

**The role of Nature in nature-based therapy:
A qualitative study of therapists' perspectives.**

**A thesis submitted in partial fulfilment
of the requirements for the Degree of
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Abstract

Time spent in natural environments is proven to have positive benefits for human well-being. Counsellors and psychotherapists have started to work outdoors to combine the healing powers of nature with more traditional therapeutic modalities. This research further explores the nature-based therapy model from the practitioner's perspective in order to inform and develop understanding for practitioners connecting with the natural world as part of therapeutic services.

This research was conducted in Aotearoa New Zealand. Five practitioners trained in either counselling, psychotherapy or social work, working in one-on-one counselling contexts in nature were interviewed for this qualitative study using an Interpretive Description Methodology. The outdoor context for therapy mostly included local parks, the beach and small bush areas. Thematic analysis was used to examine the role that the natural environment plays in the therapeutic process.

The findings show four themes that emerged from the data. Beliefs about who or what nature is strongly influence the role nature plays in the therapy. Nature influences the relationship dynamic between the therapist and the client, is a direct support to the therapist and makes the therapy multi-dimensional. The therapeutic frame is discussed along with the value of taking therapy beyond words and importantly the influence of Māori approaches to nature therapy.

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And finally, to Nature herself. Nature, Papatūānuku, God, Creation, or the Natural World. I don't know what to call you, but I feel the call in my life to connect with you. I know you are a source of my own peace, calm and well-being. I look forward to our journey together as I continue to learn more about you and your power for healing.

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Chapter 1: Introduction

Rationale for this Research

The emerging and continuing mental health needs in Aotearoa New Zealand highlight the challenge for those of us in supporting professions to operate with modalities that best meet the needs of the client. There is a growing field of research into the direct and indirect health effects of interaction with nature (Arvay, 2018). Contact with nature has been identified as a health promotion and enhancement strategy for physical, mental and social health (Pryor, Townsend, Maller, & Field, 2006). Outcomes research supports therapeutic approaches in nature to improve the well-being of those experiencing mental health challenges (Bowen & Neill, 2013).

The primary motivation of this study is to further explore the nature-based therapy model with the goal that it might increase our understanding of the approach. If we could better understand how connection with the natural environment can assist in therapeutic modalities, more practitioners could better understand the benefits and limitations of this approach.

There is an increasing amount of research emerging in this field in Australia (see for example Pryor, Pryor, & Carpenter, 2018), Canada (see for example Harper, Rose, & Segal, 2019), Norway (see for example Fernee, Mesel, Anderson, & Gabrielson, 2019) and America (see for example Gass, Gillis, & Russell, 2012). All authors encourage the need for further research in this important field. This has led me to the following research question:

What role does the natural environment play in the therapeutic process from a practitioner's perspective?

During the process of writing up this thesis an article was published that presented an umbrella review of 'Nature's Role in Outdoor Therapies' (Harper, Fernee, & Gabrielsen, 2021). Harper et al. (2021) initiated this umbrella review because they found a lack of articulation in the nature-based therapy field around the theory of change as a clinical practice. An umbrella review sought to explain nature's role in therapy, nature's mechanism of change in outdoor therapies and recommendations for practice and research. Their search produced 14 studies to be included in the review. However, they found little in the way of theoretical frameworks that explained nature's role in therapy or explained the causal mechanisms for change. They felt it was premature to include any specific recommendations for practice based on the review and instead encouraged more high quality, exploratory, in-depth theory-generating research in

order to develop a theory of change (Harper, Fernee, & Gabrielsen, 2021). This piece of research contributes to the research into nature-based therapy. It is a small study from the practitioner's perspective which offers another small piece of the puzzle to understand more about nature-based therapy.

Context for this Research

New Zealand is currently facing the challenge of meeting the mental health needs of a population that is struggling. The 2017/2018 New Zealand Health Survey shows that one in six New Zealand adults has been diagnosed with a common mental health disorder at some time in their lives. Nearly nine percent of adults has experienced psychological distress in the past four weeks. Māori and Pasifika have higher rates of being diagnosed with mental disorders or experiencing psychological distress than the rest of the population and there is an increase in Māori seeking out mental health support services (2017/2018 New Zealand Health Survey, 2019). The increased mental health needs of Māori are associated with the impacts of colonisation and oppressive experiences resulting in a disconnection from cultural practices and identity (Lawson-Te Aho & Liu, 2010).

This research is occurring at a time that the global environment is experiencing significant change. There is a global shift of climate change and there is a broad concern of how the environment is changing and the negative impact this will have on the ecological systems. This shift in the environment has prompted an increase in eco-anxiety, particularly in young people (Usher, Durkin, & Bhuller, 2019). Eco-anxiety is a type of anxiety that is caused when people are focused on the environmental decline and how that might impact human life (Usher, Durkin, & Bhuller, 2019). It is worth considering if connection with nature might be part of the solution to supporting those with eco-anxiety.

Aotearoa New Zealand is a country that has a strong outdoor history both in Māori and Pākehā contexts. Māori came to this land as adventurers. Sailing on double hulled waka following the flight patterns of birds to reach unknown shores (Spiller, Barclay-Kerr, & Panoho, 2015). The early arrivals then worked closely with the natural environments for food, shelter, trade, travel and adornments. When the Europeans arrived, they were also adventurous sorts, coming to an unknown land to seek a new life. We can still see these origins coming through generations later with a strong 'Kiwi' culture of hunting, fishing, tramping, beach going, summer camping, school camps, adventure tourism and adventure racing – it seems to be intertwined in everyday life in New Zealand. However, society is changing. We are increasingly connected with technology and urban spaces and less with the natural world. Our natural connection with outdoor

spaces may be slipping away from us and it seems perhaps we hadn't realised how our connection with nature actually plays a role in our well-being.

We are however, making small movements as a country to consciously recognise how nature is connected to health. In 2015 the New Zealand Department of Conservation started a team called 'Healthy Nature, Healthy People'. This very small project team has been a starting point of our government recognising that connection with nature is important to maintain and improve people's health and well-being (New Zealand Government, 2020). This movement was launched in Victoria, Australia in 2000 and has grown into a worldwide movement (Senior, 2010). In addition, the Mental Health Foundation has also started promoting connection with nature as one of the ways to well-being. In a study they found 95% of New Zealanders said that spending time in nature made them feel good (Mental Health Foundation of New Zealand, 2018). Despite the fact that many New Zealanders head to the outdoors for general well-being and there are some projects promoting connection with nature as part of health promotion, there remains a lack of intentional connection with nature and outside spaces as part of health care services.

Definition of Key Terms

For the purpose of this study, I am defining 'the natural environment' as an outdoor location in which the surroundings are predominantly natural (not human made). In defining this term in this way, I recognise that nature can be many things including ourselves, as we are made of the same biological materials as trees, plants and the birds (Harper, Rose, & Segal, 2019). I also recognise that some studies have looked at the effects of just looking at pictures of nature and this could be achieved through looking at screens. However, I am really interested in the context of a person being fully immersed in the sensory experience of nature, by being surrounded by nature in a location where there is little else other than nature. Throughout this report I have used the terms 'natural environment' and nature interchangeably meaning the same thing. I have also referred to 'outside' and in this context outside means being outdoors in a nature environment.

The therapeutic process is any structured engagement that is intended to improve mental health outcomes. Practitioners are defined as any trained professional who is employed to provide a service that is intended to improve mental health outcomes.

Personal Position Statement

This study is part of my course in Masters in Counselling. It is a particular passion of mine to combine talk therapy with nature experiences. I have done some of my counselling work outside in nature and am interested to understand more about this approach both for my own practice and the development of this approach in Aotearoa New Zealand.

I started my career in outdoor instruction. I have predominantly worked on outdoor adventure programmes that have a focus on the learning and growth of people through adventure experiences such as Outward Bound. Having observed first hand the benefits to clients through these experiences I have had an increasing interest in how outdoor adventure experiences can have therapeutic value for people. This led me to my work in the field of Adventure Therapy. Adventure Therapy is a 'diverse field of practice combining adventure and outdoor environment with the intention to achieve therapeutic outcomes for those involved' (Australian Association for Bush Adventure Therapy Inc., 2020).

In my work in Adventure Therapy I have found my focus has predominantly been drawn to positive outcomes of working in a group and doing an activity. While these are powerful components of the work and have great outcomes, I suspect I have overlooked the impact that being out in the natural environment has had for my clients. As time goes on I find myself increasingly curious about what occurs therapeutically when we interact with the natural world.

Throughout this research process I have found that people's understanding of who or what nature is hugely influences how they approach the work. Therefore, I feel it is important to declare my own understanding of this which is largely influenced by my own belief in God, the creator, and the Spirit of Life that resides within all living things. I consider this God to be good, kind, loving, caring and wanting the best for humans to live a life of fullness, joy and freedom. I believe that this God has our best interests at heart, invested in our full health and well-being. I also believe this Spirit of Life, God, is within myself, other people and indeed all living things in the natural environment. My own belief and experiences have been that the outdoors is both a spiritual and a healing place.

As a Pākehā New Zealander I am also coming to realise how the world views of te Ao Māori (the Māori world) influences my understandings of how relationship with the whenua (land) influences our well-being and I am curious to understand more about that from a Māori worldview. I have explored more of my own position in the section on inclusion of te ao Māori.

Organisation of This Thesis

I have described above what has led me to pursue a study of the role the natural world plays in the therapeutic process.

In chapter two I look at the literature relevant to the research question. This begins with a brief exploration of health and the connection between human health and the natural world. It then discusses Māori approaches to health and the theoretical models that have guided this project. Finally, there is an introduction to nature-based therapies and counselling.

In chapter three I present my choice of Methodology and Methods and how this design relates to the research question. I also include some reflections on the methodological choices I made and how those impacted the research project. Inclusion of Te Ao Māori is detailed along with how this project aims to uphold the principles of Te Tiriti o Waitangi: Partnership, Participation and Protection. Data collection and analysis is explained along with ethical considerations of this project and rigour and trustworthiness.

The findings are discussed in chapters four, five, six and seven around the four main themes 1) Who or What is Nature? 2) Nature influences the relationship dynamic between the therapist and the client 3) Nature supports the therapist directly 4) Nature directly prompts the client and makes the therapy multi-dimensional.

In chapter eight, nine and ten the findings are discussed in relation to their application to therapy practice around three main areas. 1) The therapeutic frame 2) Therapy beyond words 3) Māori health approaches in Aotearoa New Zealand.

Finally, limitations of this study are identified and a conclusion is presented. The appendices include the advertisement for participants and the information and consent form. A glossary of Māori words is also included for easy reference for the reader.

Chapter 2: Literature Review

In this chapter I explore the literature surrounding various aspects of this research project. I briefly examine what health is and the underpinning philosophies connecting human health and the natural world. I explore Māori approaches to health including the theoretical models that guided this project. These theoretical frameworks reflect the way in which I understand the work that I have been involved in. They have also shaped how I understand the health problems we face as a nation and some of the solutions to these challenges. Therefore, these models both help describe how I have seen the work as the researcher and the lenses within which I have approached the entire research project. I also briefly introduce nature-based therapy examine some of the different types of nature-based therapy and the evolution of the field to date.

It is important to recognize that this study is also influenced by my training in the applied discipline of counselling. Thorne (2016) draws our attention to the importance of recognizing the discipline from which we approach a theoretical framework and how it is a fundamental influence in the approach to the project. In this case the discipline is counselling and a brief exploration of this discipline is provided. This literature review also examines some key aspects of the counselling context such as therapeutic frame, the physical setting of therapy and including the body and spirit that are important considerations when taking therapy into nature.

What is Health?

In recent times health and well-being is becoming understood as more than the absence of ill-health. The World Health Organization defines health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (World Health Organization, 2020). In Aotearoa New Zealand kaupapa Māori models reinforce this understanding that health must be understood as holistic across different domains of a person’s life including physical, mental, emotional, spiritual, social and connection to land (Durie, 2001). With this understanding we know that the solutions to health problems cannot be resolved simply by one thing. It is having strength and wellness in multiple aspects of a persons’ life that contributes to their health and well-being.

The Connection Between Humans and the Natural World

It is a widespread belief around the world, among indigenous cultures and various fields of academic thought that humans are destined to be in tune with nature (Claxton, 2021; Delaney, 2021; Harper, Rose,

& Segal, 2019; Duncan, 2018). There is recognition that human ancestors across the world lived a life entwined with the natural world both physically and spiritually. In a state of close connection with the land humans were living healthy lives (Jordan, 2015). The term 'biophilia' is used to describe an inbuilt affiliation between humans and other living things for mental and physical stability (Delaney, 2021).

It is also a widespread belief that the causes of much of the distress humans are currently experiencing, both physically, mentally, emotionally and spiritually are because the human race has become increasingly disconnected from the natural world (Delaney, 2021; Claxton, 2021; Louv, 2009). Louv (2009) has candidly coined a term 'Nature Deficit Disorder' to represent the ill health that is prevalent in society as a result of disconnection from nature. Through moving away from the natural world we have lost our daily contact with the natural world that immerses us in the rhythms of life, death, seasons and change (Duncan, 2018). In addition, the emerging field of ecopsychology is founded on the premise that humans are designed to be in close connection with the earth and that ill health is a result of that disconnection (Delaney, 2021). The goals of ecopsychology is to counter the dominant Western concept that humans are separate from and dominant over nature (Harper, Rose, & Segal, 2019).

In addition, for many indigenous cultures around the world there are long standing traditions and practices that recognise and operate based on the inextricable link between the natural world and humans, and therefore the connection between nature and human health (Harper, Rose, & Segal, Nature-Based Therapy, 2019; Claxton, 2021). For many indigenous people groups the disconnection from land has been instrumental in removing their unique ways of living and being in the world (Claxton, 2021). This includes often losing ancestral knowledge, language, identity, support and well-being practices.

A Māori Perspective on Health

According to a Māori world view 'Health' is a state where the connections between the elements is strong. If the connections are damaged or broken 'ill health' can occur (McGowan, 2014). When Pākehā came to Aotearoa New Zealand a lot of Māori wisdom of health was lost (Jones, 2007). Māori encountered sickness they had not experienced before and there was confusion about best ways to achieve health. As a result, a vast array of practices were presented and people (Māori and non-Māori) were concerned about their effectiveness and legitimacy. The Tohunga Suppression Act 1907 was intended to stop people using traditional Māori healing practices that included a holistic element, including spirituality (Jones, 2007). The Act was eventually recognised as a breach of Te Tiriti o Waitangi because it challenged traditional Māori wisdom, considered to be a taonga (treasure), and was repealed in 1962 (Jones, 2007).

Colonisation and the removal of land from Māori people has been a key contribute to the decline of Māori health (Te Puni Kōkiri: Ministry of Māori Development, 2021). It has been suggested that in many ways the Waitangi Claims process is doing more for Māori health than the many other efforts to tackle various health issues for Māori (McGowan, 2014). Through addressing the issues of land and returning land to Māori where possible there is a reconnection of the people with the land and the mauri is being restored which is contributing to the health of people (McGowan, 2014).

This section examines two models that explain health from a Māori perspective: Whakapapa and Te Whare Tapa Whā. It then explores Rongoā Māori as one modality of healthcare.

Whakapapa

Kōrero ai ngā whakapapa mō te whanaungatanga i waenganui i te ira tāngata me te ao (Whakapapa describes the relationships between humans and nature) (Royal, 2007). So it is essential when studying this topic in Aotearoa New Zealand that whakapapa is considered as a foundational theoretical framework.

Whakapapa is the Māori word for genealogy, lineage and descent (Moorfield, 2020). Its literal translation can be interpreted as the process of layering one thing upon another (Mahuika, 2019). Whakapapa connects human genealogies of Māori back to the Ariki (the literal descendants of the gods) and atua (gods) that in te ao Māori are believed to have dominion and authority of natural and spiritual worlds (Mahuika, 2019). Whakapapa gives meaning to landmarks, flora, fauna and phenomena. It provides an explanation for the world and everything in it, tracing all things to living beings in complex, interwoven connections. It's a framework that organises the connections and relationships between individuals, whānau (families), hapū (sub-tribes), iwi (tribes), marae (community meeting place), mountains, rivers and the whole world. Whakapapa is important because it is intricately linked to Māori identity, belonging, responsibilities, access to knowledge and mana (status) (Mahuika, 2019; Taonui, 2015).

A significant part of whakapapa is the connection of human existence to the spiritual realm through the atua. These deities are considered ancestors who living people have connections with. Papatūānuku is Earth Mother, Ranginui is Sky Father, their children are all atua and have areas of guardianship. For example Tangaroa is the atua of the sea, Tāwhirimātea is the atua of the wind and there are many more. Through understanding the concept of whakapapa it is clear that people are not separate to these environments and atua, but intimately connected through ancestry. Therefore, in te ao Māori, a relationship with an environment is in some way a relationship with an ancestor and therefore with a part

of ourselves. A strong connection with these atua and environments can guide, shape and strengthen identity and belonging (Spiller, Barclay-Kerr, & Panoaho, 2015; Warbrick, Dickson, Prince, & Heke, 2016). The connection with the atua can happen through the connection of people to the whenua.

Colonisation has hugely disturbed the connection and relationships between Māori people and the land. Before the Treaty was signed Māori held most of the land in Aotearoa New Zealand. However, between 1840 and 1900 Māori were alienated from most of the whenua. By 1920 only 8% of the land remained in Māori ownership (Te Puni Kōkiri: Ministry of Māori Development, 2021). Schemes including the Native Land Courts Acts 1862 and 1865, Raupatu (confiscation of Māori Land), The Native Lands Rating Act 1882 and The New Zealand Settlements Act 1863 were all ways that the government acquired most of the land. All of these things resulted in Māori being alienated from their whenua (Te Puni Kōkiri: Ministry of Māori Development, 2021). Furthermore, following World War II and the confiscation of much of the arable land in Aotearoa, many Māori moved into urban areas to find work resulting in a further disconnection with land.

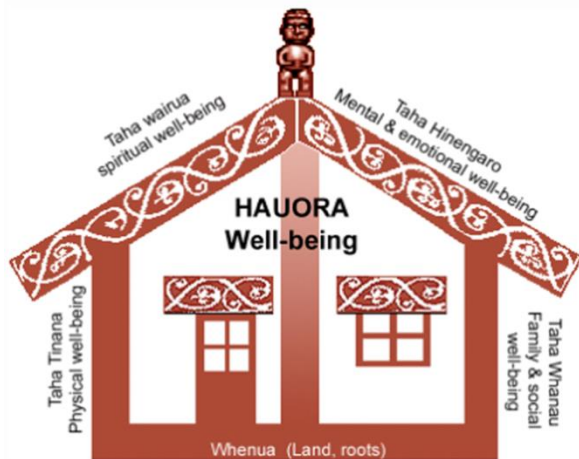
Being connected to land is important because it connects people with their whakapapa, the layers that have been laid down over time that connects the person to their ancestors and the atua. According to whakapapa humans share a common ancestor with all things in the forest (McGowan, 2014). Through this origin an intimate relationship with the forest is able to be developed. The whenua is intrinsically linked to well-being. It nourishes the people physically through the food that grows there, emotionally through the love of whānau connection and spiritually by the mauri (life force) (Te Puni Kōkiri: Ministry of Māori Development, 2021). Being disconnected from land is one of the core contributors to the decline of Māori health and well-being (Jones, 2007).

Te Whare Tapa Whā

Te Whare Tapa Whā is a kaupapa Māori model by Mason Durie that is used in Aotearoa New Zealand to understand a Māori approach to health (Durie, 2001). The model depicts a house held up with walls that helps us understand that health is not just one thing but the combined strength of multiple aspects. Tinana (the physical), wairua (the spiritual), whānau (the social) and hinengaro (the mind) work together to make the whare (house) strong. However, Salter (2000) brings our attention to the interpretation that is often excluded from main stream descriptions of this model. He quotes a kaumatua (tribal elder): ‘... *the whare (house) is built on the ground ... and the land is an important connection. I know there are only four sides in the picture, but I think you’d find Māori people know the floor is as important as the walls ... although*

it's not shown, that's what gives the whole a foundation, the links to the whakapapa ... with each corner post having its own mauri (life force)'. (Salter, 2000). This captures how the model was never meant to leave out the value of the whenua, the land the house is built on in this picture.

Fig. 1



Whare Tapa Whā (Four sided house) health model (Durie 1994)

Rongoā Māori

Rongoā Māori is a holistic approach to healing, most commonly known for using plants and trees for medicinal purposes. However, the foundation of Rongoā is not the trees, but 'taha wairua' the spiritual element (McGowan, 2014). Taha wairua is about the many connections that bring all of creation together, connecting a person to the whole family of Tane through whakapapa, all the way back to Papatūānuku and Ranginui. Addressing ill health through Rongoā is about connecting the mauri of the person to the mauri of people, places and plants that have healing to offer. It is the mauri of the people, plants, animals and places that has the ability to heal (McGowan, 2014).

In Rongoā the starting point is not the illness itself but the person who is experiencing it. The first step is to acknowledge the person in a way that upholds their mana. Then working with that person in restoring their health and well-being (McGowan, 2014).

Karakia are often used in Rongoā Māori. Karakia is commonly translated as 'prayer' or 'blessing', however this is only part of what karakia is. Karakia also allows mauri to establish or re-establish connections within aspects of a person, and between a person and other people or perhaps places or things. It is not the words that matter but the essence of making space for the mauri to do its healing

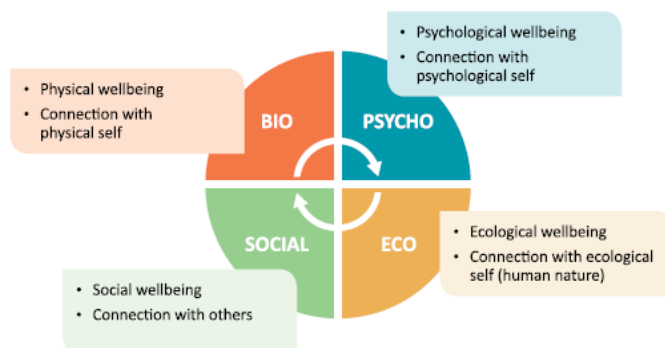
work (McGowan, 2014). It is a way of staying humble as a practitioner that we create a pathway for healing, not doing the healing work ourselves.

While some of the specifics of Rongoā are unique to Māori, the approach is shared by indigenous cultures around the world and is old as the human race itself (McGowan, 2014). In Aoteroa New Zealand Rongoā services are offered as stand-alone services, and sometimes integrated into primary health services for both physical and mental health interventions (Health Research Council of New Zealand; Te Rūnanga o Ngāti Hauiti. Whakauae Research for Māori Health and Development, 2014).

From the later 20th century there has been a renewed interest and acknowledgement of Rongoā Māori as a health care option. Jones (2007) suggests this is part of the resurgence of all aspects of Māori culture along with an increasing awareness of poor health outcomes for Māori and a desire to address this. In addition he comments on the lack of the spiritual dimension present in Western health services. This has led to an increased demand for Rongoā in today's society.

Rongoā Māori practitioners are now supported in health services across Aotearoa New Zealand. There are some training courses both through institutions and privately where people can learn this approach. Despite the government endorsement of this practice there are only 20 providers across the country identified by the Ministry of Health that receive their funding (Ministry of Health; Matatū Hauora, 2020). It appears there are many more who integrate Rongoā into their practice (or who are not identified as practitioners by the Ministry of Health) (Mark, 2012).

Bio-Psycho-Socio-Ecological Framework



Pryor et al. (2018) has established this model that is relevant to Bush Adventure Therapy in Australia. This model recognises the different domains that should be considered when working with clients in

healthcare. It helps us understand the risk factors that might exist within a person's life. It brings our attention to the multi-faceted way that the problem they are facing has developed. It also helps us recognise that the solutions to the challenges they face are likely to be across the different domains. Rarely would we find that a problem and solution would be found in purely one domain as the interactions between different domains in life can also cause challenges.

This model is a development on Bronfenbrenner's socio-ecological model which is well known in healthcare and social services. Socio-ecological models help us understand an individual as part of the many social systems that that person is part of. While Bronfenbrenner's model uses the term ecological, it is referring to understanding the ecology of social systems that are occurring around a particular individual. The use of that term is not referring to the consideration of natural environments. It does not help us place humans within nature and the impacts of the interactions of humans with the natural environments within which they live and operate (Pryor, Pryor, & Carpenter, 2018). In 1985 Hancock was one of the first to bring the natural environment and biosphere into a socio-ecological model that helped us understand the connection of the natural environment to health (Hancock, 1985, cited in Pryor 2018).

In this model Pryor et al. (2018) add the ecological to the bio-psycho-socio model. The biological component speaks to the physical well-being and the connection with the physical self. The psychological speaks to our mental well-being and connection with our psychological selves. The sociological speaks to our social well-being and our connections with others. The ecological is about the ecological well-being and the connections we have with nature (Pryor, Pryor, & Carpenter, 2018).

Within this research, positioning eco therapy within the socio-cultural context is important given the systems that clients live within. This model therefore provides a valuable framework for understanding the context of this research.

Health Outcomes from Nature Contact

There is a growing field of research into the direct and indirect health effects of interaction with nature, known as the biophilia effect (Arvay, 2018). Contact with nature has been identified as a health promotion and enhancement strategy for physical, mental and social health (Pryor, Townsend, Maller, & Field, 2006). Pryor et al. (2006) outline a range of the human health benefits that can be gained from passive contact with nature. These were observed from simply being exposed to scenes of nature, or being in nature as a passive observer. Physical health is seen to improve with increased cardiovascular functioning, reduced heart rate, less muscle tension and lower blood pressure among other benefits. Something as simple as

being exposed to scenes of natural environments helped patients recover faster and increased immunity. There were also benefits for mental health with improved concentration, reduced mental fatigue and improved mood. This literature shows a range of health benefits from being in or around nature.

Pryor et al. (2006) use a case study that highlights how a group of young people with chronic illness experience improved physical and mental health, social connection and increased economic participation as a result of the bush adventure therapy programme they participated in.

Introduction to Nature-Based Therapeutic Practices

A wide range of therapeutic modalities exist that seek to use nature as an active part of the therapeutic intervention. Adventure therapy, wilderness therapy, adventure-based counselling, equine therapy, horticultural therapy and ecotherapy are among the many names used to describe these interventions. Though they vary in their underpinning beliefs and ways of working, they all hold a core assumption that nature is an important part of the health and well-being of people, and can be an intentional part of a therapeutic modality (Harper, Rose, & Segal, 2019).

The way in which nature is a part of the therapy can be on a continuum from one end where nature is simply a beautiful environment within which the therapy is taking place, through to the connection with that environment as the sole focus of the session. There is an expression within nature-based therapies which is 'nature as co-therapist' that recognises that nature is more than simply the environment. Harper et al. (2019) describe how the dynamics of considering nature as a being and a co-facilitator of the process can change the therapeutic process.

As previously discussed the evolution of connection with nature and human health lies in generations of indigenous knowledge and it is beyond the scope of this project to explore those histories and that knowledge. This section gives a general overview of the more recent history of the field in the Western world.

Adventure and Wilderness Therapy

From an American perspective the development of the adventure and wilderness therapy programmes started in the late 1800's and early 1900's where groups began to arrange summer camping programmes for young people who were struggling with social and behavioral problems (Gass, Gillis, & Russell, 2012) . Also, in the early 1900's was the development of Outward Bound by Kurt Hahn in the United Kingdom designed to develop character in young people and address the social ills that he identified at the time. The first Outward Bound school opened in 1941 in Aberdovey and continued to grow into something that

has had influence in the lives of many young people around the world including Aotearoa New Zealand. Outward Bound opened in New Zealand in 1964 and aims to develop strength, resilience and character in the participants. In general, for these programmes the focus is on the learning through activity, and nature is a back drop providing the environment within which the activity occurs. There is usually little focus on the connection with the natural environment itself.

The specific use of adventure for counselling purposes was developed by Project Adventure in the USA starting in the 1970's. This was the start of what was called adventure-based counselling and there was a strong focus on experiential learning in this line of work. The development of the person was through the social connection and learning through activity. This history has been influential in shaping the current general practice of Western 'Adventure Therapy' (Gass, Gillis, & Russell, 2012). While Project Adventure did not explicitly require nature for the venue, this approach has been influential through its focus on experiential education and in particular promoting the concept of 'Challenge by Choice' which encourages practitioners to always ensure clients have the choice of how challenging any activity is when working with activities as part of therapy which is very applicable to nature-based therapies where activity is involved.

Ecopsychology and Ecotherapy

Roszak (1992) is recognised as the founder of ecopsychology. He conceptualized ecopsychology as the intersection between psychology and environmentalism, where the health and well-being of humans and the environment are interconnected. Included in the guiding principles of ecopsychology is the goal to heal the relationships of humans and the natural world. There is also a focus on the value of the planet and the healing of the planet (Delaney, 2021).

At a similar time, the concept of ecotherapy was introduced by Clinebell (Delaney, 2021). Ecotherapy is often referred to as the applied side of ecopsychology where the approach emphasises the reciprocal relationship between humans and nature (Jordan, 2015). Different techniques are incorporated into models of practice in different ways. However, the underlying similarity is not just using the nature to do the therapy, but emphasising the human-nature connection (Delaney, 2021).

Environmental Arts Therapy

Another emerging field of practice is environmental arts therapy, a combination of ecotherapy, psychotherapy and arts therapy. Bringing together these ideas the approach brings in the value of working in nature using art-making, storytelling, bodywork through movement, role-play and poetry (Heginworth

& Nash, 2020). This is a field that has emerged primarily out of trained Arts Therapists who have taken their approach outside to the natural world and developed ways of incorporating their underpinning beliefs about the healing power of nature.

Equine-Assisted Counselling

Equine-assisted counselling is a broad term that incorporates a wide range of therapeutic models that involve a therapist and an equine animal (Trotter, 2011). The field is connected with other animal assisted therapies where there is a focus on the animal-human connection. Where a relationship with another human may be complex, a relationship with an animal is relatively simple. The needs of the animal meet the needs of humans, to nurture, to love and to be needed (Trotter, 2011). There is a therapeutic relationship that is established between the equine animal and the client and this is influential in the therapeutic process. It can be seen that an animal is part of nature and therefore this is a form of nature-based therapy, however the nature is in the living form of an animal.

Forest Bathing

Forest bathing is a mindfulness practice developed in Japan that was called *shinrin-yoku*. In 1982 the Forest Agency of Japan began promoting this ancient practice as a way of restoring mental health and physical well-being for stressed and overwhelmed citizens (Choukas-Bradley, 2018). The practice involves finding a space of nature, disengaging from your daily routines, deep breathing and nature connection through a series of quiet reflective activities and transitioning back to daily life (Choukas-Bradley, 2018). This practice has grown in popularity and there are now a range of forest bathing and forest therapy guiding and facilitation courses one can complete.

The Current State of the Nature-based Therapy Field

There is a growing body of literature that examines the different styles of nature-based therapies; some theoretical books, guides to practitioners and evaluation of outcomes. A recently published book showcases examples of different nature-based therapies in New Zealand and Australia (Field, Gray, & Coombs-Valeontis, 2019). There are also books being currently published that are practitioners' guides such as 'Nature-Based Therapy' (Harper, Rose, & Segal, 2019) and 'Outdoor Therapies: An introduction to Practices, Possibilities and Critical Perspectives' (Harper & Dobud, 2021). The increase in these publications indicates the development of these modalities and the desire for practitioners to learn more about it.

It seems nature-based therapy is both an ancient and a rapidly evolving phenomena as researchers and practitioners alike become conscious and aware of nature and therapy. In Australia the Outdoor Healthcare consortium was established in 2020 (Australian Association for Bush Adventure Therapy inc., 2020). This group is one of the many seeking to understand and develop an approach based in nature.

There is a strong overlap between adventure therapy and nature-based therapies as practitioners and researchers become more conscious of the environment in which they are operating as a focus instead of the focus being mostly on the activity that is taking place. This shift is partly what has led to this research, bringing attention to the natural environment as a part of the therapy process as opposed to simply the venue that the therapy takes place.

Counselling

The New Zealand Association of Counsellors describes counselling as a process that seeks to support people to draw on a range of skills and interventions that enable people to increase their self-awareness, and to identify, address and find ways of coping with challenges that occur in life (New Zealand Association of Counsellors, 2020). Counselling is one of many therapeutic disciplines that are available to people who are experiencing distress and seek the support of a professional. Typically, counselling along with other psychotherapies are conducted in an office setting. One of the critiques of this approach is that some clients are uncomfortable in this setting. Especially those who physically struggle to sit for the typically hour-long session, or who do not find the office or sitting face to face with a stranger a safe therapeutic environment for any number of reasons (Jordan & Marshall, 2010).

There are many different theories of models of counselling and psychotherapy and a large variation of fundamental assumptions and techniques between each. There is much research that has looked into the most effective parts of therapy. There is an overwhelming consensus that the parts that are most effective of any counselling or therapy is not the specific model but the factors that are common across all approaches (Jones-Smith, 2021). Of these common factors the research indicates that the most influential one is the therapeutic relationship (Hubble, Duncan, Miller, & Wampold, 2010). How clients experience and perceive the quality of the therapeutic relationship can be a predictor of the effectiveness of reaching therapeutic goals for the client (Hubble, Duncan, Miller, & Wampold, 2010). Hubble et al (2010) identify that the therapeutic alliance is five to seven times more influential in the amount of change when compared with the models or techniques used by the therapist. In addition, Hubble et al. (2010) suggest that it is important to be aware of power differentials in the therapy relationship because the sense of

powerlessness can strongly influence a clients' experience and perspective of the therapeutic relationship (Hubble, Duncan, Miller, & Wampold, 2010). This may be particularly relevant when the therapist holds a position of socio-cultural privilege.

Every counselling or psychotherapy engagement has its own context. A therapist will have a physical space where they are operating, a theory, a model of practice, and a particular way in which they interact with their clients. This context is traditionally referred to as the therapeutic frame (Cooper, 2015). The frame can help provide structure for how the therapy will go. It sets up the manner in which both the client and the therapist know how to behave and interact with each other. Therapeutic frame is not necessarily overtly included in the description of each different modality. However, the underpinning philosophies and techniques of each approach will influence the therapeutic frame.

Power

Power dynamics are an important point to consider in therapy relationships. Proctor (2010) argues that powerlessness is one of the most significant causal factors contributing to psychological distress that brings people to therapy. Therefore, it must be a central component to address in order to help people who are in distress. Researchers have raised issues around 'difference' between client and therapist including gender, race and sexual orientation and the implications they have for establishing a genuine therapeutic relationship (Proctor, 2010; Chantler, 2005). In addition, Balmforth (2009) shows how socio-economic status or 'class' can also influence the therapy relationship negatively where the client is of lower status.

Proctor (2010) highlights three aspects to power in the traditional talk therapy relationships. Firstly, she identifies the power inherent in the role of 'therapist' simply through the title of a profession. The essence of designating one person the 'therapist' in relation to the other, charging a fee and designating counselling as a 'profession' creates inequality (Pope, 2016; Proctor, 2010). Secondly, she highlights the societal power that exists in all aspects of society through gender, race, age and wealth. Finally she identifies 'historical power' as the power resulting from the therapist's and client's prior experiences of power or powerlessness in their lives, that affects how those individuals think and feel in the context of the therapy relationship.

Chantler (2005) offers a strong critique that counselling typically fails to adequately address the inequality that exists within structural dimension of society such as race, gender and class. She highlights that the intention from a therapist to equalize the inherent power differential in the counselling relationships does

not mean that they will be equal. There is also a recognition that the power disparity between the therapist and client and the impact that may have on the relationship, for example not feeling like they are able to give feedback to someone perceived as an authority figure (Bertolino, 2018).

There are some fields of practice within psychotherapy and counselling that specifically address issues of power and increased mutuality. Mutuality emphasises the equality and respect for all, rather than dominance and submission (Proctor, 2010). Theoretical approaches that focus on reducing the power differential and increasing mutuality include the relational model, feminist models, social constructivist, narrative and multi-cultural approaches (Cooley, Jones, Kurtz, & Robertson, 2020). There is also a push for person-centred models to focus more on mutuality (Murphy, Cramer, & Joseph, 2012). Understanding power dynamics around diversity, social justice and cultural oppression is becoming a part of core training for new practitioners (Capuzzi, 2016).

The Physical Setting of Therapy

The physical setting of therapy can influence the way the client feels when connecting to the therapist and content of the therapy. The environment of the traditional therapeutic frame i.e. in an office, can offer a consistent, safe, stable place with very little chance for interference from the outside. However, this can be contrasted with a deep sense of limitation and restriction for some, where therapy in a small room in an office setting can be immensely anxiety provoking, stigmatizing or intimidating for clients (Jordan & Marshall, 2010; Harper, Rose, & Segal, 2019). It can also hold people to a particular identity or way of thinking and behaving when they enter an office counselling space (Jordan, 2014). In addition, some authors have raised the concern of the power that sits with the therapist through being in control of the office setting (Jordan & Marshall, 2010; Harper, Rose, & Segal, 2019).

In nature-based early childhood education, researchers are making links between the space in which the learning is occurring and what kind of learning is happening. In early childhood education they are studying the type of play that occurs when children go into nature. They have found that children are more creative in their play in nature (Woods, 2016). Inside an early childhood centre it is set out what kids play with, the doll corner is for playing with dolls, and trucks must drive around on the ground (Mackey, 2017). Mackey argues that by contrast in a nature space children are more creative, more able to follow the inner drives or ideas on their minds. Where leaves, sticks and logs could become dolls, or trucks, or aliens or any number of other imaginative things.

In the same way we can see that therapy inside an office can shape the way the therapy occurs. Contexts such as mental health units and traditional office spaces where therapy occurs can position clients in a particular way of thinking and behaving (Jordan, 2014). Clients in offices and clinics can feel trapped by the clinical vibe, defined by their diagnoses and the medical model of fixing problems (Ferneer, Mesel, Anderson, & Gabrielson, 2019). In comparison, their experience of interventions outside in nature spaces potentially allow them to relax and move beyond the mental health problems into an environment where they feel safe to engage in a healing process.

The Therapeutic Frame

The therapeutic frame refers to the context for therapeutic work including both the environmental and relational elements (Cooper, 2015). The frame provides the ground rules that define the space and the manner in which the therapy is conducted. The traditional therapeutic frame has been set by Freud and his colleagues of the time, where counselling and psychotherapy must occur in an office setting, with a specific structured relationship between the therapist and the client (Santostefano, 2004).

There is a case for psychotherapy and counselling practitioners to continue operating within the traditional frame. Some people suggest that it helps maintain the asymmetry in the relationship, where the focus remains strongly on the client (Jordan & Marshall, 2010). It can also support having strong boundaries in place as the role of therapist and client is more defined and clear in that setting. In some of the psychoanalysis style therapies the therapist is seen as the 'expert' and therefore some clients may seek out someone who they do deem to have more power than them. This allows the 'expert' to discover and fix their problems.

There are however, some significant critiques of the traditional therapeutic frame. Some say that it is not necessary to achieve therapeutic outcomes, and in some cases is directly unhelpful to the therapeutic process (Proctor, 2010; Chantler, 2005). One challenge to the traditional therapeutic frame is that there is a lot of inherent power that sits with the therapist which can impede the therapeutic relationship. Many counselling approaches view the client as the 'expert' in their own lives and try to empower them to discover what strengths and skills they possess to overcome their own challenges (Jones-Smith, 2021). A traditional therapeutic frame does not support this empowerment. Another challenge is that the physical aspects of being in an office, which is often small, can be a space that inhibits the client being able to engage fully in the therapy process (Jordan, 2015).

The Body in Therapy

Traditional 'therapy' such as counselling and psychotherapy has a strong emphasis on verbal processing as the mechanism for change. From the origins of classical psychoanalysis formulated by Freud 150 years ago the focus of most therapeutic models has remained on words as the primary tool for change (Santostefano, 2004). Whilst this is the most common, it does hold certain limitations.

Human beings are made up of far more than verbal processing of thoughts and emotions. Santostefano (2004) highlights how from a very young age our understandings of the world are shaped by experiences, and words often play no role at all. Through active experiences of our bodily sensations, interactions and negotiations with other people, objects and spaces, we construct meaning and understanding of ourselves and the world. In research about trauma van der Kolk (2014) draws our awareness to how the body is inextricably linked to the experience of trauma. Even though the trauma may have been of a psychological nature, it is held in the body. Symptoms of trauma are sometimes misdiagnosed or undiagnosed and are sometimes beyond the help of conventional talking therapy, but could be helped by reconnection to the body (Duncan, 2018). Therefore, because there is a link between the body and the mind it would make sense that a therapeutic approach should include both the body and the mind.

The field of occupational therapy research examines the connection between the experiences of the body and emotions. There is a link between sensory challenges and emotional distress. For example, people with sensory processing challenges (which is 15% of the population) experience heightened anxiety (Engel-Yeger & Dunn, 2011). It is common to see occupational therapists using sensory approaches in therapy such as sensory modulation and sensory integration to promote both physical and mental well-being. Sensory Modulation is a therapeutic approach that focuses on using a person's senses to promote mental well-being (Te Pou, 2016). This might include moving, swinging, feeling different surfaces or textures. Occupational therapy is well represented in adventure-based and nature-based therapies because of the natural alignment with using the body and sensory experiences as part of the therapeutic approach.

Spirituality

Traditional talk therapies often focus on thoughts and emotions and largely ignore the spiritual component to human existence. While there are practitioners who integrate spiritual ideas or personal worldviews into their therapeutic approach there are few modalities that teach this as an inherent part of the model. The focus of most therapies is on thoughts and emotions, relationships, making meaning

of the events in their lives, re-storying narratives in their lives or looking for underlying causes to problems. There is little within the mainstream mental health services that focuses on a spiritual approach.

For many people spirituality is an important integrated part of well-being. Spirituality doesn't need to be exclusively in the form of religious beliefs, it could also be a connection to something, a part of culture, or a place in nature (Delaney, 2021). For example, the term 'ecological spirituality' expresses a deeper connection with nature as a spiritual practice (Delaney, 2021). In Aotearoa New Zealand, the model of Te Whare Tapa Whā (Durie, 2001) clearly represents how wairua is an important part of health and well-being. As a result there are some supported services from governmental health funding to support a spiritual therapeutic approach through Rongoā Māori which includes karakia (Ministry of Health; Matatū Hauora, 2020). Many countries in the Western world have no official recognition of spirituality as part of a health and well-being framework.

Spirituality can often have an overlap with a cultural value or worldview. Often there is an overlap between spiritual and cultural worldviews and practices. Te ao Māori is an example for whom the worldview of whakapapa described above is interlinked with spirituality (Mahuika, 2019). There is no separation between the creation of earth, ancestors and spirituality. These concepts are all interlinked. In addition, for many indigenous cultures the connection with land for healing is both a cultural and spiritual experience (Claxton, 2021).

There is an increasing amount of research that looks at how spiritual well-being is developed through connection with nature. Spiritual development has also been shown to start with children through experiencing spiritual moments that are often created when children spend time in nature (Schein, 2014). Being outside in a garden can be an activity that is a spiritual connection, for those both with religious spirituality and those who view spirituality as connection with nature (Unruh & Hutchinson, 2011). Being exposed to something larger and longer standing than themselves, people gain a perspective that something larger is going on than their individual lives (Louv, 2009). Most people experience either a strengthening or an awakening of a spiritual journey when in nature (Louv, 2009).

Summary

This chapter has covered a wide range of contributing components when considering nature-based therapy. We have examined the underpinning ideas of health and human connections to the natural environment. The theoretical frameworks of Te Whare Tapa Whā (Durie, 2001), Whakapapa (Mahuika, 2019) and the Bio-Psycho-Socio-Ecological model (Pryor, Pryor, & Carpenter, 2018) were presented as

foundational models that have guided this study. A more detailed look at Māori approaches to health including Rongoā Māori was also explored.

Various examples of nature-based therapies including adventure and wilderness therapy, ecopsychology and ecotherapy, environmental arts therapy, equine-assisted counselling and forest bathing were presented along with a summary of where the field of nature-based therapy currently is.

Finally a summary of the counselling modality was presented with particular attention drawn to aspects of the counselling process that are most relevant to nature-based therapy and this study including power, the physical setting of therapy, the therapeutic frame, the body in therapy and spirituality.

Chapter 3: Methods and Methodology

Introduction

This chapter seeks to explain the paradigm and constructs in which this research is carried out. In particular I outline the methodology of Interpretive Description which has been used in this study. The research design including the process of participant recruitment, the participant group, data sources and the research setting is made clear. The process of data collection and analysis is explained along with reflections on the process that occurred.

I explain my approach to the inclusion of te ao Māori and in particular considerations of the principles of Te Tiriti o Waitangi (The Treaty of Waitangi): Partnership, participation and protection. I then outline how I have approached the presentation of findings. Finally, issues of Rigour and Trustworthiness are explained along with Ethical Considerations for this project.

Methodology

Interpretive Description (ID)

Interpretive Description (ID) was a good fit for this research project because the whole methodology has been developed out of an orientation towards the generation of practice relevant findings (Thorne, 2016). This aligned with my motivations for conducting this piece of research. My motivation has been to produce findings that can inform and develop understanding for practitioners connecting with the natural world as part of therapeutic services.

Interpretive Description (ID) was developed by Thorne and colleagues in the 1990's and is considered a relatively new qualitative methodology (Hunt, 2009). Thorne (2016) describes the foundational

underpinnings of ID. Part of ID is that researchers recognise that in the world of human experiences there can be multiple realities that are socially constructed and also at times contradictory (Thorne, 2016). This is very important in this study when considering different cultural perspectives and the layers of a complex world where there may be many 'realities' that exist as equally 'true'.

Research methodologies are associated with particular ontological and epistemological understandings. Interpretive Description is based in a constructivist and naturalistic paradigm. This means that the approach to enquiry is seeking to understand the phenomena by interpreting the actions, understandings and practices of the participants. It is also constructivist because it looks for the researcher and the participant to co-construct understanding together (Thorne, 2016). This is well aligned to myself as a researcher in the Masters of Counselling programme as this social constructionist paradigm also informs the Solution-Focused model of counselling within which I have been training (Hanton, 2011).

In addition, this methodology is a good fit for both this project and myself as a researcher because it acknowledges and works with the previous experience of the researcher in relation to the topic. Thorne (2016) acknowledges an inseparable interaction between the researcher and the participant, or the knower and the known. In contrast to other qualitative methodologies such as phenomenology where knowledge held by the researcher is 'bracketed' and held in suspension, ID recognises and builds reflexivity into the analysis process to examine assumptions, prior knowledge and perspectives (Thorne, 2016). This sits well with me as a way of openly involving my own experiences and knowledge as an open and examined part of the process, rather than attempting to withhold those assumptions and biases and probably have them more subtly influence my processes as a researcher despite my efforts to engage in 'bracketing'.

Research Design

Interpretive Description does not hold to an explicit set of methodology with steps to follow as some other methodologies do. Rather the design is a reflection of methods from a range of qualitative methodologies that are coherent because they align with a common set of assumptions in this methodology (Thorne, 2016).

Participant Recruitment

It is important as a researcher to consider whose voices are being included to form the data of this study. In the context of this study this point is complex. In the context of practitioners working to support people in mental health in Aotearoa New Zealand there is no clear distinction of who can be considered a mental

health practitioner and who cannot. Counsellors are encouraged to join the New Zealand Association of Counsellors but there is no legal requirement for them to do so, nor statutory oversight by a governmental body. Any person may identify themselves as a counsellor regardless of their training, qualification or professional associations. In addition there are other people-helping professionals including social workers, occupational therapists, psychologists and nurses who do have professional registration as health professionals. In further consideration there are others who work in Māori models of health care that would fit neither of these categories. They may identify themselves as a Rongoā practitioner, a cultural advisor, a coach or any number of other titles however their work is inherently set in improving mental health. For this reason participants will be able to participate if they are someone who is working one-on-one with a client for the specified goals of improving mental health with a foundation of training and knowledge in a therapeutic discipline.

It is also important to consider the societal norms that determine whose voices are privileged and what ways of knowing are privileged (Salter, 2000). In Aotearoa New Zealand this is especially important as we consider the voices of Māori practitioners. Ensuring that Māori are able to participate in research is part of the decolonisation of research methods (Cram, 2013). This means that I needed to set representation parameters that allowed for the inclusion of Māori mental health practitioners who may not have mainstream qualifications but carry mātauranga Māori through collective learning and mentorship.

Participants for this study were gathered using a purposive sampling approach. Purposive sampling promotes a sampling approach that recruits from a wide range of possible people that is aligned with the representation that is intended in the population group (Thorne, 2016). Therefore, it was important to seek participants from a range of different therapy modalities, from different areas of the country, from different cultural backgrounds with an emphasis on including Māori study participants.

I recruited participants via Facebook groups for New Zealand Association of Counsellors, Nature-Based Therapy Collective and Adventure Therapy Aotearoa. I also relied on word of mouth and recommendations of people who knew other people working in this way. This resulted in a sample group of five participants.

The criteria were: 1) They work outside in the natural environment as a part of therapy practice; 2) Are employed to provide a service that is intended to improve mental health outcomes; 3) Are at least 18 years of age. The advertisement wording is recorded in Appendix A.

After contacting me either via email or Facebook Messenger I provided each interested person an information and consent form (Appendix B). Signed consent forms were gathered before conducting each interview.

The Participant Group

Even though I kept the parameters open (due to the reasons outlined above), the participant group shared a lot of similarities. All were trained and qualified in either in counselling, psychotherapy, social work or multiple fields. All of them were employed in a one-on-one counselling type role and all were female. Three of the five participants were Māori, all of whom were working in a Kaupapa Māori service.

There were two additional people who expressed interest in participating. One of whom I decided in consultation with my supervisors not to include because the type of work, qualifications and experience of the practitioner was so different to the rest of the participant group. I also excluded another person because the practicalities of making a time and place work that fitted for both our schedules was insurmountable. We would have had to shift to an online interview and this would have changed the data in comparison to all other participants where the interviews were at a location of their choice. For this type of in depth qualitative research, five was more than adequate number of participants.

Data Source

The main source of data for this project was through semi-structured interviews. Individual interviews bring a focus on understanding the experience of the subject from the view of the participant (Thorne, 2016). Individual interviews allow people to feel safe and to express their opinions and experiences without the fear of judgement from others or perhaps a lack of cultural understanding of their perspectives.

Although it was not necessarily a data source I also kept a reflective journal and notes that become an important part of my research documentation. Keeping a reflective journal was important to understand the implications of my own role as a researcher and how that interacted with the data collection and construction (Thorne, 2016).

Research Setting

Another important consideration of this study is where the interview sessions will take place. Being in, and walking through a particular natural environment can profoundly inform the data (Evans & Jones, 2011). Therefore, given the basis of this topic looking at how nature influences the therapeutic process it seems logical to also allow nature to participate in the research project through conducting the sessions

in the outdoors. The interaction with the environment during the sessions can become part of the research data (Evans & Jones, 2011). The specific location of the session and the nature of connection with the outdoors (walking or sitting for example) was guided by the participant. This meant that I travelled around the country to gather the data and visited different outdoor environments that were chosen by the participants. I was also prepared that for Māori practitioners, I may need to visit marae or iwi lands. However, that didn't happen. Two of the Māori participants we met first at their work place and then travelled to an outdoor location of their choice, one I met directly at an outdoor location.

It was important to consider the setting of interviews from the values of te ao Māori. According to Smith (2012) it should be considered what is the best way to conduct interviews. Smith (2012) identifies 'Community – Up Research Values'. The first one is 'Aroha ki te tāngata'. Having respect for the people and allowing the people to define their own space and meet on their terms. It is also 'He kano ki te kano' being a face that is known which means building relationship and doing interviews kano ki te kano (face to face). It seemed that conducting the research in an environment that was chosen by each participant was another way of upholding these values. Instead of coming into a space that was chosen and controlled by me as the researcher it was chosen by the participant. Therefore this allowed the participants to meet on their terms as Smith (2012) suggests.

Conducting interviews in this way did present some practical and ethical issues similar to those of the 'Walking Interview' (Kinney, 2018). It required careful consideration and some trial and error to effectively record the session. In the end a special microphone with a wide sound pick up and a 'sock' cover was required to adequately capture speech and also reduce wind noise. Even so, other environmental sounds such as cicadas made the recording challenging at times. I also briefly discussed with each participant how we would manage interaction with public in a public space. In retrospect, I would have a more thorough conversation on this topic as there were some interactions with public that felt awkward to me, like we hadn't fully agreed on how we would act in that situation.

On reflection of this process it is interesting to review how being in the natural environments chosen by each participant was impactful for the research process. For each participant it seemed there was a sense of pride experienced as they introduced me to one of the environments within which they practice and were close to their hearts. In my research journal after some interviews I've commented on how I felt a real sense of privilege of being invited into a space which felt sacred to these practitioners.

My sense was that each participant was entirely comfortable in the space that they had chosen for the interview. Many of them also thanked me for being willing to travel to their location, some of which was quite some distance from my home. There was a sense that they felt valued by my willingness to travel and to come to a location of their choice. Some of them also commented on how great they thought it was to be doing the research interviews outside and how it aligned well with the topic of the research.

After I analysed the data and established the themes evident in the findings I noticed how some of those themes are also included in the way the data was collected. In the findings it describes how nature might prompt the client to bring up a certain conversation. This was mirrored in the interviews where at times the conversation in the interview was prompted by the environmental cues. For example, when we walked past a certain spot, or a certain tree it prompted the participants to tell a story about a piece of work with a client that had been centred around that place or plant.

Data Collection and Analysis

In alignment with the methodology of Interpretive Description, data collection and data analysis happened concurrently. Thorne (2016) describes how ongoing engagement with the data will occur from the very start of collecting the data. The researcher is required to strategically engage with the data in an analytical way to confirm, test, explore and expand on the concepts that start to emerge as soon as the data is being collected. Thorne (2016) also states that in order to understand how the knowledge is constructed it is important to compare and contrast the different experiences of the topic along the way. For these reasons the process of collecting and analysing data occurred concurrently.

Interviews were voice recorded with the permission of the participants. The recorded data was transcribed around any area that involved discussion of the role that nature plays in the therapeutic process or related topics. Facial expressions, body language and interactions with nature will also be transcribed if they connect to the study. This meant that parts of the sessions are partially transcribed while others are fully transcribed.

Before and after each interview session field notes were made about things that came to mind on reflection, or preparation for the session. I also took notes about my own experience in the session and what I noticed about the interview. I paid attention to interactions, the thoughts and feelings I had, the dynamics or any particular things that caught my attention throughout the process. I personally transcribed the data so that I had the opportunity to immerse myself in the data (Bogdan & Biklen, 2007).

The main analysis was completed through identifying themes through coding. This is a technique from thematic analysis and was appropriate because Interpretive Description uses methods from a variety of other qualitative approaches that are aligned with the purpose of gaining applied knowledge (Thorne, 2016). I processed each data set and looked for both semantic and latent codes. Semantic codes capture the explicit meaning in the data. Latent codes capture the implicit meanings, values and ideas that are emerging (Terry, Hayfield, Clarke, & Braun, 2017). This allowed me to look for the patterns in the data but also the overall tone of the sessions or themes that existed but were possibly unspoken.

Similar to thematic analysis I familiarized myself with the data, generated codes and constructed potential themes (Terry, Hayfield, Clarke, & Braun, 2017). I consulted with my supervisors and a peer colleague and researcher. I found that doing a pictorial representation of what was going on between nature, the therapist and the client was really helpful in establishing the themes. Eventually the themes were established and the findings written up.

Inclusion of Te Ao Māori

Nāu te rourou, nāku te rourou, ka ora ai te iwi (With your food basket and my food basket the people will thrive (Inspiring Communities: Local Wisdom, 2021). Our country is built on the foundations of the document Te Tiriti o Waitangi (1840). Although a flawed document largely due to its poor translation from English to te reo Māori, in many ways it does offer us a way of understanding the commitment that two people groups made to work together. As the above whakataukī (proverb) describes – it is through working together with our strengths that the people will thrive. Māori have historically been misrepresented and mistreated within research (Smith, 2012). Therefore, it is crucial to ensure that we are conscious of the past and how we can actively contribute to the healing and growth of us as a nation through our research practices.

For myself as a Pākehā New Zealander I have increasingly become conscious of my own journey as a Treaty partner. I have reflected on my experiences growing up and in my working life. In the last few years I have embarked on learning te reo Māori (Māori language). For me this commitment is about taking a step to protect something that is a taonga (treasure) in te ao Māori. It is also a way that I am understanding more about te ao Māori through understanding the language.

I found my understandings of te reo Māori invaluable in conducting the interviews. Three of the five participants were Māori and incorporated a wide range of Māori kupu (words) into their speech throughout the interviews. There were some occasions where I needed to interrupt them to learn the

meaning of words I didn't know. However, the majority of the time I understood the words. This allowed them to maintain the flow of what they were saying in a way that was authentic to them.

As I have progressed through this research project it has brought yet another dimension to this journey. In a world where often it is the most negative statistics of Māori that are publicised and focused on - I have sought to understand some of mātauranga Māori (Māori knowledge and understandings). In many ways I have felt inadequate for this task. I felt that I should have been further along in my journey, with better understanding of te reo and te ao Māori. However, I am here and I have approached this space with as much authenticity as I could, being both honest and real with where I am at, and doing my best to honour and uphold the values of the Treaty.

When considering a research approach White (2018) describes how research should honour the principles of Partnership, Participation and Protection. White (2018) states that research should be based on an equal relationship between the researcher and the participating Māori community. It should also include the equitable distribution of the benefits and research outcomes. All indigenous peoples should have the right to participation through opportunity to be involved in all aspects of the research. Researchers should actively protect the indigenous knowledge and protect the community from any negative outcomes of the research (White, 2018). Although this section is written specifically about working with Māori in a Aotearoa New Zealand context it is also helpful for myself to apply the same principles when working with any group of people that are disempowered or marginalised in society. I have used these principles to guide my own approach in the following ways.

Partnership

Partnership when it comes to healthcare services is a significant and prevalent problem throughout this country and has been for a long time. The term 'Māori health' can often be used to mean 'health for Māori' in that health services are provided in a predominantly Western model meant to address the poor health condition of Māori (Warbrick, Dickson, Prince, & Heke, 2016). In contrast Māori health should include the consideration of the health challenges, but also the solutions in a way that is Māori (Warbrick, Dickson, Prince, & Heke, 2016). I consider that this research topic is in partnership because this study aligns with the broad concept that connection with the natural environment is helpful to achieving good health. It naturally aligns with Māori values of whakapapa and the connection of health with land. There are other models of health such as the 'Atua Matua' framework that details how connection to land can be helpful to healthcare (Warbrick, Dickson, Prince, & Heke, 2016). My hope is that the outcomes of this

research will be helpful for Māori health in Aotearoa New Zealand which is part of our commitment under the Treaty. I endeavour to present the findings in a way that upholds and values the Māori nature-based practices of mental well-being among Pākehā in positions of power.

I have used the value of whanaungatanga to guide my relationships with Māori and all participants throughout this research process. Building whanaungatanga is about 'ensuring that relationships are built upon a safe, equal and respectful basis and additionally are devoid of marginalizing practices' (pg 21. White, 2018). This has meant taking extra time in the interviews to connect and build relationship rather than jumping straight into questions. I have also chosen two Māori theoretical models as the basis for this study. The intention was to form a connection point of practitioners to the research in a way that is authentic to Māori.

I am also aware of some of the challenges in working in partnership. For example, the desire in this project to have a Māori supervisor or advisor. However, there are few Māori academics available in comparison to the demand on their time. The ones who are available risk being over worked and required to be inputting into more than a fair share of projects. Therefore, I have tried my best to walk a line of inviting input but trying not to ask too much of these colleagues and friends.

Participation

I have tried to include the perspectives of te ao Māori at each stage of my research. Initially at the proposal stage I have consulted with Mel Tainui (Kāi Tahu, Kaiārahi, College of Education, Health and Human Development, University of Canterbury) about the approach to this study. She has guided some of my initial thinking about how to include Māori values into this project. I have sought further input in the way of a cultural supervisor to give me input along the way, however despite approaching multiple people I have not been able to find someone to take on this role. Instead I have consulted my Māori participants and other Māori colleagues along the way when considering conducting interviews with Māori, how to honour knowledge from whānau, hapū and iwi and how to make the findings useful to Māori communities.

I also chose a sampling approach that allowed me to ensure that I have given ample opportunity for Māori to participate in the research. I used the contacts I have to seek out Māori practitioners in this area and invite them to participate. I offered each participant the opportunity to choose the location for the interview to ensure that participation was done in a way that was equitable.

As part of making sure Māori practitioners are able to participate in a way that is authentic for them, I prepared myself to adhere to processes in te ao Māori. I was prepared to contribute to a mihi (introduction) process, to use as much te reo as I have, contribute koha (gift), to karakia and waiata (sing) as part of any mihi or pōwhiri (welcome) processes. However, as it worked out there was only one participant whom I had never met before and we conducted a small mihi process. All interviews were conducted outside, though some started in an office setting and I allowed time to meet and greet all the people they introduced me to as they showed me around their spaces.

Protection

It has been important that I considered protection of Māori resources and knowledge throughout the entire research process. I have endeavoured to strike the balance of enquiry between understanding and protecting knowledge. I hope to understand more through this project so that we may all benefit from the knowledge that is produced as a result of this research. The following whakataukī describes my desire for this research: Mā te rongo, ka mōhio; mā to mōhio, ka mārama; mā te mārama, ka mātau; mā te mātau, ka ora! (Through resonance comes insight; through insight comes understanding; through understanding comes knowledge; through knowledge comes life and well-being!) (Tautoko Support Services, 2021).

However, I also hold with the development of that knowledge that I must also protect the indigenous ways from being inappropriately appropriated for other goals. As a Pākehā in Aotearoa New Zealand, and as a researcher I recognise the great value that te ao Māori brings to my world view and practice. However, I also acknowledge that it is not mine. It is within the rights of Māori to hold and treasure that which has been passed down by generations. So I set out to protect and honour that knowledge whilst learning and growing. In the interviews, I asked for guidance from each participant about whether there was anything they would like removed or excluded from the transcripts, or knowledge they didn't want to be shared. I was conscious of my own lack of knowledge so I asked for further guidance for any areas where I may not have the knowledge of what is the tika (correct) thing to do.

It has been helpful for me to think of myself as manuhiri in this space. A visitor and guest in the world of te ao Māori. Welcome to enter, to connect, to share and to learn with the importance of holding in myself an attitude of humility, of learning, of seeking to understanding while ultimately holding whatever knowledge that is shared with me as a taonga of te ao Māori.

Presentation of Findings

I have presented these findings in a way that focuses on the application of the findings to practitioners who are currently connecting with nature as part of their work and those who are interested in doing so. For each section of the discussion I have included a section on 'Implications for Practice'. I have also included a section on Māori approaches to health that I hope may be useful for Māori health services and also for mainstream health services to learn from Māori approaches. To achieve this I have written the thesis in language that is highly readable and avoids unnecessary academic jargon. I have sought advice from Māori participants, supervisors and consultants about how it is best to make the findings useful for Māori.

My hope is to produce an academic article that is relevant to the international nature-based therapy community. In doing so offering a New Zealand perspective, and specifically honouring the knowledge and practices of Māori in the findings. I also sense this is important for the current students of health professions that are researching nature-based and adventure-based therapies in Aotearoa New Zealand. This would build the important base of published research in this growing field both in Aotearoa New Zealand and internationally. I will also ensure I include adequate description of my methodology so as to inform the reader of the rigour of the study.

I will further make the outcomes of this research accessible to practitioners in additional ways such as presenting workshops at the Adventure Therapy Aotearoa Conference, the International Adventure Therapy Conference, the Australian Outdoor Healthcare Consortium, the New Zealand Outdoor Instructors Association Symposium, New Zealand Association of Counsellors, New Zealand Youth Workers conferences and/or any other relevant conference opportunities. I also anticipate that I may write articles for relevant professional publications and newsletters.

As a newly trained counsellor who is embarking on offering counselling services the outcomes of this research will influence my own practice. Through understanding the role of the natural world myself I can intentionally include those aspects in the way I work with clients, and also the way our organisational services are offered.

Rigour and Trustworthiness

Trustworthiness can mean 'the ways we work to meet the criteria of validity, credibility, and believability of our research—as assessed by the academy, our communities, and our participants' (Harrison, MacGibbon, & Morton, 2001). This means that the study needs to be open to critique by our peers, our

supervisors, our participants, Māori communities, and the communities for whom this research is intended to benefit, and this must be done so throughout the research process.

With this in mind I worked closely with the supervisors of the study Chris North and Mairin Taylor to ensure there is accountability and rigour throughout each stage of the research. In particular I conferred with them about the inclusion or exclusion of particular people who had showed interest in participation in the study to ensure that I was not discounting their participation without justification. I also shared the development of theme analysis with them and considered their input into the final presentation of the themes.

I also consulted a colleague throughout the analysis process who is both a counsellor and has completed a research project herself. This helped to check that what I was finding interesting and the data I was being drawn to aligned with her experience of some of the data.

Once I had initial themes I checked them with both my colleague and my supervisors. After I had developed them slightly further I sent a theme summary to participants, providing an opportunity for them to comment on the themes. At this stage a Māori friend who is a psychiatric nurse and a research assistant reviewed my work. She offered some valuable insight into the way she read the findings and discussion from a Māori world view. This process gave me a few more things to research and some revisions to the way things were worded.

One of the components that seems most relevant to rigour and trustworthiness is a continual awareness and reflexivity on my role as the researcher and how what I bring to the research process influences the findings (Thorne, 2016). As mentioned above this is one of the reasons I have chosen Interpretive Description as there is a foundational underpinning assumption that there is an 'inseparable relationship between the knower and the known, such the inquirer and the 'object' of that inquiry interact to influence one another' (Thorne, 2008, pg 74). Therefore this in-separation needs to be explicit. In order to achieve this I undertook a process of reflexivity throughout the entire process. This was in the form of a reflective research journal and memos throughout the process.

When doing the data analysis and discussion writing phases I consulted my notes and journal that I had made throughout the interviewing process to check back on the things I initially noticed in the interviews and the feelings I had from each interview. This enabled me to reflect on those initial observations and evaluate what value they had to the project.

Ethical Considerations

This section outlines the various ethical considerations I have made throughout the research process.

Encountering Public During the Interviews Outside

In a research project that is about connection with nature it seemed important to conduct the research in a setting that was conducive to the topic, in this case in nature. With this brought extra ethical considerations. One consideration was the possibility of encounters with public if the research was being conducted in a public environment, which occurred in four of the five interviews. A small discussion was held prior to each session commencing to discuss what approach we would take if we encounter a person known to the participant(s) or myself.

Care for the Participants

Because the interviews occurred outside and were quite long in length (1.5-2 hours) it was important to consider the needs of the participant during the interview. To achieve this I supplied water and snacks and offered the participants breaks throughout the interview.

Cultural Safety

Another ethical consideration is cultural safety. It was important to conduct the interviews in a way that ensured people felt culturally safe. Cultural safety can be defined as 'an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together' (Williams, 1999, wh. 213).

In order to help participants feel culturally safe I maintained a curious and non-judgmental approach to the interviews. I tried to remain aware of my own biases and experiences so that I could be genuinely curious about their experiences and viewpoints. These skills I have learnt through my counselling training which are transferrable to the role as researcher.

I also considered my own cultural safety (and physical safety) in the research process. It was important to continue discussing issues of cultural safety with my supervisors and I also consulted with Māori friends and colleagues along the way to ensure that I was operating in a way that kept myself safe. I found that being open with Māori research participants about my own journey of understanding te ao Māori was helpful to keep myself safe when conducting the interviews.

Cultural Appropriation

One of the ethical considerations is being aware of cultural appropriation. In this research I have worked with three Māori participants, one recent immigrant to Aotearoa New Zealand and one New Zealand born Pākehā. It was important that as I gathered and analysed data I remained mindful of the cultural ownership of particular ideas. For Māori this includes recognizing that certain stories, ideas of ways of working are specific to Māori, hapū and whānau and must be respected as such (Smith, 2012). It is an important ethical consideration to acknowledge these ideas and where they have come from (White, 2018). It was also important to remain in close contact with cultural consultation and participants to ensure that they feel the use of the data is tika (done in a proper way).

Conflict of Role / Interest

I was constantly aware of my own position in regards to the participants in my research. I am a professional working in this field and am a manager at an organisation that employs people. I tried to remain aware of any conflicts of interest with people who have, or may, apply for a job with us and that I may have had professional contact with. I am also the chair of the leadership group for Adventure Therapy Aotearoa, the national networking association for adventure therapy practitioners. I represent Aotearoa New Zealand on the International Adventure Therapy Committee and I am a co-chair of that committee. I remained mindful of these roles and any conflicts of interest or power dynamics that may exist and took active steps to position myself as equal to the participants in order to achieve a sense of whanaungatanga.

Confidentiality and Anonymity

Another ethical consideration with this research is the requirement of making sure the identities of the participants are protected. Because the field of practitioners who work in nature in Aotearoa New Zealand is so small I have had to take extra care to ensure the anonymity of the participants. To achieve this I have used pseudonym initials for the client quotes. I have also tried to exclude any specific training areas, qualifications, or reference to landmarks that may identify where people are located and working in the data. This has been challenging as some of the data does imply who the person is to people who are connected to the field and know other people.

Acknowledgement

I have acknowledged and given credit to all who have assisted my studies. This acknowledgement includes all the researchers who have previously done work that has informed and guided my thinking, practice and work as a researcher.

Reporting Fairly and Accurately

I have endeavoured throughout this process to ensure that I have reported accurately. I offered the transcribed sections of the relevant interview and an overview of the findings to participants to check. All of them either confirmed they were happy with the transcripts or did not reply. I used triangulation to check my thinking throughout the process with my supervisors, a fellow Masters of Counselling graduate, Māori friends and colleagues and during the proposal stage some international Outdoor Therapy researchers.

This project has been approved by the University of Canterbury's Human Ethics Committee.

Chapter 4: Findings -Who or What is Nature?

Introduction to Findings

In this chapter I will present my findings in the format of the themes that emerged when answering the research question: 'What role does the natural environment play in the therapeutic process from the practitioners perspective?'

I start with looking at an underpinning theme of 'who or what is nature?' This is foundational in understanding the responses to the research question 'What role does the natural environment play in the therapeutic process from the practitioners perspective?' and offers insight and understanding that is helpful when reading the rest of the findings.

The following sections explore the different roles nature can play in the therapeutic process. The first chapter is how nature can influence the relationship dynamic between the therapist and the client. The second chapter looks at the roles that nature plays for the therapist directly. Thirdly, I present how nature has a role in influencing the client's experience of the therapeutic process regardless of what the therapist has necessarily set up.

Who or What is Nature?

Inherent in the kōrero of each participant was a set of underpinning beliefs about who or what nature is. This theme emerged as an inevitable consequence of the research project despite it not being specifically included in the set of questions for the semi-structured interviews. Overwhelmingly all participants

recognised a spiritual component to nature and that it somehow is a living and active participant in achieving well-being for all people.

There is a spiritual component to the natural world and us as humans that connects us all.

Embedded in the way that the participants talk about nature is the sense that the natural world is not simply a space or an environment. It is much more than trees, colours, plants, walking trails and amazing views. There is a sense that it has a vastness, a spiritual entity, a living being that is a part of it, a living connection to ancestors and spiritual guardians, an energy that has an influence on us whether we know it or not. The following quotes indicate some of the ways that this was evident in the interviews.

'I would call nature the, the be all, surrounding almighty power and I'm like I say I'm a guest or something you know, in nature, some Kingdom... Oh, my God, I'm oh God I'm in soul-based territory. But yeah, really see myself as a guest, while at the same time being part of it. I don't know, if it's possible, is it possible that you are a guest at something that you're a part of? Do you make sense of that? It's a lifelong exploration of how exactly that all works? (...) but it's a spiritual or soul thing.' JD

Here we see how JD is struggling to articulate their understanding that nature is incredibly powerful, and how they fit into it. The idea of belonging and also being a guest is an interesting tension that indicates a respectful understanding that there is a greater power in the environment that is separate to them but also intrinsically linked to them in that they are a part of it. The words reflect an almost 'God-like' sense of the environment. Spiritual connections came through strongly in several other interviews

'something greater than ourselves, bigger than ourselves, that's mysterious and, you know, and a constant, that set pace, so just being able to listen as a, as another facet that is another, another way for them to connect with this spirituality, whether they like it or not, or whether they know it or not.' EH

Likewise EH recognises the spirituality that is inherent in nature, reflecting a similar respect for that which is beyond a concrete understanding that humans often try to hold to, in contrast she refers to it as 'mysterious'.

'So you know, when a place has good energy because the manu will come be present, and if it's got an ugly, ugly, well not ugly, but if the mauri is not good. If something really bad happened, the manu won't come down.' PC

PC finds the mauri (spiritual energy) of the place is reflected in the presence of the birds. She recognises that nature is not simply a neutral environment, but it has a spiritual dimension that can have an impact on the people there. She is in tune with this spiritual dimension as she chooses which spaces to use in therapy. This leads her to determine if that particular environment is going to be a helpful place, or a bad place for therapy based on what the mauri of the area is.

As one of the participants recognises, this understanding of spirituality and who nature is, is often a lifelong exploration and journey of those ideas. Where each person is at on that journey of spiritual exploration shifts the roles that the natural world might play in their life and their well-being.

Nature is alive and actively invested in our well-being, it communicates directly to both clients and therapists.

The way in which the participants talk about nature indicates that nature has a living spirit. For all three Māori participants they most often spoke of the living entity in terms of the atua. Atua are defined by the Maori Dictionary as ancestors with continuing influence, a supernatural being. Many Māori trace their ancestry from atua in their whakapapa and they are regarded as ancestors with influence over particular domains as described in the Literature Review. For example, Papatūānuku is the atua of the land, or known as earth mother. Ranginui atua of the sky or known as Sky Father. Their children include Tāwhirimātea, atua of the wind and Tangaroa, atua of the sea. Each of these different atua are considered to have guardianship of different parts of the natural environment. The below quotes demonstrate some of the inherent ways the Māori participants speak about the atua as the personification of the landscape indicating a belief that it is alive, has its own energy and power to influence.

'So, bringing Tāwhiri into it a lot and then like what can we use Tāwhiri for we can use them for purea ah? for cleansing. So using the wind, using the wai, using the power of Tangaroa.' MP

For MP she is tuned in to which atua can be used for different therapeutic purposes. Similar to EH who states:

'each of those components has its own healing, has its own gifts that it brings.' EH

In a similar way there is also a personification of the landscape as living, as part of the atua, that also has a living energy to be part of the healing process as shown below.

'It's got a circle of Kohekohe trees, and Kohekohe when you're working with her, she helps clear any ancestral trauma or any trauma that we store in our whare tangata.' PC

There is also an integration between the living atua and Māori tīpuna (ancestors) who have passed on from earth but are still living in the spirit world and their connection to the therapy such as described by PC.

'my view is that our tīpuna put us together. And they've aligned us for this healing and then I just ask or just feel for where we're going today...' PC

We can see in different ways the sessions reflect the living connection between the therapists and the clients to te taiao (the environment) and the living atua that are a part of that environment. The Māori whakapapa framework described in the literature review explains that through this framework the connection for Māori to these atua is essential for well-being.

The non-Māori participants also recognised the living nature of the natural world and its willingness to connect and heal. Using different language but still the same essence that nature is a living therapeutic force.

'And I think nature inherently is therapeutic, it's just being in it is a therapeutic force.' BE

It is important to read the remainder of the findings with the knowledge that the ways in which people make sense of who or what nature is strongly influences the way they practice therapy in nature. In some ways some of the findings are contrary to each other. It may seem as if nature can play one role, how can it also hold a different, somewhat contrasting role? This may well be because of the different views of the therapists, or indeed their different clients and how those people understand nature. It may also be because the natural environment can hold multiple roles at the same time. All of these variables will influence the different roles that nature plays in the therapeutic process. In all interviews, spiritual understanding of nature came through strongly and to some degree reflected the cultural affiliations of the participants.

Chapter 5: Findings - Nature Influences the Relationship Dynamic Between the Therapist and the Client

The research question asks 'What role does the natural world play in the therapeutic process?' Embedded in the findings is the way that the natural world can shape and influence the dynamics and the relationship between the therapist and the client. The data suggests that there are two main ways that relationship

dynamic is influenced. Firstly, the data shows that it enhances the therapeutic alliance between the therapist and the client through a reduction of power and ease of whakawhanaungatanga (relationship building). Secondly, it can change the traditional relationship dynamic between the therapist and client because in some cases the therapist sees their role more as a facilitator of a relationship between the client and nature. This is for two main reasons. Firstly, the therapist holds the belief that nature is a therapist and a source of wisdom, therefore it is nature providing the 'therapy'. Secondly, there is a motivation from the therapists to create a therapeutic connection in the natural world that the client can access at any time rather than needing to make an appointment with the counsellor.

Section 1: Enhances the Therapeutic Alliance Between Therapist and Client

As discussed in the literature review an effective therapeutic alliance is the most necessary ingredient for achieving the therapeutic gains and positive outcomes for the client. According to this study two components of the building of this alliance can be strongly influenced by the natural world. The dispersal of power and the ease of whakawhanaungatanga.

Sharing of Power

Inherent in any professional to client relationship there is an inherent power dynamic that exists. The power sits with the professional who usually has training and qualifications, has designed and constructed the layout of the office space, is being paid by the client to be there and has the 'status' of being the therapist. It is therefore necessary for the therapist to actively break down the default power imbalance to create trust and connection in order to build genuine therapeutic alliance.

The findings of this study indicate that being in nature plays a significant role in dispersing the inherent power imbalance that exists when in an office setting when a client comes to meet a professional. Instead the client's mana (authority, power, status) is increased and able to be fully realised. This is valued by the therapists and seen as a good thing from their perspectives. The following quotes capture the sense of equality in both space and in connection.

'I sort of feel that at the beach we're more equal, it sounds really terrible as if you're unequal. But, you know, I'm a therapist, and they're not, basically, you know, it's a fact, whereas at the beach... and the therapy space is my space, I set it up the way I think it should be set up. The beach is not my beach, you know, and, and so I always feel that, you know, again, establishes a more even thing, they have their own relationship to the space, and so have I...' JD

JD highlights that she believes the equality is able to be achieved because the meeting occurs in neutral space that is not owned or controlled by the therapist. PC shares a similar view (talking from within a therapy room/ space).

'I kind of have this almost this sense that I am in control of this space so there's that power imbalance when people come in here, where when we're out there in whatever space we're in, it's neutral grounds. And so we have a shared, shared power.' PC

In this quote we can see that the therapists are wanting to create equality with the client. There is a sense of wanting to whakamana the client. To whakamana the client is to give the authority or status to the client, to empower them and give them validation (Moorfield J. , 2020). They want to validate that the client also has their own relationship to the environment and that they meet to do the work together on a level status.

'I am a professional, but that's not who I am in that space. I'm another human being that cares for you.' EH

Likewise EH shows that her intention is to connect with her client on that equal status, as two humans who both have mana. The findings show that the therapists speak of this dynamic in a positive light and believe it to be beneficial to the therapeutic process.

Ease of Whakawhanaungatanga (Building Relationships)

The findings show that the therapists find it easier to build whanaungatanga (relationship) with clients outside. There is an easier connection, conversations flow and trust seems to build quicker. The clients feel more relaxed and able to be themselves, perhaps freed from the expectations of an office environment. There also appears to be a sense that clients are more comfortable, there's less intensity, where silence is more comfortable and there is less eye contact.

The first set of quotes below demonstrate how being outside seems to have an ease of connection:

'Sometimes I feel like we can connect more after having had an experience outside of the room together. I suppose it'd just be like, if you were meeting with anyone, the more experiences you've had ah, the bigger that whakawhanaungatanga becomes (...) For some reason, doing something outside helps them trust me.' MP

This client draws our attention to the importance of whakawhanaungatanga. Meaning the importance of strong connections and relationship. They highlight how the connection can be built not just through

talking but through sharing an experience. The following quotes show us how that process is easier, less work for the therapist outside, in contrast to inside where there might be a lot of energy expended by the therapist to build that relationship.

'It feels like it's easier to connect and it's easier to relate...' EH

'The mahi is easy for me. Conversation flows easy.' MP

As the following quotes demonstrate, building the relationship is easier because the client feels more relaxed and able to be themselves. The therapists suggest that perhaps the clients feel less intimidated than in the office setting, experiences less pressure for therapy to be a certain way and therefore able to relax and be themselves a bit more. The first quote shows how being outside sets them free from the expectations they may have of themselves and the therapist through not having to 'perform' in certain roles when in an office-based therapy setting.

'Well, I guess it's about that whole, incorporating nature. There's no expectation that you have to perform. ... I think that people are really fearful of going to counselling for that reason, in itself is the expectation they're going to go and spill their guts and have something happen to them...' AP

Likewise other quotes show how people can feel more themselves, or in a more natural state than in the office.

'there is a slight difference and in how people themselves maybe feel that they can let go a bit more...' JD

This quote draws our attention to how people are when they are engaging in that new relationship. Building whanaungatanga is easier when people are feeling relaxed and accepted for who they are.

'And that really meets them, they can be themselves.' AP

'I think it just makes everything softer, more relatable, more down to earth.' EH

As EH brings to our attention through the metaphor of 'down to earth' there is a naturalness in the interaction that is like the natural environment that is different to a human-made structure of an office and a more contrived relationship set-up. The following quotes also indicate that the clients are more comfortable in the outdoor setting. They are released from feeling uncomfortable in the office setting within a confined space, potential awkward silences and direct eye contact.

'in the room, it's just you and them, there's not many distractions or it's (...) very contained. There's nowhere to move, there's nowhere to go, that eye contact thing as well (...) a big thing for people to be able to hold..' EH

'They liked that they didn't have to just sit in the room and feel uncomfortable. Yeah.' MP

These quotes highlight how the physical space of the office has a strong influence on the client's experience, making them feel uncomfortable and restricted. In contrast MP brings to our attention how the outdoor environment can disperse the intensity found in an office setting through creating more physical space, being quite far apart and how that can be a lot less intimidating for clients.

'And if you're in a room, and there's five minutes silence, that can be quite intimidating for a young person, but you can go for ages out here in silence. You don't even have to walk next to each other, they might be up there, and I'm over here.' MP

Ease of building that relationship is good for building a quicker and stronger therapeutic alliance. Through leaving the traditional therapy space of a restricted small office and heading to the outdoors the clients are able to feel more comfortable, less intimidated and more themselves. Again, being in a space where people feel more relaxed and empowered to be themselves enables them to engage in that whanaungatanga with the therapist.

Section 2: Shifts the Role of the Therapist to Facilitator

Nature being present in the therapeutic process can shift the focus of the practitioner from being the core relationship holder to being the *facilitator* of a relationship between nature and the client. The reason for this is strongly influenced by the philosophical underpinnings of each therapist. Some do it out of a core belief that nature is doing the healing and the work of therapist, and therefore the progress for the client is made by connecting directly with nature. Others are motivated to help the client develop a therapeutic connection directly with nature that they can access for themselves anywhere, anytime without needing to make an appointment with a therapist.

Nature does the Healing and the Work of the Therapist, the Therapist Becomes a Facilitator of that Relationship

As mention, where the therapist has the core belief of nature being a bigger healing power, the role of the therapist shifts towards being a facilitator of that relationship and that healing process. They use their skills to help that connection, or perhaps walk alongside the client as they are able to make that

connection. The following two quotes demonstrate clearly the shift the therapists sense in their role towards being a facilitator rather than the counsellor.

'I facilitate the relationship and nature does the healing. So I will do the reconnection I'll take people to the spaces, I'll share my knowledge but.... yeah.... the space or the whatever it is that happens in there is doing the healing... myself as a facilitator of that relationship and even though like I facilitate healing it is with nature as the therapist, or as the healer.' PC

'As a matter of fact, I feel that nature is more the therapist. And it's not just a co-therapist, nature is the therapist, and I'm the facilitator of something you know, and that the therapeutic space that was held ... by the art therapy room, that nature holds that space, but of course, I'm there, it's more as if me and the client are the guests of nature, stepping into nature's room, and nature is guiding us. So it's like nature as a therapist.' JD

As JD highlights as well as the role of nature being the therapist it draws our attention to the way that nature provides the 'room' that the therapy occurs in. This 'room' that nature provides has contrasting qualities to that which a standard office provides.

The following quotes demonstrate how the motivation is that the client has a direct access to nature as the core therapeutic worker.

'I guess my role is to rebuild the connection between who I'm working with and Papatūānuku. So that they, they can have access.' PC

In this quote we can see clearly that PC believes there was once a connection between the client and Papatūānuku, Earth Mother. This is reflective of the Māori belief of the living nature of the environment and the connection through whakapapa from the client to the land. As she also describes in this quote, the goal is to establish a connection between the client and nature, the land and the atua so that they can access their own sources of healing. In this way the environment and the atua become the kaitiaki (the caregiver) of the client directly.

'It's about its own, having access to our own sources of healing. And being engaged with, with the atua.' PC

Likewise, in an equine context the therapist sees her role as 'holding space' for the horse to be the therapist. In a similar fashion to the above participants, this role is more as a facilitator and a space holder than as a therapist.

'So it's about actually ... holding the space for the client to have the therapy session with the horse.'
'AP

We can see that though the therapists are still playing a role in the process, it is more of a facilitator to enable the connection to happen between client and the natural world.

Ongoing Self-Reliance

One of the participants shared that her guiding whakataukī is *'Ma te huruhuru, ka rere te manu.'* Which translates to 'Adorn the bird with feathers so it may fly'. This proverb reflects the idea that a bird cannot fly without feathers, but if you give the bird what it needs, it can thrive. The essence of this idea came through strongly in three of the five interviews, which were the Māori participants. There was a strong motivation evident that if the therapist can help the client have their own healing relationship with nature, this can continue to be helpful for the clients well past the sessions with the therapist.

'The biggest thing I reckon that they can get out of this is that they can recreate this on their own, by themselves. They can't recreate the feeling they might get in a room with me very easily.' MP

In this quote MP is clear that her motivation is that through working in nature the clients can go and recreate the feeling and the experience that they have had in nature without her being there. She sees this as essential to the effectiveness of the work. Likewise, the other participants celebrate when the clients use the nature connection in their own time as a strategy for wellness.

'And then they tell me 'oh you know, I went there in the weekend, I felt like really I was in a dark space, I went back to that spot and man it helped shift this and shift that', so they're not relying on me. (...) they can go back to these spaces and do their own thing.' PC

'It feels like it opens up other opportunities for people to use it as a healing strategy for themselves as they choose ...' EH

Creating self-reliant well-being strategies is well supported by general principles of shorter-term therapeutic interventions (Jones-Smith, 2021). The goal of professional intervention and support is usually to do so for as short a time as possible, and that the person can get what they need to continue on their life journey without the regular support of a therapy professional (Hanton, 2011). These nature-based therapists leave their clients with a therapist (nature) that they can connect with anytime, and free access to 'nature's room' of any outdoor environment that they can go to for healing.

Chapter 6: Findings - Nature Supports the Therapist Directly

The findings show that the role of nature can support the therapist directly. This can be through enhancing the resources, options and tools of the therapist. It is also of support to the therapists because they all turn to the natural world as their own sources of well-being and self-care.

Section 1: Nature Offers the Therapist an Extra Set of Tools in their Kete (or Tool Box)

A theme that emerges throughout the interviews is the sense that when working outside, the therapist has a wealth of additional resources and therapeutic activity options at their fingertips. One participant described herself as *'rich'* which captures the essence of this theme. The natural world contains great spaces that can be used for teaching and coaching skills such as mindfulness. Outdoor spaces provide an opportunity to interact with nature such as giving something to the ocean or creating art pieces. There are endless metaphors that can be seen and experienced in nature and therapeutic promptings or suggestions that seem to come directly from nature to the therapist.

Places that Help Skill Building

One tool of counselling or therapy is the teaching of skills that can help people cope with difficult emotions or experiences in their everyday lives. For example, teaching mindfulness which is a way of coping with anxiety in everyday life. Participants felt they have a wide variety of environments to be able to teach these things to their clients.

'If you're wanting to practice gratitude, or mindfulness or something like that, in a room, there's only so much of that, that I feel like that can happen. But if we're out here, let's look around, you explore, you find something. Instead of like here, look through my pack of cards, which I use as well, as a beautiful card resource. But I feel like I've got more resources out here than I do in my room. Yeah, like I'm rich as social worker out here.' MP

In this quote MP brings to our attention the different resources she has at hand and the way it makes her feel *'rich'*. In some ways she is using the same techniques she might use inside such as the cards, but she has a lot more options when outside. Below we see some examples from EH how she teaches mindfulness through making an observation, acknowledging what has been observed and then letting it move on. She uses the awa (river) as both a metaphor for things moving on, and a tool to teach and practice that skill.

'The awa is good ... as a mindfulness tool so that they can see that well this is happening and I'm noticing that and then it goes and then this is happening and then I'm noticing that and then it goes...' EH.

The awa is also significant because it is respected in te ao Māori for having properties that wash and cleanse a person (Heartland Springs, 2021). Therefore along with the process of learning mindfulness the client is being exposed to the spiritual healing of the water washing away troubles and being cleansed and renewed.

'Papatūānuku, so that the earth for me, I use it for grounding. We will sit on the earth, you feel the grass, you know I'll do this (removes shoes) and then they'll do that. You know, I've used it for anxiety. So we've laid down on the grass and just down some breathing techniques together.' EH

Not only are these tools more plentiful and powerful, they are also accessible to the clients in the future in their lives as discussed in the previous section.

Interacting with Nature

In all of the interviews there was some component of interaction with nature. In some cases that was interacting with a horse, or connecting directly with atua, using surrounding materials to make art pieces, interacting physically with an environment or gathering items from nature to represent feelings, experiences or hopes. In this we can see a range of therapeutic modalities represented including art therapy, sensory modulation, Rongoā Māori and equine assisted therapy.

The following quotes give examples of different ways there is interaction with the natural world during the therapy sessions through giving things to nature. In one case the client has brought something significant with them that they want to release and they give it to the sea and the atua of the sea to keep. This reflects both the interaction with nature, and also the role of atua in this worldview.

'I've had people who have bought things on purpose to throw away. We've thrown away pounamu, we've thrown away all sorts of stuff, we've given it to Tangaroa, they don't need it anymore, they don't want it.' EH.

In this case the pounamu represented certain things and relationships in the life of the client. Giving it to Tangaroa was a way of ridding themselves of what that pounamu represented. At other times something may be given to Tangaroa as a gift which may represent something different.

MP says that the clients appreciate thinking of the atua as taking away their troubles. She emphasises that it won't make the atua sick, but that he has the power to transform the energy. In this case she asks them to collect a toka (rock) to represent their hara (troubles). By giving the rock to Tangaroa it's allowing a transformation in the areas of life that that rock might represent to them.

'They love thinking about the fact that Tangaroa is taking away their hara, they throw a toka in there, you know, it's not that you're giving Tangaroa hara, like your, oh, like negative energies. You're not giving him that, you're not making him māuiui, he's actually transforming that energy.'
MP

In a similar way an arts therapist gives an example of making a little boat out of natural materials that represents something in their lives and they send it off. The narrative is different around the role of the atua, but the metaphor within the interaction with nature is the same.

'You're just sending a boat off is just a very metaphorical thing.' JD

Some therapists are interacting with the nature as an outward symbolism of what is happening internally like this therapist who was at the beach with her client:

'So it's more of a cleansing process, we'll put our feet in the water, we, I might say a little karakia or say something to, a little mihi to Tangaroa.'

In these quotes we can see the interaction with nature as a tool and as a metaphor in itself. We can also see this entwined with how we can physically interact with nature, including our bodies and our actions as part of the therapeutic process which is discussed further, later in the findings.

Led by Nature's Promptings and Metaphors

The data also shows that the therapists are led by the therapeutic suggestions that they find in nature. Their attention might be drawn to a particular space or scene and they take the opportunities to explore the metaphors or suggestions in that leading. In different ways the participants all indicated their way of paying attention to the leadings of nature, or the prompts that appear within the session.

'So it's really all guided by, by what is, that what nature offers..' JD

'I feel maybe a bit more creative, in terms of how I can bring things into, weave things into conversation. There's way more prompts.' MP

'Yeah, because I really feel that nature puts forth all sorts of things in both me and in the client that would never happen in a room.' JD

Every participant used metaphor because they found it an effective way to help people understand their own experiences, be able to articulate them, or create new understanding.

'Often, there's a lot of metaphors will come out. And so it's kind of using those.' AP

'We're looking at the water, if this was like you know, that was an emotion or a mood, like what would that be? If that was a day in your life what was happening on, on that day? (...) and then they'll start to look at the water and how it could relate to them. And it's just an easier way for them to open up about different things that have gone on.' MP

'It's around looking at what's happening around us and using like the sea. So, the seas rough talk about the sea being rough and how sometimes life can be like that, and it's really hard to get through... So you can use metaphors you can use the symbolism from, from the, from what you're seeing.' EH

'And these metaphors are all around us out here like you don't, I don't need to try and explain it, you can witness it you can see it.' PC

Here we can see that sometimes the therapist uses an environment to set up a metaphor, and other times the environment speaks for itself with a metaphor and the therapist doesn't think it's necessary to explain it or expand on it, it speaks for itself to the client.

Section 2: Nature Nourishes the Therapist

All of the participants talked about how they had a strong personal alignment with being outside and being connected with nature themselves. There is also a common thread of talking about how they personally find nature refreshing and supportive throughout the session, and also for their own well-being and self-care in their personal lives.

A Strong Personal Congruence with Nature

Throughout the interviews all of the participants spoke of a personal connection to nature themselves and to achieving well-being for themselves and others through being in the natural world. From growing up in nature, early career experiences, personal experiences of healing and self-care. Some have

developed their own personal models of practice that include being in nature that represent the important components to them and their world view as explained by PC below.

'I got to name my pou, which are Papatūānuku, Parawhenuamea, Tamanui-te-rā, Te Wao Nui a Tane, He Marama, all the different aspects of heaven, they bring knowledge that I source constantly, and they guide me on my, my journey each day. So depending on where I'm at, I know I can bring in, or I can transfer the energy from them.' PC

It is evident that in this model of practice it is more than a set of techniques or approaches it is the underpinning belief that the atua are the source of energy and knowledge that shapes her practice. For all the participants they had a strong conviction of why working outside was so important and effective as demonstrated in the quotes below:

'Nature, treatment and creativity. These were sort of the three strands, and still other three strands for me (...) nowhere do I feel as whole or is seen, or as much myself as when I'm in nature (...) I think I've said it's one of my deep personal and meaningful orientations to life..(..). So I really love sharing it or I love introducing people to it ...' JD

'I guess certain way like it's come from a reconnecting to who I am, as a wahine Māori and what the land means to us (...)I think I flow better in these spaces.' PC

It is evident that each of these therapists have a clear reason why they do what they do. Working outdoors connects deeply to their values and who they are as a person and they have integrated those beliefs into their model of working with clients.

Refreshing for the Therapist

There was a sense in the findings that being in nature helped the therapist sustain the energy for their work. It is well recognised that counselling can be intensive, deep and heavy work. In these findings the indication is not only that the therapists feel more relaxed and refreshed by being outside, many of them return to the nature for their own self-care and well-being. The following quotes show the ways in which the participants describe feeling more relaxed.

'When I think I always feel more relaxed outside, which is not to say that tense inside and relaxed outside, it's not quite like that.' JD

'It's a very relaxing, quite therapeutic for me and for the people that work with us, I think it's more relaxed. It is a still clinical practice. But the environment softens, softens the practice a little bit a lot actually.' EH

'Yeah, I'm way more refreshed. If I've been able to do a couple of these kinds of sessions, than if they've all been in office ones.' MP

'While I'm out there, I feel like um, I'm being nurtured at the same time and when you're working in that therapeutic and healing space.' PC

We can see that unanimously all the participants feel that when they are working outside it is somehow relaxing for them and offers them some refreshment. AP also describes how important it is to her personally that she has that connection to horses and how she uses the horse for her own self-care, and refers to the horse as her own therapist.

'Having been brought up with horses all my life, and then having a time in my life when I didn't have them, and then having them back, I made this pact with myself that I'd never be without a horse. And it was even before I found that there was therapies based on using horses (...) So she's my therapist, my horse therapist.' AP

PC describes how not only how she feels nourished by being outside but that she's intentional about how she can access the energy of the environment to help her in the sessions so that she isn't holding on to any of the heaviness that comes up in a session with a client.

'How can I use the stream in my office? Like when we're by the stream? And she carries it away? How can I bring her into the office so that I don't hold on to anything that's coming out? Not that I do hold on to it. But you know, like, it's stagnant in that space, how do I shift it so to draw upon her energy of flow.' PC

These quotes show that nature is useful to these practitioners to help them feel relaxed and nourished on the days they work outside, but also for self-care and for managing the intensity that can occur during a counselling process.

Chapter 7: Findings - Nature Directly Prompts the Client and Makes the Therapy Multi-Dimensional

Embedded in the findings is the way that the natural world influences the therapeutic process through direct impact on the client, as opposed to anything that the therapist has set up or constructed. This appears to happen in two main ways. Firstly, through nature directly prompting the client towards particular spaces or things that spark conversations or interest. The therapist then follows those leads that the client has. Also, being outside it brings people into their bodies and a physical experience, along with often a spiritual experience. This brings the client out of a traditional counselling dimension which is about thoughts and emotions and into a multi-dimensional experience.

Section 1: Nature Directly Prompts and Leads the Clients' Experience

In many occasions the participants talk about how the client will interact directly with the natural surroundings without any prompting from them as the therapist. In some occasions they are physically drawn to certain environments, or plants or natural features. At other times the conversation is started or led by something the client has noticed in the surroundings.

Clients are Physically Drawn to Certain Spaces Which Spark Conversations

Conversations with clients in a therapy session might be led by what the client wants to talk about, what questions the therapist might ask, or observations the therapist might make. The findings of this study show that in addition to those conversation starters there are a wide range of conversation starters based on what the client notices in the surrounding environment. Sometimes, as in the following example the conversation is started directly by the client because they noticed a patch of harekeke (flax) growing and started a conversation about it which led onto a therapeutic conversation. In other examples, clients are drawn to a particular space in the landscape and then the therapist can ask curious questions about that space and what has drawn them to it.

'And then we came out here, and she saw the harekeke and she was just keen as to weave and to know if you're allowed to harvest from here, um, (...) she shared that um, when her and her Mum (.....clients story emitted...) So, for her seeing this, it didn't just represent making stuff. It was also like Mum's journey and how we got out of where we were. And like, I don't think we would have

found that out very quickly had we just stayed in a room. And I think she didn't, as well maybe feel like she had to stick to what we came here for. So she just kept going with it...' MP

'I like to let them explore their environment a bit, as well ...(..) see how they interact with their environment and allow them to have that chill time. So depending on what they might take an interest in is then how I'll lead it...' MP

'But people often have their own ideas, and so I always will go with people's ideas first. You know, that's, that's, you know, if we arrived here, and I say, Well, you know, what do you want to do in this space and people say A, B, and C and that's great.' JD

Having more options for prompting the client is a good thing because it allows more options for the session to be client led. Perhaps it also creates a sense of freedom for the client where they are less constrained by what they expect to talk about in the office.

People Come to Their Own Awareness

In some cases the clients come to their own complete awareness through their contact with nature rather than the awareness coming through the therapist as in the following examples:

'People are coming to their own awareness it's not something I've told them which is also safe because it's not 'the therapist told me' or you know blah blah blah.' PC

'But she talked about what she received from Tāwhirimātea what he stirred up, what he brought up and how she was able to release it. And then also then she felt the presence of her father coming and wrap around love around her at the same time.' PC

This is something that is desired in all counselling work where a client is able to come to their own awareness.

Section 2: Nature Brings us Into Our Multi-Dimensional Selves

The theoretical frameworks that guided this study included Te Whare Tapa Whā and the Bio-Psycho-Socio-Eco models (Chapter 2) . These frameworks help us understand people as multi-dimensional beings. They help us understand that problems may exist in a person's life in one or many of those domains, and the solutions to those problems may be in the corresponding, different or multiple domains.

Though the original intent of this study was to include any practitioner who was working in nature for mental health outcomes, as identified earlier all of the participants were from either a one-on-one therapy

(counsellor or psychotherapist) or social work background (sometimes both). As a result there was a strong focus among the therapists on predominant training in talk-based therapy (and one in arts therapy). Participants did not indicate training in holistic approaches including the body or spirit. Two of the participants had done some training in ecotherapy which looks at 'ecological selves' and also one practitioner is doing some training in Rongoā Māori and so there is a holistic component in that too.

Regardless of the training pathway, qualifications or focus of the practitioners, what is clear is that the natural world almost forces the client into a multi-dimensional experience, even when there is no specific intention on behalf of the therapist to make it that way. Likewise, there may or may not be an awareness on behalf of the client that they are actually engaging for more than the mind and the emotions in the therapy. Inherently nature brings out the body and the spiritual engagement.

Ultimately the findings speak to the broader, deeper model of working that is beyond the traditional counselling or therapy model that arguably only addresses the workings of the mind, or hinengaro. That recognises the therapeutic process that is happening well beyond where words stop.

Including the Body

While the practitioners in this study didn't specifically work on including the body in their therapeutic modality the findings show that there is almost a tacit connection with the body through being outside and some movement that is required. Even for those who are not actively moving or walking, just being outside, the participants mention their clients taking shoes off, sitting on the ground instead of seats, standing on stones, or putting feet in water. The following quotes show how people are in their bodies having a physical experience.

'So it makes you, it prompts you ... whether you want to or not, it prompts you to actually be in your body and feel what's happening but definite differences from what I say and what I feel, you know, opportunities sounding Tangaroa you know that real powerfulness is that real energy and it's difficult, difficult. So you have to you have to... You're definitely in your body, you're feeling things.' EH

'You engage more through your senses, or you engage more with your body, you know, which is another thing that's really healing.' JD

'And even if we don't say much at all, and we just lay on the grass and sit on the grass. Or lay on the grass, and, you know, whatever. Feet on the grass, certain breathing. You know, I've worked

with a lot of trauma, historical generational sexual abuse work. And it's very, very, very therapeutic to be out. To do that.' EH

I imagine that had this study included practitioners from other disciplines, for example occupational therapy, where there is a strong focus on sensory awareness and using the body, those practitioners would have a more intentional focus, and therefore a way of articulating how they specifically use the natural environment for those purposes. However, the inclusion of the body in these findings indicate that the natural world brings people into their bodies and that it is somehow having a therapeutic effect, possibly at times without the awareness of either the client or the therapist.

Including the Spiritual

A spiritual component to a therapeutic model can make Western practitioners uncomfortable because it is less part of everyday society. In Aotearoa New Zealand, many Māori are more comfortable with this way of viewing and understanding people and the world we live in as a deep integration of body, mind, emotions and spirit (McGowan, 2014). The findings in this study show many ways that the integration of the spiritual realm is present. The clients themselves and the practitioners are in some way operating on a spiritual level.

'So there's lots of healing things in nature that sort of can be ticked off. But for me, they are not. They are the top level, but it's a spiritual or soul thing that because if I believe that all of us are intrinsically connected and part of the chain of being or whatever you want to call it, then obviously, our natural environment would be to be in nature. And that in itself is healing and we wouldn't need to have any other things to it.... there's a deeper spiritual, innate human connection thing that happens.' JD

'Rongoā Māori can, you know, it's not just plant-based medicine. It's about its own, having access to our own sources of healing. And being engaged with, with the atua.' PC

PC brings to our attention that the particular practice of Rongoā Māori is far more than the medicinal plants which it is most well known for. She indicates that the practice of Rongoā is far bigger and deeper and has a spiritual nature to it. The model of Te Whare Tapa Whā (Durie, 2001) suggests to us as practitioners that we recognise the spiritual component of us as beings, and yet there is limited support for those offering therapies that have a spiritual component. Perhaps it is time to really challenge our sector in Aotearoa New Zealand as to how we are really addressing these multi-faceted components of well-being.

Chapter 8: Discussion - The Therapeutic Frame

The therapeutic frame traditionally involves an office based setting. This chapter examines how a therapeutic frame set in nature offers a different dynamic between the counsellor and the client.

The Case for a Therapeutic Frame Set in Nature

The findings of the current study found that the content of the therapy was shaped by the environment in which it occurred. Conversations that arose were different to those that happened in the office. Often the view of nature, or coming across a particular space or plant was the instigator for the client to start a particular conversation. Without those prompts the content of the conversation would have been different. This supports the existing research that shows that changing the physical space that the therapy occurs in can allow both the client and the therapist to think differently about the issues the client is facing (Jordan, 2014). In the examples of the participants in this study the conversations that occurred contributed significantly to the therapeutic process and the therapists felt some of those conversations would never have arisen in an office setting.

Being in nature establishes a therapeutic frame that enhances mutuality. In a meta-synthesis of 13 studies of clients' experiences of forming a therapeutic relationship, Noyce & Simpson (2018) found that one of the four major themes of building effective therapeutic relationships was therapists who actively worked at reducing the power differential and fostering an egalitarian relationship. The findings from this study suggest that being in a natural environment facilitates this process with ease creating trust and respect really quickly. The therapist did not have to actively work hard to foster an egalitarian relationship. To a certain extent it happens all on its own as a result of being outside in a neutral place.

These findings support the research of Cooley et al. (2020) who found in a meta-synthesis of 38 studies, representing 322 practitioners and 163 clients that clients and practitioners alike felt that the therapy session in a natural space provided a greater sense of mutuality compared with a traditional counselling office.

The findings of this study also show that being outside avoids the constraints of office-based counselling. The participants speak about the ease of the whakawhanaungatanga (relationship building) process and the comfort of the clients to be outside being able to move, having less eye contact and more comfortable silence. This thread is picked up by other researchers including Berger (as cited in Jordan & Marshall, 2010) who highlight how the traditional counselling office layout is set up, controlled and 'owned' by the therapist, enhancing the already existing power imbalance. Moving the therapy into an outdoor space

that is neutral and not controlled by either the therapist or the client can reduce the amount of unconscious, or implicit power that sits with the therapist when in their office (Jordan & Marshall, 2010). This makes clients more comfortable with the dynamic, feeling like they weren't in the therapists territory as such (Harper, Rose, & Segal, 2019).

Implications for Practice

The therapeutic relationship is known to be one of the most effective parts of therapy (Hubble, Duncan, Miller, & Wampold, 2010). Therefore, it should be a priority for the practitioner to build a quality therapeutic relationship. For those practitioners who are coming from an underpinning belief of 'client as expert' and looking for a sense of mutuality in the relationship, nature appears to be a helpful tool to achieve this. Through focusing on the counsellor's perspectives, this study supports the premise that moving the therapy outside is effective for reducing the power differential and creating a therapeutic relationship based on mutuality.

This study also supports the idea that going outside to nature may be particularly helpful for clients who are less comfortable in the office setting. For any clients who experience feeling restricted in the space, or who are embarrassed to come into the building for whatever reason, nature offers an alternative space where the client can engage in therapy, away from spaces that make them feel uncomfortable and restrict their ability to fully engage in the therapeutic process.

The findings from this study suggest that a therapeutic frame in a natural space may facilitate a faster process of forming the therapeutic relationship. Not that speed is always necessary, but in a world where funding is more often supplied for short term interventions this may be a helpful tool for practice. There is scope for more research to further examine how the therapeutic relationship is developed in nature spaces and what implications this may have for the wider counselling and psychotherapy field.

There is an additional level of ethical awareness by the counsellor that is needed to ensure the focus remains on the clients, and boundaries are maintained when a therapist does shift away from the traditional therapeutic frame. Although this study did not particularly look at this aspect of the work, and it did not come up in the findings it is worthy noting this issue for those considering this practice. Jordan & Marshall (2010) bring to our attention, one of the challenges is to hold onto the asymmetry of the therapeutic relationship whilst enhancing mutuality. They use a case example is used where a client outside wants to lose the asymmetry of the relationship. The client has an experience of the therapist as 'real' rather than an experience in the office where there is a bigger relational professional separation.

The client starts to push the boundaries of asymmetry, wanting to change the relationship more to a friendship. This raised an ethical issue for the therapist where they needed to hold firm to their professional boundaries and work to maintain the asymmetry and the focus on the client (Jordan & Marshall, 2010). This is challenging for any practitioner who is working to build mutuality, particularly outdoors where messages about authority (such as an office) are missing. The practitioner needs to maintain the professional relationship where the focus is on the client.

Chapter 9: Discussion - Therapy Beyond Words

One of the key components this study raises is how therapy conducted in nature is multi-dimensional. It goes beyond whatever talk therapy model each practitioner is trained in and brings in connection with the body, spirit and nature. This chapter explores these three aspects of the therapeutic process in nature and raises implications for practice.

The Body in Therapy

This study found that engaging with a physical, bodily, sensory experience contributed to the therapeutic process. In nature there are many easy opportunities for sensory integration. Nature spaces have forests to explore, crashing waves and soft grass that allow individuals to sense, move, emotionally feel and connect. These foundations underlie health and well-being (van der Kolk, 2014). The participants in this study commented on their clients sensory experiences of the grass, rocks, or water and how they would engage through taking off their shoes or running their hands over things. Though they didn't have a technical explanation of why this seemed to be effective they all commented on how it happened naturally and seemed to be helpful to the clients. The observations of the therapists align with the research that shows nature spaces offer an environment that supports emotional regulation through either calming or through arousing, depending on what is needed and what the space is (Lyons, 2021; Harper, Rose, & Segal, 2019).

Often the benefits of having a therapeutic sensory experience occur even when the practitioner is not specifically working on a sensory therapy model. In this study it did not appear that there was much intentional use of sensory therapy models by the therapists. However, there was a unanimous acknowledgement from the participants who observed how their clients were engaging their bodies through walking and moving and how that movement wove into the talk therapy. This supports the research of talking therapy in natural outdoor spaces, where Cooley et al. (2020) found that the therapy was enriched through the combination of the mental processes with bodily interactions with nature. They

found that as clients became more physically active they became more in tune with their own bodies, emotions and behaviours. They also found moving physically helped the practitioner to become more connected with the client through mirroring their actions. Similar to the findings of Cooley, et al. (2020) this study also found that the sensory experiences in nature contributed to the therapeutic process.

The combination of the body and sensory experiences with talk therapy appear to offer something unique. However, there is little research into therapeutic modalities that integrate them. There is a need for further research into the integration of body based therapeutic models and talk therapy models. In particular, it would also be valuable to have research that specifically examined the effectiveness of this integrated model occurring in nature.

There are therapies that focus specifically on the body. Arts therapy, dance movement, yoga and mirimiri (body work) are among the physical activities that are recognised as supportive to therapy. Often these activities are able to be funded in some health services such as Accident Compensation Corporation (ACC) in or Aotearoa New Zealand for trauma services. It is also well recognised that physical health is interconnected with mental health, such as in the model of health described in this study of Te Whare Tapa Whā (Durie, 2001). The findings from this study support the use of physical activities as an effective part of a therapeutic process.

Spirituality

The findings of this study also show that there was a natural integration of a spiritual experience with the therapy in nature. This was partially shaped by the spiritual ideas of beliefs of each individual therapist. The findings suggest that the spiritual connections clients made throughout their sessions were a significant part of the therapeutic process for them. These findings support other researchers who have found that clients in nature-based therapies report having deeply meaningful experiences that have a spiritual essence and integrate with the therapy (Harper, Rose, & Segal, 2019; Cooley, Jones, Kurtz, & Robertson, 2020).

It is suggested that the combination of beauty, perhaps power of the landscape (vastness or weather conditions), and some form of evolutionary attraction to landscape make nature an ideal venue for spiritual experiences in therapy (Harper, Rose, & Segal, Nature-Based Therapy, 2019). The findings from this study would also suggest that it is the cultural understandings of the connection between the spiritual world and the environment that also make nature spaces a powerful context for spiritual components to therapy.

By ignoring the contribution of spirituality to well-being, mental health practitioners are potentially missing an important component to their clients' progress. Much like the involvement of the body in therapeutic processes to achieve well-being, often spiritual practices are seen as additional things a person might seek out as an additional but separate part to 'therapy'. A client might go to a church for prayer, or spiritual guidance from an elder in their community. They might pray or seek out practices such as mindfulness that bring a spiritual component into their journey to well-being. However, very infrequently are these approaches integrated into a therapeutic model of practice. A connection with nature can be a non-invasive way of connecting to a spiritual element as an integrated part of the therapeutic practice.

The inclusion of spirituality as part of well-being is a challenge to the Western bio-medical model of health and well-being that is prevalent in Western countries. Spirituality is one dimension of well-being and human experience that is often ignored (Harper, Rose, & Segal, Nature-Based Therapy, 2019). Even in Aotearoa New Zealand where it is recognised in Te Whare Tapa Whā (Durie, 2001) and offered in limited Rongoā Māori services, there is little support or recognition of it in mainstream services. Perhaps it is because spirituality challenges the scientific paradigm, considering it unscientific or unsound (Duncan, 2018). 'Science' perhaps feels that it cannot work in partnership with 'spirituality'. That somehow these two paradigms cannot fit together. Therefore, in a bio-medical worldview of health that values 'science' the common practice is to reject, or perhaps rather ignore spirituality. In doing so it raises a challenge to practitioners. How is a chosen therapeutic approach working across dimensions of well-being to support clients?

Nature Connection

The findings of this current study show that there was a strong focus from the practitioner on helping the client make a connection with nature themselves. It was evident in the findings that the therapists found that there were significant therapeutic gains for the client came through a direct connection with nature. The therapists supported the clients to access their own source of healing through that connection. This approach is in alignment with one of the underpinning ideas amongst many of the nature-based therapy practices is the idea of connecting with nature as a foundational part of the therapeutic process (Harper, Rose, & Segal, 2019; Jordan, 2015; Duncan, 2018). The importance of this component of therapy ranges across different nature-based therapeutic approaches. Ecopsychology views the reconnection with the land as the main part of therapeutic process (Jordan, 2014), whereas other therapy approaches view it as one component of a healing process (Harper, Rose, & Segal, 2019). As is reflected in the literature the

extent and the way in which the therapists did this varied widely among the practitioners, but it was always evident.

Another motivation of the therapists was to have an experience that the clients could recreate on their own without needing the input of the therapist. It was evident that the therapists felt like they were leaving the clients with a way that they could access their own healing anytime without needing to make an appointment with the counsellor. This supports the findings of other research such as Cooley et al. (2020) who found clients describing that they had a new 'therapy room'.

The findings of this study found an obvious overlap between connection with nature and spirituality. This was particularly evident in the three Māori participants who integrated working with atua and ancestors through natural landscapes such as wind, rivers and the ocean. It appears that many people who are researching and writing in the field of nature-based therapies also recognise the overlap between nature connection and spirituality (Harper, Rose, & Segal, 2019; Jordan, 2015). This study found this was not only true for indigenous practices but also others who found that connecting with nature was a spiritual experience for them.

However, many people struggle with the language of spirituality often attaching spirituality to ideas of religion. While there are many for whom connection with nature is an extension of their religious practices, for many the spiritual aspect of connecting with nature is nothing to do with any religious beliefs. For others the connection with nature sits completely separately to any ideas or experiences of spirituality. The findings of this study did not support this idea. For every participant the connection with nature was in essence part of a spiritual experience.

Implications for Practice

Counsellors in this study strongly supported working outside as a valuable practice. This suggests that all counsellors and psychotherapists should feel encouraged to integrate using nature spaces into their practice to make the therapy experience more multi-dimensional. It is clear from the existing literature and the findings of this study that moving therapy outside engages the body, a spiritual connection and a connection with nature which in some cases may also overlap with a powerful cultural component. Through making the therapy more multi-dimensional it is offering a more holistic service that may meet the needs of the client in a different way to talk therapy alone.

Practitioners who are working in nature already, may benefit from doing some additional training on incorporating the body into the therapy. The findings of this study noted that most therapists observed

the effectiveness of clients connecting with their bodies, however there was no mention of specific training in facilitating therapy specifically using sensory or body based models. It would be worth considering what value might be added to the practice of talk therapy practitioners who are operating in nature if they also upskilled in those approaches specifically. This would enable them to integrate these models more intentionally in their practice.

This project also indicates there is value in practitioners having an in depth exploration of their own worldview when it comes to nature and spirituality. It is evident that personal experiences and worldview is influential to the way in which practitioners approach their work. Given that it seems to be a natural part of connection for people to explore spirituality through being outside, it would be beneficial for practitioners to have a high level of self-awareness of their own positioning in relation to this topic.

For practitioners working outside it is also important to be aware of the potential cultural connection some people have with nature. This may be a positive thing with reconnecting to land, culture and well-being. It may also represent some trauma, disconnection, pain from the past where generations of indigenous peoples have had land taken from them leading to disconnection with land, increasing urbanization, or immigration where all people may be disconnected from land. Often this connection or disconnection to land may also overlap with ancestry, family, spirituality, wealth or other things. Therefore counsellors should be sensitive to all people and what their connection to land might be.

Chapter 10: Discussion - Māori Health Approaches in Aotearoa New Zealand

This study was framed with the theoretical models of Te Whare Tapa Whā and Whakapapa. It was the intention of this study to gain insight into how these models related to how the practitioners saw the role of nature in the therapeutic process. Throughout the research process there was an evident overlap found between Māori perspectives and theoretical approaches to nature-based practices. This chapter addresses these overlaps and implications for practice.

Recognizing Indigenous Knowledge Within the Nature-Based Therapies Paradigm

There is a strong alignment between Māori views on health and ecopsychology ideas. It became evident throughout the course of this research that many ideas on health from an ecopsychology academic field have significant overlaps with knowledge within te ao Māori. This can be a nice alignment, but also has potential to be conflicting for Māori. As one participant in this study describes the tension for her when she reads ecopsychology and ecotherapy texts. On one hand she experiences pain to see ideas written up and called something different when her people have known these concepts for many generations. In contrast, she sees the beauty in this knowledge being expressed and shared in different ways.

When reading about different nature-based practices it was interesting to me which authors considered the knowledge that has come from the indigenous people and the way in which they incorporated it. One thing is very clear, the ideas being presented by the terms ‘ecopsychology’, ‘biophilia effect’ and ‘ecotherapy’ that have been established since the 1980’s and 1990’s (Delaney, 2021) are not new. Claxton (2021) highlights how land-based healing practices have been true of indigenous peoples for thousands of years around the world. As the three Māori practitioners in this study have found there is often not a recognition of the knowledge that Māori have held for generations. One participant felt that maybe she used the terms from ecotherapy that it would offer more credibility to her work rather than using terms more in alignment with a Māori world view. In alignment with the principles of Te Tiriti o Waitangi it is important that we honour and protect the taonga that is Māori knowledge and wisdom in these practices. For myself, it would be a hope that Māori practitioners use terms that are reflective of the generational knowledge and not adjust to more western descriptions of the practice. Also that the non-Māori could uphold and treasure that practice as valuable.

This study found that the three Māori practitioners in this study used some aspects of Rongoā Māori within their practice. This ranged depending on the knowledge and training of the practitioners. The aspects of Rongoā Māori that were regularly included by the Māori practitioners was the taha wairua (spiritual component), karakia, some waiata, a connection with body and some specific use of rākau (trees). It is beyond the scope of this study to explore the fullness of Rongoā Māori and it is clear a greater understanding of Rongoā Māori is required to fully grasp the interconnections between Rongoā and nature-based mental health interventions.

Implications for Practice

Aotearoa New Zealand is a country where Māori health is a primary concern. Māori have higher rates of suicide (Mental Health Foundation of New Zealand, 2021) and are over represented in most negative health and well-being statistics. In alignment with Te Tiriti of Waitangi Aotearoa New Zealand has a responsibility to protect the health of Māori. Therefore, the health sector should be actively seeking ways of supporting Māori approaches to health in order for Māori to achieve health and well-being. This would mean incorporating a worldview that honours the knowledge that has been with Māori for generations and practices such as Rongoā Māori.

This study also promotes the nature-based therapy approach as a model that has aligned underpinning beliefs to Rongoā Māori, Whakapapa and all aspects of the Te Whare Tapa Whā (Durie, 2001) model in one approach. The evidence shows that the therapeutic process included all four walls of the whare and the connection with the land that the whare is built on. Tinana (body), wairua (spiritual), hinengaro (mind) and in a less overt way whānau (family) through connections with whakapapa, and whenua (land) through nature connection.

Any practitioner who is looking for a way to enact the Te Whare Tapa Whā model should consider working outside in nature spaces to achieve this. This may be particularly helpful for working with Māori as clients or for Māori practitioners where there is a strong alignment between the personal view of health and the model of practice.

Mainstream health services have a lot to learn from Māori approaches to health. The model of Te Whare Tapa Whā describes an approach that all people groups could benefit from. Arguably all people need to embrace a holistic view of health. Perhaps it is time to move beyond the Western bio-medical view of mental health challenges and therapeutic approaches and embrace something that really is holistic in nature.

Limitations

One of the limitations of this study is the small scale of the research project. The findings offer some general implications for practice. However, it would be great to have a wider range of participants.

Another limitation was that lack of the clients voice. The scale of this project meant that the focus needed to be small. Due to practical and ethical reasons it was more attainable to interview practitioners rather than clients. It would greatly enhance the knowledge base in this area to be able to expand the scale of the study to include more practitioners and also include clients experiences. That said, counsellors hold deep knowledge of their clients and counsellors' insights take into account a mediated version of the client's voice. While clients voices are not directly part of this project, a focus on clients was central to all the interviews

One of the limitations of this study was my limited knowledge of te ao Māori. The majority of the participants were Māori and there was such a significant overlap with Māori world views and this style of therapy. I felt that there was a lot more I would have liked to know and understand about te ao Māori, Māori approaches to health and Rongoā Māori that would have enhanced this study. This is an inevitable part of doing cross-cultural research and part of the learning process as a researcher. Nonetheless, my years of working with Māori have helped in some way to prepare me for this research.

In addition, another limitation in this area was a lack of a consistent Māori supervisor or advisor. My main two supervisors supported the idea of having a Māori advisor and together we worked on finding someone appropriate for this role. Mel Tainui from University of Canterbury also supported this idea to help with the ideas of the study and also for my cultural safety. However, unfortunately the people we approached were unavailable for this role. There is a shortage of Māori research advisors! In lieu of one person to be the advisor I have sought advice from Māori participants, friends and colleagues along the way.

Conclusion

This research aimed to identify the role that the natural environment plays in the therapeutic process when therapy services are offered outside. Based on the thematic analysis of semi-structured interviews with five Aotearoa New Zealand practitioners the results show that nature can play several roles in the therapeutic process.

Nature enhances the therapeutic alliance between the therapist and the client because working together outside makes the power dynamics more equal. Coming into office environments where the space is set up and controlled by the therapist can be a disempowering experience for the client (Jordan & Marshall, 2010). Taking counselling and psychotherapy outside: Destruction or enrichment of the therapeutic frame?, 2010). By moving outside into a neutral space the clients mana is enhanced and they feel more empowered to direct how the therapy will proceed. It also helps free them from stigma, expectations or assumptions of what therapy is and enables them to be more relaxed and able to fully engage in the process.

Therapeutic alliance is one of the most effective parts of therapy (Hubble, Duncan, Miller, & Wampold, 2010). Therefore, being in nature should be of interest to any practitioner as it appears to enhance therapeutic alliance. Further research on this would be helpful to understand how the development of therapeutic alliance is different when working in nature. It is also worth considering that going into nature may be particularly helpful for clients who are less comfortable in the office setting due to stigma or any other reason. Nature offers an alternative space where the client may better be able to engage in therapy. Practitioners working in nature must ensure that they remain aware of ethical practice in this different environment and in particular maintain the therapeutic relationship with the focus on the client

Being with nature outside also can change how the therapist sees their role. In some cases the therapists see their role shift to that more of a facilitator where their job is to assist the client to connect in a relationship with nature. They allow nature to be the healer and the source of wisdom directly to the client. This then allows the client to establish a therapeutic connection that can continue well beyond the end of the therapy engagement.

The therapists find that being in nature offers a wide range of therapeutic tools that they can integrate into their practice. They use various environments for teaching skills such as mindfulness and breathing. They interact with the environment to make art and find symbolic activities to help people move towards their goals. Metaphor is used a lot by the therapists and clients to help articulate and understand what

might be going on in the client's life. Some therapists connect with spiritual dynamics through using karakia and interacting with the atua.

The therapists find working outside is a source of nourishment for them throughout the sessions. They also go to nature for their own self-care and connection in their own time. They all had a strong connection to nature in a personal and professional way allowing them to integrate their own values and worldview into their therapeutic approach.

Throughout the sessions therapists found that clients would be drawn to particular spaces or plants that would lead their conversations. There was increased freedom for the clients to talk more broadly, rather than being constrained by what they typically thought of as 'therapy'. Often the clients would come to their own new awareness or perspective directly from their interactions or observations of nature.

Being outside in nature naturally engaged the body in the therapeutic process. It also regularly engaged a more spiritual dimension to the therapy. This more holistic therapeutic engagement appeared to be very beneficial to the clients. It raises the challenge for therapies that are dominated by talk to consider how the approach may be enhanced by adding more holistic elements. There is also consideration for practitioners who do work outside to build their knowledge and skills in engaging the body, spirit and nature engagement in their approach.

The nature-based approach is in many ways embedded in a Māori way of understanding health and approaching health care. There is a strong connection with the land which is integral to good health. There is an holistic approach to the health care which aligns strong with Māori models of health and well-being. Western society may benefit greatly from embracing the more holistic models of Māori health. This study supports Māori models of health care such as Te Whare Tapa Whā and practices such as Rongoā.

This study is but a drop of insight into the vast pool of what remains to be discovered about nature-based therapies. Colleagues in Aotearoa New Zealand are encouraged to integrate nature experiences into their therapeutic model of practice. In doing so it offers an approach that may work better to meet the needs of our clients and reach people who need support but are unable or unwilling to engage in main stream office-based talk therapy. There are some important skills to have when working with clients in nature. But when a skilled clinician comes together with a client who has chosen nature-based therapy there seems to be great potential for effective therapy. This study highlights some of the strengths and challenges of this approach. There is much work to be done in further research to understand this practice

and to make recommendations for best practice. This journey will continue as nature continues to reveal to us the mysteries of what occurs when people seek health and wellbeing in the natural environment.

Bibliography

- 2017/2018 New Zealand Health Survey. (2019, September 11). Retrieved from Community & Public Health; Te Mana Ora: <https://www.cph.co.nz/your-health/mental-illness/#:~:text=The%202017%2F18%20New%20Zealand,in%20the%20past%20four%20weeks>.
- Arvay, C. G. (2018). *The biophilia effect: a scientific and spiritual exploration of the healing bond between humans and nature*. Boulder, Colorado: Sounds True.
- Australian Association for Bush Adventure Therapy Inc. (2020, September 11). *Australian Association for Bush Adventure Therapy Inc*. Retrieved from <https://aabat.org.au/>
- Australian Association for Bush Adventure Therapy inc. (2020, September 11). *Outdoor Healthcare, Naturally*. Retrieved from Outdoor Healthcare: <https://outdoorhealthcare.org.au/>
- Balmforth, J. (2009). 'The weight of class'; clients' experiences of how perceived differences in social class between counsellor and client affect the therapeutic relationship. *British Journal of Guidance & Counselling*, 37(3), 375-386.
- Berger, R. (2006). Beyond words: Nature-therapy in action. *Journal of critical psychology, counseling and psychotherapy*, 195-199.
- Bertolino, B. (2018). *Effective Counseling and Psychotherapy; An Evidence-Based Approach*. New York: Springer Publishing Company, LLC.
- Bogdan, R., & Biklen, S. K. (2007). *Qualitative Research for Education; An Introduction to Theories and Methods*. Boston: Allyn and Bacon.
- Bowen, D. J., & Neill, J. T. (2013). A Meta-Analysis of Adventure Therapy Outcomes and Moderators. *The Open Psychology Journal*, 28-53.
- Capuzzi, D. S. (2016). *Counseling and Psychotherapy ; Theories and Interventions*. Alexandria: American Counseling Association.
- Chantler, K. (2005). From disconnection to connection: 'Race', gender and the politics of therapy. *British Journal of Guidance & Counselling*, 239-256.
- Claxton, N. (2021). Indigenous Land-Based Healing Pedagogies: From the Ground Up. In N. J. Harper, & W. W. Dobud, *Outdoor Therapies; An Introduction to Practices, Possibilities, and Critical Perspectives* (pp. 54-65). London: Routledge.
- Cooley, S. J., Jones, C. R., Kurtz, A., & Robertson, N. (2020). 'Into the Wild': A meta-synthesis of talking therapy in natural outdoor spaces. *Clinical Psychology Review*, 1-14.
doi:<https://doi.org/10.1016/j.cpr.2020.101841>
- Cooper, R. K. (2015). *The therapeutic relationship in counselling and psychotherapy*. London: SAGE Publications.
- Cram, F. (2013). Maintaining Indigenous Voices. In D. Mertens, & P. Ginsberg, *The Handbook of Social Research Ethics* (pp. 308-322). Thousand Oaks: SAGE Publications, Inc.

- Delaney, M. E. (2021). Ecopsychological Approaches to Therapy. In N. J. Haper, & W. W. Dobud, *Outdoor Therapies: An Introduction to Practices, Possibilities, and Critical Perspectives* (pp. 30-41). London: Routledge.
- Duncan, R. (2018). *Nature In Mind: Systemic Thinking and Imagination in Ecopsychology and Mental Health*. New York: Routledge.
- Durie, M. (2001). *Mauri ora: the dynamics of Māori health*. Auckland: Oxford University Press.
- Engel-Yeger, B., & Dunn, W. (2011). The Relationship between Sensory Processing Difficulties and Anxiety Level of Healthy Adults. *British Journal of Occupational Therapy*, 210-216.
- Evans, J., & Jones, P. (2011). The walking interview: Methodology, mobility and place. *Applied Geography*, 849-858.
- Ferneer, C. R., Mesel, T., Anderson, A. J., & Gabrielson, L. E. (2019). Therapy the Natural Way: A Realist Exploration of the Wilderness Therapy Treatment Process in Adolescent Mental Health Care in Norway. *Qualitative Health Research*, 29(9), 1358-1377. doi:10.1177/1049732318816301
- Field, V., Gray, K., & Coombs-Valeontis, K. (2019). *Nature Heals: An introduction to nature-based therapies in Australia and New Zealand*.
- Gass, M. A., Gillis, H., & Russell, K. C. (2012). *Adventure Therapy; Theory, Research, and Practice* (Putanga 2nd). New York: Routledge.
- Hanton, P. (2011). *Skills in Solution Focused Brief Counselling & Psychotherapy*. London: SAGE Publications Ltd.
- Harper, N. J., Fernee, C. R., & Gabrielsen, L. E. (2021). Nature's Role in Outdoor Therapies: An Umbrella Review. *International Journal of Environmental Research and Public Health*, 18(10), 5117. doi:https://doi.org/10.3390/ijerph18105117
- Harper, N., & Dobud, W. (2021). *Outdoor Therapies: An introduction to practices, possibilities and critical perspectives*. New York: Routledge.
- Harper, N., Rose, K., & Segal, D. (2019). *Nature-Based Therapy*. Gabriola Island: New Society Publishers.
- Harrison, J., MacGibbon, L., & Morton, M. (2001). Regimes of Trustworthiness in Qualitative Research: The Rigors of Reciprocity. *Qualitative Inquiry*, 323-345.
- Health Research Council of New Zealand; Te Rūnanga o Ngāti Hauiti. Whakauae Research for Māori Health and Development. (2014). *Māori Views on Rongoā*. Whanganui: Whakauae Research For Māori Health and Development.
- Heginworth, I. S., & Nash, G. (2020). *Environmental Arts therapy: The Wild Frontiers of the Heart*. London: Routledge.
- Hubble, M., Duncan, B., Miller, S., & Wampold, B. (2010). Introduction. In B. M. Duncan, *The Heart and Soul of Change; Delivering What Works in Therapy (2nd Edition)*. (pp. 23-46). Washington, DC: American Psychological Association.

- Hunt, M. (2009). Strengths and Challenges in the Use of Interpretive Description: Reflections Arising From a Study of the Moral Experience of Health professionals in Humanitarian Work. *Qualitative Health Research, 19*(9), 1284-1292. doi:10.1177/1049732309344612
- Jones, R. (2007, September 24). *Rongoā – medicinal use of plants - Rongoā today*. Retrieved from Te Ara - the Encyclopedia of New Zealand: <https://teara.govt.nz/en/rongoa-medicinal-use-of-plants/page-6>
- Jones, R. (2007, September 24). *Rongoā - medicinal use of plants - the impact of colonisation*. Retrieved from Te Ara - the Encyclopedia of New Zealand: <https://teara.govt.nz/en/rongoa-medicinal-use-of-plants/page-5>
- Jones, R. (2007, September 24). *Rongoā – medicinal use of plants - Understanding rongoā*. Retrieved from Te Ara - the Encyclopedia of New Zealand: <https://teara.govt.nz/en/rongoa-medicinal-use-of-plants/page-1>
- Jones-Smith, E. (2021). *Theories of counseling and psychotherapy: an integrative approach (Third Edition)*. Los Angeles: SAGE.
- Jordan, M. (2014). Moving beyond counselling and psychotherapy as it currently is - taking therapy outside. *European Journal of Psychotherapy & Counselling, 361-375*.
- Jordan, M. (2015). *Nature and Therapy: Understanding counselling and psychotherapy in outdoor spaces*. New York: Routledge.
- Jordan, M., & Marshall, H. (2010). Taking counselling and psychotherapy outside: Destruction or enrichment of the therapeutic frame? *European Journal of Psychotherapy and Counselling, 345-359*.
- Kinney, P. (2018). Walking Interview Ethics. In R. Iphofen, & M. Tolich, *The SAGE Handbook of Qualitative Research Ethics* (pp. 174-186). London: SAGE Publications Ltd.
- Lawson-Te Aho, K., & Liu, J. H. (2010). Indigenous Suicide and Colonization: The legacy of Violence and the Necessity of Self-Determination. *International Journal of Conflict and Violence, 4*(1), 124-133.
- Louv, R. (2009). *Last Child in the Woods: Saving Our Children from Nature-Deficit Disorder*. London: Atlantic Books.
- Lyons, K. (2021). Nature, Sensory Integration, Pediatric OT. In N. Harper, & W. W. Dobud, *Outdoor Therapies: An Introduction to Practices, Possibilities, and Critical Perspectives* (pp. 134-145). New York: Routledge.
- Mahuika, N. (2019). A Brief History of Whakapapa: Māori approaches to Genealogy. *Genealogy, 3*(2), 32. doi:<https://doi.org/10.3390/genealogy3020032>
- McGowan, R. (2014). *Rogoa Maori: A practical guide to traditional Maori Medicine (Second Edition)*. Tauranga: Kale Print.
- Mental Health Foundation of New Zealand. (2018, September 23). *Survey shows strong link between time spent in nature and positive mental health*. Retrieved from Mental Health Foundation of

- New Zealand: <https://www.mentalhealth.org.nz/home/news/article/223/survey-shows-strong-link-between-time-spent-in-nature-and-positive-mental-health>
- Mental Health Foundation of New Zealand. (2021, MAY 13). *Suicide Statistics: What's behind the numbers*. Retrieved from Mental Health Foundation of New Zealand: <https://mentalhealth.org.nz/suicide-prevention/suicide-statistics>
- Ministry of Health; Matatū Hauora. (2020, May 12). *Rongoā Māori: traditional Māori healing*. Retrieved from Ministry of Health Manatū Hauora: <https://www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing>
- Moorfield, J. (2020, September 17). *Te Aka online Māori Dictionary*. Retrieved from Māori Dictionary: <https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&key words=whakapapa>
- Murphy, D., Cramer, D., & Joseph, S. (2012). Mutuality in person-centered therapy; A new agenda for research and practice. *Person-Centered & Experiential Psychotherapies*, 109-123.
- New Zealand Association of Counsellors. (2020, September 11). Retrieved from Counselling Aotearoa: Te Roopu Kaiwhirihihi o Aotearoa: <https://www.nzac.org.nz/>
- New Zealand Government. (2020, September 11). *DOC and Mental Health Foundation partnership*. Retrieved from Department of Conservation: <https://www.doc.govt.nz/about-us/our-partners/our-supporting-partners/mental-health-foundation/>
- Noyce, R., & Simpson, J. (2018). The Experience of Forming a Therapeutic Relationship from the Client's Perspective; A Metasynthesis. *Psychotherapy Research*, 28(2), 281-296. doi:<https://doi.org/10.1080/10503307.2016.1208373>
- Pope, K. S. (2016). *Ethics in Psychotherapy and Counseling; A Practical Guide*. Hoboken, New Jersey: John Wiley & Sons, Incorporated.
- Proctor, G. (2010). Boundaries or mutuality in therapy; is mutuality really possible or is therapy doomed from the start? *Psychotherapy and Politics International*, 44-58.
- Pryor, A., Pryor, R., & Carpenter, C. (2018). *A Formative Evaluation of the Gippsland Wilderness Program March 2018*. Richmond: Berry Street Childhood Institute.
- Pryor, A., Townsend, M., Maller, C., & Field, K. (2006). Health and well-being naturally; 'contact with nature' in health promotion for targeted individuals, communities and populations. *Health Promotion Journal of Australia*, 114-123.
- Roszak, T. (1992). *The voice of the earth*. New York: Simon & Schuster.
- Salter, G. (2000). Marginalising indigenous knowledge in teaching physical education: The sanitising of hauora (well-being) in the new HPE curriculum. *Journal of Physical Education New Zealand*, 5-5.
- Santostefano, S. (2004). *Child Therapy in the Great Outdoors: A relational View*. Hillsdale: Taylor & Francis Group.

- Schein, D. (2014). Nature's Role in Children's Spiritual Development. *Children, Youth and Environments*, 78-101.
- Senior, J. (2010). Case Study 2.2: Parks Victoria (Australia) 'Healthy Parks, Healthy People' Initiative. In N. Dudley, & S. Stolten, *Arguments for Protected Areas: Multiple Benefits for Conservation and Use* (pp. 31-34). New York: Taylor & Francis Group.
- Smith, L. T. (2012). *Decolonizing Methodologies; Research and Indigenous Peoples*. New York: Zed Books Ltd.
- Spiller, C., Barclay-Kerr, H., & Panoho, J. (2015). *Wayfinding leadership; ground-breaking wisdom for developing leaders*. Hoboken: John Wiley & Sons, Inc.
- Taonui, R. (2015, May 5). *Whakapapa- genealogy*. Retrieved October 16, 2020, from Te Ara - The Encyclopedia of New Zealand: <https://teara.govt.nz/en/whakapapa-genealogy>
- Te Pou, o. T. (2016, April 13). *Sensory modulation factsheet*. Retrieved from Te Pou: <file:///C:/Users/amyho/Downloads/sensory-modulation-factsheet-final-120416.pdf>
- Te Puni Kōkiri: Ministry of Māori Development. (2021, May 27). *History of Māori land*. Retrieved from Te Puni Kōkiri: Ministry of Māori Development: <https://www.tupu.nz/en/tuhono/about-maori-land-in-new-zealand/history-of-maori-land>
- Terry, G., Hayfield, N., Clarke, V., & Braun, V. (2017). Thematic Analysis. In C. Willig, & W. Rogers, *The SAGE Handbook of qualitative research in psychology* (pp. 17-36). London: SAGE Publications Ltd.
- Thorne, S. (2016). *Interpretive Description* (2nd ed.). New York: Routledge.
- Trotter, K. S. (2011). *Harnessing the Power of Equine Assisted Counseling: Adding Animal Assisted Therapy to you Practice*. New York: Routledge.
- Unruh, A., & Hutchinson, S. (2011). Embedded spirituality: gardening in daily life and stressful like experiences. *Scandinavian Journal of Caring Sciences*, 567-574.
- Usher, K., Durkin, J., & Bhuller, N. (2019). Eco-anxiety; How thinking about climate change-related environmental decline is affecting our mental health. *International Journal of Mental Health Nursing*, 1233-1234.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York: Viking.
- Warbrick, I., Dickson, A., Prince, R., & Heke, I. (2016). The biopolitics of Māori biomass; towards a new epistemology for Māori health in Aotearoa/New Zealand. *Critical Public Health*, 26(4), 393-404. doi:<http://dx.doi.org/10.1080/09581596.2015.1096013>
- White, H. (2018). Whanaungatanga in Research. *Te Kura Nui o Waipareira*, 16-25.
- Williams, R. (1999). Cultural safety - what does it mean for our work practice? *Australian and New Zealand journal of public health*, 213-214.

Woods, A. (2016). *Elemental Play and Outdoor Learning: Young children's playful connections with people, places and things*. London: Routledge.

World Health Organization. (2020, September 11). *Constitution*. Retrieved from World Health Organization: <https://www.who.int/about/who-we-are/constitution#:~:text=Health%20is%20a%20state%20of,absence%20of%20disease%20or%20infirmity>.

Appendices

Appendix A – Advertising

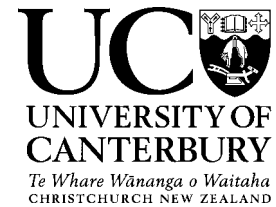
“Opportunity to Participate in Research’

Do you work outside in the natural environment as part of your therapy?

Are you employed to provide a service that is intended to improve mental health outcomes?

Are you interested in participating in research about nature-based therapies?

If so – this might be an opportunity for you. My name is Amy Horn and I am doing a thesis research project titled ‘What role does the natural environment play in the therapeutic process from a practitioner’s perspective?’ I am looking to interview 5-7 practitioners from a range of therapies around the country who connect with nature as part of their therapeutic sessions with clients. If this interests you please PM me on facebook or email amy.horn@pg.canterbury.ac.nz and I can give you more information. Thanks!”



School of Health Sciences

Email: amy.horn@pg.canterbury.ac.nz

HEC Ref: 2020/151

‘What role does the natural environment play in the therapeutic process from a practitioner’s perspective?’

Information Sheet for potential participants

Kia ora! My name is Amy Horn and I am studying a Masters in Counselling at University of Canterbury. As part of my study I am conducting a research project around nature-based therapy. Specifically I am looking to understand more about the role that the natural environment plays in the therapeutic process.

You responded to an advertisement expressing an interest in the research I am conducting.

I am looking for participants who:

- Work outside in the natural environment offering therapy services.
- Are employed to provide a service that is intended to improve mental health outcomes for clients.

If you choose to take part in this study, your involvement in this project will involve an interview with myself, the researcher. My hope would be that we could do the interview at a location chosen by you, preferably somewhere that you might go with a client for your therapeutic work with them. I will travel to you to conduct the interview at a time agreeable to us both. The interview itself could take between 1.5 - 2 hours of your time. During the interview you may take breaks and will be offered water and refreshments.

During the interview I will invite you to take a few digital photographs of any part of nature that you see as particularly relevant to your work or the questions in the interview. The intent is that the photos will also be part of the research data. At the end of our interview we will review the photos and you will have an opportunity to explain them, and also to delete any photos that you do not wish to be used. The photos are to be of nature only and not include any people.

The interview will be semi-structured and cover topics including your personal and professional motivation for this style of work, the philosophical underpinnings to your approach, how a sessions runs, the influence of the natural world, nature as co-therapist and the holistic approach to well-being.

I will voice record the interview and transcribe some of the interview (leaving out sections that are unrelated to the research topic). Within three weeks of the interview I will provide you with the transcript and you will have two weeks to review it and make any additions or changes you wish to make.

As a follow-up to this investigation, you will be invited to review the themes from the interviews and offer any further comment on these. This is entirely optional.

Participation is voluntary and you have the right to withdraw at any stage without penalty. You may ask for your raw data to be returned to you or destroyed up to 2 weeks after the interview. If you withdraw, I will remove information relating to you. However, once analysis of raw data starts 2 weeks after your interview, it will become increasingly difficult to remove the influence of your data on the results.

The results of the project may be published, but you may be assured of the complete confidentiality of data gathered in this investigation: your identity will not be made public without your prior consent. To ensure anonymity and confidentiality, your information will be given a pseudonym to represent you. Any names of people and places that may identify you will be removed from the data or changed. Data will be kept in a password protected file, kept for 5 years then destroyed. A thesis is a public document and will be available through the UC Library. I also intend to present the findings in a way that focuses on the application of the findings to practitioners who are currently connecting with nature as part of their work and those who are interested in doing so. This might involve presenting workshops at relevant conferences and publishing articles.

Please indicate to the researcher on the consent form if you would like to receive a copy of the thesis sent to you.

The project is being carried out as a requirement of the Masters in Counselling by Amy Horn under the supervision of Chris North and Mairin Taylor who can be contacted at chris.north@canterbury.ac.nz or mairin.taylor@canterbury.ac.nz. They will be pleased to discuss any concerns you may have about participation in the project.

This project has been reviewed and approved by the University of Canterbury Human Ethics Committee, and participants should address any complaints to The Chair, Human Ethics Committee, University of Canterbury, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz).

If you have any questions, please feel free to email me. If you agree to participate in the study, you are asked to complete the consent form and return to me at amy.horn@pg.canterbury.ac.nz

Ngā mihi,

Amy Horn

School of Health Sciences
Email: amy.horn@pg.canterbury.ac.nz

‘What role does the natural environment play in the therapeutic process from a practitioner’s perspective?’

Consent Form for Participants

Include a statement regarding each of the following:

- I have been given a full explanation of this project and have had the opportunity to ask questions.
- I understand what is required of me if I agree to take part in the research.
- I understand that participation is voluntary and I may withdraw at any time without penalty. Withdrawal of participation will also include the withdrawal of any information I have provided up to two weeks after the interview.
- I understand that any information or opinions I provide will be kept confidential to the researcher and her supervisors and that any published or reported results will not identify me. I understand that a thesis is a public document and will be available through the UC Library. I understand that the researcher may present the findings in other publications and presentations.
- I understand the interview will be voice recorded and partially transcribed. I understand that all data collected for the study will be kept in locked and secure facilities and/or in password protected electronic form and will be destroyed after five years.
- I understand that I can contact the researcher Amy Horn (amy.horn@pg.canterbury.ac.nz) or her supervisors Chris North (chris.north@canterbury.ac.nz) or Mairin Taylor (mairin.taylor@canterbury.ac.nz) for further information. If I have any complaints, I can contact the Chair of the University of Canterbury Human Ethics Committee, Private Bag 4800, Christchurch (human-ethics@canterbury.ac.nz)
- I would like a summary of the results of the project.
- By signing below, I agree to participate in this research project.

Name: _____ Signed: _____ Date: _____

Email address (*for copy of the finished thesis*):

Please return this signed consent form to Amy - email amy.horn@pg.canterbury.ac.nz

Glossary

ariki	descendants of gods
atua	gods or guardians
awa	river
hapū	sub-tribes
hara	troubles
harekeke	flax
hinengaro	the mind
iwi	tribes
kaitiaki	the carer / guardian
kanohi ki te kanohi	face to face
karakia	prayer or blessing
kaupapa Māori	a Māori framework, programme or purpose
koha	gift
kōrero	speech
kupu	words
mana	status
manu	birds
marae	community meeting place
mātauranga Māori	Māori knowledge and understandings
māuiui	sick
mauri	life force
mihi	introduction / acknowledgement
Pākehā	non-Māori people
Papatūānuku	Earth Mother
pou	pillars
pounamu	greenstone
pōwhiri	welcome ceremony
purea	cleansing
Ranginui	Sky Father
Rautapu	confiscation of Māori land
Rongoā	healing practices
Tanagroa	atua of the sea
tāngata	people
taonga	treasure

tapa	sides
Tāwhirimātea	atua of the wind
te	the
te ao Māori	the Māori world
te reo Māori	Māori language
te taiao	The environment
tika	correct
tinana	the body
tīpuna	ancestors
tohunga	experts / wise people
toka	rock
wai	water
waiata	song / sing
wairua	the spiritual
whā	four
whakamana	give authority or status to another
whakapapa	geneology
whakataukī	proverb
whakawhanaungatanga	building relationships
whānau	family / social connections
whanaungatanga	relationships
whare	house
whenua	land