a typical setting. The use of outdoor resources provided an affordable and effective means of overcoming these obstacles. Traumatic incidents can be difficult to articulate, yet the authors considered how nature could supply a means of communication for clients to express memories of painful experiences and their impact. The cross-cultural relevance of ecopsychology is clear: “acknowledgement that they are inhabitants of a shared earth, rather than inhabitants of a fractured nation, or state, can create an important new healing perspective” (Linden & Grut, 2002: 21). Such observations suggest that the natural world transcends national, ethnic, religious and racial boundaries, affording ecopsychology the opportunity to affiliate with a wider population than some of the alternatives, including those who may not have had access to traditional therapy.

Working in this way is different and unconventional and therefore raises issues that would need to be particularly managed. Linden and Grut (2002) indicate a number of practical considerations, including the establishment of boundaries. Since there is no ascribed therapeutic space or fixed time, the boundaries are less apparent, perhaps requiring a more mature or experienced practitioner to manage them appropriately. Furthermore, practical issues such as confidentiality and client feedback would need to be managed outside the confines of the therapy room.
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A perspective on trauma

**Contemplative Practices**

Adams (2005) advocated awareness practices as a powerful means of building non-dual relationships or affinities with nature. One contemplative practice that has been much-discussed in relation to well-being is mindfulness meditation, which has its roots in Buddhist and other contemplative traditions where conscious attention and awareness are actively cultivated (Brown & Ryan, 2003). Mindfulness involves the use of focused attention upon personal experiences to promote calmness and stability (Kabat-Zinn, 1990) and is thought to help achieve self-acceptance (Chodron, 2001). It typically focuses on several domains, including interactions between behaviour and the universe (Harvey, 1990), and Follette et al. (2006) have argued for the inclusion of mindfulness practices for those who have experienced a traumatic event. Mindfulness is sometimes practised in a natural setting in the form of retreats; for instance, Jon Kabat-Zinn has been running such retreats in the mountains since 1998 in association with the Stress Reduction Clinic at the University of Massachusetts Medical School (UMMS, 2009). The premise appears to be that spending time consciously in nature is nourishing on a physical, emotional and spiritual level (Miller, 2009) and that being in a natural setting facilitates mindfulness practices. Trauma numbs the senses, since our energy is all directed towards the threat response, but an experience of practising mindfulness in a natural setting made me aware how much nature reinvigorates them. Some participants described how the experience made them feel able to confront fears, that being in a forest brought with it a sense of containment, permanence and regeneration for them. Just as trauma is a repetitive cycle, one can gain a sense of a greater cycle here and a feeling of inclusion and connection in some indefinable way that could potentially make desensitisation, pushing oneself to the edge, or even re-living a traumatic event more bearable.

Several branches of research also indicate a potential link between trauma and mindfulness-related processes: Pennebacker and O’Heeron (1984) discovered that the individual’s attempt to suppress memories of trauma can increase the occurrence of intrusive thoughts (Clark et al, 1991; Wegner et al., 1990) and intensify the negative emotional experience (Cioffi & Holloway, 1993; Wegner & Zanakos, 1994). Mindfulness interventions have since been integrated into behavioural treatments for trauma with promising preliminary results (Becker & Zayfert, 2000; Simpson et al., 1998). If the impact of a natural setting facilitates
mindfulness, though difficult to describe or define how, then it suggests room for investigation. Further studies could, for example, explore the comparison of mindfulness practised in a bare room compared to the outdoors and investigate how this could also be incorporated into existing interventions.

Practical Implications

If we are so inextricably linked with the natural world, then it would suggest that a therapist’s conceptualisation of clients requires expansion beyond the problematic, modernist notion of a self-contained individual (Manafi, 2010; Strawbridge, 1996). A commitment to good practice, as outlined by the British Psychological Society (BPS, 2005) and the British Association for Counselling and Psychotherapy (BACP, 2010), is to keep up-to-date with the latest knowledge, implying that practitioners have a continual ethical responsibility to explore how alternative approaches could be used to benefit clients. The pertinent considerations therefore concern whatever adjustments psychologists and other therapists could make in order to look beyond the presenting problem and incorporate appropriate ecopsychological concepts into trauma therapy, wherever they could be relevant and useful to a client.

One suggested adjustment is that the assessment could be broadened to incorporate questions about a client’s environment, the impact that this has on them and their perceived relationship with the natural world (Burns, 1998; Milton, 2009). Laszlofyy (2009) for instance proposed questions that explore potential associations between typical presenting problems and broader ecological planetary dynamics, allowing the therapist to consider how a client’s presentation of trauma might be linked to expansive issues like consumerism, a disconnection from nature, and environmental degradation. Laszlofyy also advised trainees to expand their frameworks by considering their own relationship with the natural world; identifying didactic and experiential methods which could be used. Variety appears to be significant, as the curative powers of nature are enhanced by the degree of mindfulness and mental focus one brings to these interactions (Louv, 2005). On a practical level, van Deurzen (1997) observed that clients can be influenced strongly just by the consulting room, suggesting that simple consideration around the therapeutic space created to provide an environment for consultation could be used to great effect.
Therapeutically, the natural world could bring another dimension into the transference relationship, with practitioners now considering how aspects of the natural world impinge on our consciousness. Further exploration would be required to develop this, for example drawing on the work of various attachment, personality and object relations theorists (Bowlby, 1969; Erikson, 1950, Sullivan, 1940). Work could also be progressed to explore ecopsychology from a cognitive framework. Since many of our assumptions developed in early childhood result in the construction of beliefs about the self and world consistent with these experiences (Janoff-Bulman, 1989), it is suggested that therapeutic work in the natural world could repair some of the cognitive damage to a trauma survivor’s perception after their world-view has been fragmented.

Adams (2005) commented on our requirement for rushed target-based delivery, reminiscent of the current system of managed health care and evidence-based practice, in which the requirement is to cure rather than understand (Milton, 2009). This alludes more to an appeal to change pace, in line with the client as opposed to the treatment, to see the environment in which they function outside of their presenting problem and slow life down to a healing, natural pace – for to define is to limit, just as to manualise is to generalise. A need to quickly resolve a client’s issues can serve as a distraction from the root of an individual’s treatment needs, not to mention the significant associated cost. Mind (2007) estimated that in 2005, 27.7 million antidepressant prescriptions were written in England, costing the NHS £338 million and despite NICE guidelines advocating otherwise, Hairon (2006) revealed that 93 per cent of general practitioners prescribed antidepressants due to lack of treatment options, even if they did not see this as an effective approach (Hal·liwell, 2005). Medications used to treat PTSD include a range antidepressants, adrenergic agents, and atypical antipsychotics (Friedman et al., 2009). While these may be the most relevant treatment in certain instances, such statistics should surely be continually challenged and considered against alternatives.

The NHS era of austerity was indicated by the Department of Health in March 2010 as it illustrated how it will actualize £4.35 billion of savings annually by 2012-13 (Laurence, 2010). Budget constraints are seemingly unavoidable, but the inclusion of ecopsychology could potentially provide a cost-effective and natural addition to existing approaches. Perhaps future research could analyse the costs and benefits associated with abandoning a short term schedule. Ecopsychology
may well prove to be more cost-effective than existing options, and in the longer
term, it may even be a prophylactic measure.

**Empirical considerations**

Empirically, ecopsychology is still an emerging field, despite the World Health
Organization’s (WHO, 1946, 1986) emphasis that a holistic approach to health is
defined as a state of complete physical, mental and social wellbeing. It appears to
be difficult to define the effects of a natural environment on an individual, with all
its interactions and distinctions. However, while this is a counter argument to
ecopsychological research, Linden and Grut (2002) maintain that this could also be
its biggest support, for nature simply enables people to “express the inexpressible”
(p. 16). A simple natural metaphor can sometimes depict to an individual what
words are unable to convey, irrespective of a person’s language, background or
beliefs. This could perhaps be the one common framework that we all share.

Despite methodological difficulties, qualitative and quantitative empirical evidence
is beginning to amass. Doherty (2009) noted that ecopsychology has advanced
through substantial clarification and theoretical and practical development, while
Winter and Koger (2004) indicated how ecopsychology can be empirically
validated and used in a conventional psychology framework (e.g., Johnson &
Johnson-Pynn, 2008; Vakoch, 2008). Wilson et al. (2008) acknowledged the
emergence of quantitative studies evidencing positive findings to suggest that the
application of nature can improve and conserve mental health, with advanced
national and international policy considerations and directives (Diette et al., 2003;
Grahn & Stigsdotter, 2003; Guite et al., 2006; Hansmann et al., 2007; WHO,
1997). They additionally discussed studies in which symptoms associated with
trauma such as self-esteem and depression (ISTSS, 2003), are significantly
observed to improve (e.g., MIND, 2007; Pretty et al., 2005; Reynolds, 2002).

While empirical evidence is indeed starting to accumulate (e.g., Sempik et al.
2010), Gatersleben (2008) advocated future research concerning nature’s role in the
health and well-being of individuals suffering from longer-term psychological
problems to definitively clarify the processes which may underlie environmental
preferences and the restorative effects of nature. Of course, empiricism can only
elaborate and expand understanding within the confines of quantitative research
and all of its associated limitations. McCallum and Milton (2008) have proposed
acceptance for both empirical and representational approaches so that the meaning of natural phenomena is not lost.

**Conclusions: Integration and future research**

This review has examined the potential use of ecopsychology in psychological trauma. Literature has demonstrated that the cyclical nature of trauma can lead to prolonged psychological problems, while the evolving approach of ecopsychology appears to have substantial therapeutic benefits, and openings for creative integration. More detailed research could provide valid and useful information about the efficacy of this in effecting recovery from psychological trauma, assisting in generating a conceptual framework that will guide future empirical studies, increasing practitioner awareness and providing more distinct means of integrating ecopsychology.

This review is not about endorsing a new prescriptive methodology, but an integration and incorporation of a range of methods so that therapeutic practices continue to evolve to ultimately match the most appropriate approach to the client. CBT is conclusively recommended within the NICE guidelines, with a concentration on symptoms and diagnostic criteria (Hemsley, 2010), yet this fails to adequately provide a richer understanding of responses to trauma (McHugh & Treisman, 2007). People can only heal from trauma if supported as whole beings and provided a safe channel to explore their world and reconnect with themselves (Herman, 1997; Paulson & Krippner, 2007) and the therapist’s ability to engage the client with the therapeutic work is surely an essential component. Even with medication, dosage and timing has to be adapted to the patient. The responsibility of therapists therefore lies in ensuring that the most appropriate approach is adopted for the client as an individual, rather than coercing them into conforming to a specific therapeutic model.

While empirical evidence is beginning to amass for ecopsychology, further projects could be monitored and evaluated to reinforce existing findings and expand data. This should fit the model of evidence based practice as outlined by Roth and Fonagy (2005) which has “innovative practice” and “reflection on small scale case studies” embedded in it as well as research into them and the dissemination of conclusions in practice manuals. Chalquist (2009) suggested that unrestrained empiricism is itself a version of trauma, an intellectualised resistance
from experiencing the world on its own terms. Perhaps indeed scientific methods are inadequate to comprehend the unique relationship we have with the natural world, or maybe we are just inter-connected in ways beyond our understanding. Therefore, more is needed: namely, a willingness to experiment and explore other approaches, to identify ways in which these approaches may be integrated, and to constantly question and debate the accepted methods as a reflective and critical practitioner.

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