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# Nature Therapy

## Thoughts About the Limitations of Practice

Ronen Berger

*The Nature Therapy Center*

This article presents several issues that relate to the limitations of the innovative practice of nature therapy. Drawing on examples from practice, it separates physical and psychological limitations and suggests ways in which the limitations of a framework can be bypassed, turning weakness into strength.

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Developing a therapeutic framework for practice also obliges one to be aware of its limitations: populations that are less than suitable, therapeutic issues it may not address appropriately, and situations in which its use might be antitherapeutic and even harmful to clients (McLeod, 2003a; McLeod, 2003b). This article will present several issues that relate to the limitations of the innovative practice of nature therapy (NT). It will start with a short presentation of the NT framework, followed by a reflexive section highlighting the complexity of the issue. It will continue on to a presentation of the limitations of the practice, making a distinction between its physical and psychological limitations. Drawing on examples from practice, the article will suggest creative ways in which these limitations can be bypassed, thus turning what seems to be a framework's weakness to its strength. This conceptual and descriptive article is based on the author's experience in conceptualizing and developing NT while practicing, teaching, and supervising NT students during the years 2000 to 2007.

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**Author's Note:** Please address correspondence to Ronen Berger, Kibbutz Snir, Israel 12250; e-mail: [ronenbw@hotmail.com](mailto:ronenbw@hotmail.com); [www.naturetherapy.org](http://www.naturetherapy.org).

## **Nature Therapy: An Innovative Framework**

Nature therapy is an innovative form of therapy that takes place in nature. Integrating elements from shamanistic rituals, vision quests, and other traditional healing frameworks, together with elements from modern and humanistic therapies, such as art and drama therapy, Gestalt, the narrative approach, ecopsychology, transpersonal psychology, and adventure therapy, it seeks to offer an alternative to the static, constantly controlled environment of *therapy* (Barkan, 2002; Bleger, 1967). NT relates to nature as a live and dynamic therapeutic environment (setting) that takes part in the shaping of the process and the conduct of the work (Berger & McLeod, 2006). This fresh framework develops theory and methods that incorporate nature's potential into therapeutic processes while expanding and opening it to additional dimensions (Berger & McLeod, 2006). The approach is based on the author's personal and professional experience as well as research designed to conceptualize, analyze, and further develop the field. It has been used with individuals, groups, and families in the private, educational, and health sectors in Israel. Training is provided in several academic institutions in Israel and is also currently being developed in Europe. This article presents some of the concepts and methods of this innovative framework. A full presentation of the framework cannot be included because of space limitations.

### **Defining a Discipline's Limitations: A Question of Perspective**

Cutcliffe (2003), Reason (1998), and Hertz (1997) have highlighted the importance of reflexivity and reflexive writing, not only as an essential medium for exploring the involvement of therapist-researchers and for its influence on the process of therapy and research but also as a way to present theories, frameworks, and philosophies from a more personal and engaged perspective. As this article was written from the standpoint of a therapist, researcher, and theorist, one that acknowledges the importance of the connection between these fields, it seems right to first explain the standpoint from which this article was written. It is a perspective that relates to the subjective influences of the therapist in addition to the different ways in which the work can be affected by the unique surroundings in which it takes place. These issues can be divided into three main themes:

1. It is the therapist rather than the framework “doing the work.” As I see it, NT, as a framework is (merely) a set of ideas that can help therapists (and clients) choose the “right setting” (Berger, 2007), plan interventions, and “do good,” nature-oriented therapy (Berger, 2007; Berger & McLeod, 2006). It is the personality of the therapist as well as the specific interventions and actions that he or she takes in relation to the surroundings and the client that will enliven the framework and hopefully help the magic of “therapy” crystallize. As such, the question of the field’s limitations relates both to the limitations of the framework as well as to those of the therapist—his or her personality, character, training, and experience.
2. There is more than one way to relate to and “do” NT. My doctoral dissertation presented various ways in which NT can take place: a variety of methods and concepts that can be used differently in varied settings and with different clients. Unlike approaches or models that have an exclusive, strict, “one way of doing business” attitude, NT invites the therapist to use the framework creatively, matching it to the needs of the client and to the characteristics of the environment. Trying to define one particular way of doing it would work against its basic philosophy and concepts and kill the field. In addition, it would limit the therapist’s creativity and flexibility, which, according to Yalom (2002), is one of the most important elements in therapy.
3. There are two types of applications for practice that depend on the nature of the environment. NT’s application is strongly connected to the environment in which it takes place. Working in a wilderness environment, such as the desert, will elicit different kinds of experiences from those in an urban one, such as a schoolyard. It will allow different encounters with the natural elements and with issues such as uncertainty, belonging, and sanctity. This difference will have a decisive impact on the contract, the therapeutic alliance, the methods used, and the entire process. From my experience in working and supervising work that took place in each of these types of environments, it would appear that there are different types of NT applications, relating to the major differences in the intensity and power that the encounter with nature may yield. One can work with the power of the desert wind or a desert sunrise only in the desert, as one can work with an encounter with wolves only in the location where they can actually be encountered.

This perspective highlights the difference between the framework (as a set of concepts and methods) and its application in practice, which is carried out by a therapist in a specific environment. It points out the complexity of the attempt to define the discipline’s limitations. An optimistic and creative standpoint makes it seem like an attentive, creative, and flexible facilitation style, one that seeks options rather than holds on to conventions

and norms. As such, it can find ways to adjust the framework to different populations with different characteristics and needs.

At the same time, in an attempt to define the discipline's limitations, it seems that the framework might not fit or may need specialized adaptation to some populations and their specific needs. These limitations are detailed in the sections below, each followed by an example that highlights ways in which the limitation could possibly be turned into strength. The article concludes with a short discussion.

## **Physical Limitations**

NT takes place in "nature." Taking this phrase at face value could seem to exclude people with physical difficulties from its benefits. In other words, it could imply that NT is less suitable for the elderly, the handicapped, young children, or other populations that might find it hard to reach this environment and spend time in it.

The introduction of this article referred to the possibility of extracting elements from the framework to suit the client's characteristics and match his or her needs. This implies that we must find a way of using NT with people who are limited in their physical and/or movement abilities. In what follows, we provide two examples that highlight this possibility.

### **"We Can Be Outside and Play," Nature Therapy With a Group of Adults With Adolescent Diabetes: An Example From Practice**

Orit, the head of the endocrinology department at Ziv hospital, Israel, was very hesitant before agreeing to start the pilot NT program with a group of 10 adults suffering from adolescent diabetes (type I). "Ever since they were diagnosed most of them have stopped going outdoors. They refrain from playing physical children's games (such as ball games, hide-and-seek, chase, and so on) and have stopped going on school trips. Every injury can turn into a complex infection, not to mention a sudden decline in the level of blood sugar that can end in death. Are you sure this kind of work is not dangerous for them?" The first encounter took place in a pine forest, a 5-minute walk from the endocrinology department. After a few get-acquainted games, played in a circle, participants were invited to take some private time in the woods and find a natural element that symbolized

their feelings or thoughts. Danny brought a stone and said, "This stone symbolizes the weight that the disease has added to my life. It's a constant worry, not to forget to check that the pump is working. I would really like to put it aside or, at least move it away from center stage." Dina related to the shadows and light made by the sun and said, "It's like my life cycles, times of darkness, in which each ray of sunlight gives hope. I am so happy to be here now, its something we have never done as a group." Julia brought seeds of yellow-weed and said, "I want to free myself; to fly and go where the wind takes me, just like these seeds." As a result of this sharing, a conversation began that focused on the common issues shared by group members. They seemed to be talking about the different ways in which each one related to and coped with the sickness. Julia said that even though they met regularly in the hospital for checkups and treatments, they never talked about these issues. Ben said that he would love to hear more, but right now he was embarrassed: "Maybe we can have some fun first, you know, like normal people do when they are in nature." "Let's play," Julia said. The ice was broken when Ben shouted, "Let's play tree chase. When you hold a tree I can't catch you and when you don't I can. Go." Everyone joined the game. Within seconds, the entire group of adults with diabetes was playing like children, shouting and running all over the place, having fun. After playing a few more games, Tali called everyone over to join her around the fire for tea. Jokes circled the group on the amount of sugar in the tea and the cookies as the group drew closer in the circle around the fire. "I haven't had so much fun for a long time," said Danny. "From the age of seven, when I was diagnosed, my parents hardly allowed me to go outdoors and play. I don't remember if I have ever climbed a tree. . . . It's great to do this with all of you. It feels like we all share these stories, like we're a family. I wonder what my parents would say if they could see me now."

### **Short Discussion**

This story not only illustrates the way in which NT can take place with a group whose very issue is physical limitation, but it also highlights the way in which NT can allow them to work on the psychological issues contained in their physical limitations. Meeting in nature, outside the hospital, helped participants let go of the conventional ways in which they encountered each other (as patients coming for treatment) while revealing other characteristics and needs. Nature and a playful facilitation style helped them reconnect with childlike parts within and take part in games that allowed them to connect with the strength of their bodies while strengthening their relationships with

each other. Working in a natural environment, near the hospital, within a limited time frame, minimized the workshop's risks and reduced anxieties, allowing this population to benefit from a creative encounter with nature.

### **“The Valley and I,” Nature Therapy With an Elderly Individual: An Example From Practice**

Jonathan, a ninety-year-old man, had lived most of his adult years in one of the kibbutzim of the Hula valley in northern Israel. He had a clear mind and a healthy, though pain-ridden body. Jonathan could walk around the settlement, but leaving it had become a real difficulty. Toward his ninetieth birthday, his grandchildren invited him to an autobiographical journey, using NT as the main medium for work. Under Jonathan's guidance, I drove him around places in the valley that he loved. Reaching one of the places, we stopped and took time out, just to be. Each place revealed a story, which I then typed into my laptop computer. It seemed as if Jonathan's life had been imprinted in this landscape; the scenery was the container for so many memories and parts of his personality. In our last encounter, Jonathan chose to take me to an area in the middle of the valley that has been reflooded and developed. He said that although this place was very meaningful for him, he had not visited it since it had been reflooded 14 years ago. On entering the reservation, Jonathan became very excited. “I can't believe they are here again, I can't believe it. I haven't seen them for so many years. Aren't they beautiful?” he said, pointing to the pelicans. Reaching the lake, he asked me to stop the car, and he got out and started walking excitedly. I left the laptop in the car and joined him. “Look, can you see these cormorants, look how they dive. Do you know what wonderful fishermen they are?” he said. Joining Jonathan, I realized that he was walking with a fast tempo and an assertiveness I had never witnessed before. After a while, he stopped and sat down on the ground. “It's only now I realize how much I have missed this place. I remember it from the days it was still a swamp, before we dried it out, before these roads were built—way before you were born. It was a different decade. We had time to listen to stories, not like now, when my grandchildren come for very short visits and even then prefer to watch TV. This is my home! I remember these birds so well because I have spent so much time here with friends and family, most of whom have already died. This changing landscape is like the changes in my life. Seeing it again brings it to life again. I wish I could share some of it with my children and grandchildren.”

Four months later, when Jonathan's autobiographical diary was completed, he invited his whole family for a journey to the valley. He brought to life each story in a specific location, surrounded and heard by the people he loved most.

Three years later Jonathan died. His autobiography, his stories, and his beloved landscape remain.

## Short Discussion

This example not only illustrates the way in which NT can take place with an elderly person, with limited physical and walking abilities, it also shows a unique way in which it can allow growth that might not have been realized in other ways. It shows how the physical aspects of NT can be reduced; the focus instead becomes an intimate encounter with the landscape. This is used to "voice out" personal stories and place them within the context of an individual's life journey.

Another context in which NT could be used with old people is, for example, with those who live in an old people's home. They could be invited to go on short nature walks near/outside the institution to observe changes in nature. Then, continuing the work indoors, their observations can serve as the basis for a conversation or a creative activity about constancy/changes/cycles in their lives. In this respect, the main use of the framework will be metaphorical: nature serving as a metaphor for life.

## Psychological Limitations

The psychological limitations of practice relate to two basic issues that constitute the core of the NT framework:

1. NT takes place outdoors, in nature, in a place that does not necessarily have human-made boundaries, is open to the world's influences, and is not owned by the therapist (Berger, 2007). The choice of setting involves basic issues that influence the therapeutic contract and the therapeutic relationship. Inviting nature to take an active part in the process invites challenges that might not take place indoors and could conceivably be complex for some clients.
2. NT is experiential in nature, placing experience at its very core. It uses the direct, creative, and embodied encounter with nature to help clients revisit their childlike self: the spontaneous, the emotional, and the imaginary (right hemisphere). It gives much less space to the cognitive and "adult" parts (left hemisphere) of an individual.



With reference to these two issues—related to the setting and to the experiential and regressive modes of work—it seems like the practice of NT touches on basic emotional and/or mental factors that could be “real issues” for some clients, overwhelm them, and even cause antitherapeutic experiences. It would appear that people with an extreme need for clear boundaries, hierarchy, and a high level of control are potential candidates to be hurt by the overwhelming experiences of NT work. It seems that we may need to exclude people with recognized emotional and/or mental difficulties (psychological) from using it. It may not be suitable for people with psychiatric difficulties, in general, and those with anxieties, difficulties in their perception of reality, and/or PTSD (posttraumatic stress disorder) in particular.

Clearly, a therapist working with such populations can (and should) foresee the complexities of using NT and make the necessary adjustments for its successful implementation. Such adjustments can be seen in the second example in this section. However, the real complexity relates to situations in which the therapist is not aware of the client’s psychological condition and/or the different ways in which the environment can influence it. Such a case is presented in the following example.

### **“Nature Can Reactivate a Trauma”: An Example From Practice**

Jessica, a 14-year-old girl took part in a yearlong NT program at a school in northern Israel for children with delayed development. In addition to behaviors typical of a girl with mental retardation, Jessica also had some emotional and communication-related difficulties, which were expressed in outbursts of emotions: sudden laughter, shouting, or crying. By virtue of the good relationship she developed with the therapist and as a result of the enjoyment she gained from the nonverbal and playful nature of activities, Jessica had become a regular program participant and an active group member. She felt safe and had learned to take an active part in the sessions.

Throughout this time, the therapist was not informed of the PTSD Jessica had developed during the first Lebanon War, nor about the psychiatric testing she had gone to, which had examined her ability to judge reality. Although he felt she needed special care, he felt safe in including her in all the activities. Toward the end of the year, as a peak activity, the group was taken for a day’s trip to Gamla, a nature reserve on the Golan Heights, an area surrounded by an army training zone. It was the first and only time



they had ventured so far away from the school. During the first 3 hours, Jessica participated in all the activities happily and did not show any signs of anxiety. In the 4th hour, sudden sounds of shelling from the nearby army zone interrupted the relaxed atmosphere. Jessica became hysterical and started shouting and running around looking for shelter. From the symptoms she displayed, it was clear that the routine army drill had reactivated a posttraumatic experience, which completely overwhelmed her. She ran to the edge of the Gamla cliffs in search of refuge, endangering both herself and the therapist who had run after her, trying to stop her. After he managed to stop her, calm her down, and gather the group around, it became clear that Jessica was reliving her experience of the war, in which she had had to hide from shelling. A behavioral strategy with right–left body tapping, repeated statement of the sentence (elements from EMDR, eye movement desensitizing and reprocessing) “these are not sounds of war but of army training; the war has ended, you are safe,” and holding in a close circle helped Jessica relax and return to the group and to reality. With the danger clearly behind her, she managed to calm her breath, stop sweating, make eye contact, and stay with us.

### **Short Discussion**

This example shows how an unpredictable element in the NT workshop environment can reactivate a posttraumatic episode. More than the sound of the bombing itself, it was the unpredictability of an event related to the person’s experience that triggered the trauma. This example highlights a situation in which NT can actually be antitherapeutic.

In Jessica’s case, the therapist’s knowledge of EMDR and behavioral techniques helped him calm the client and perhaps even helped her recover from a childhood trauma. Yet this story could have ended differently.

To some extent, this example also highlights the limitations of the therapist’s ability to know his or her clients and predict and/or control the environment. It shows the therapist’s limitations in predicting the ways in which a client will react to a certain environment and his or her need to be on the alert at all times.

### **“The Way Out,” Using NT With an Adult Suffering Shell Shock and Depression: An Example From Practice**

Abraham, a 45-year-old man was hospitalized in the open psychiatric ward at Ziv hospital, Israel, suffering from a combination of shell shock

and depression. The first three sessions took place in Abraham's room, where I sat near his bed while he covered himself (including his face) with a blanket and talked about his fear of "coming out." As the symptoms subsided, with the help of drugs and the systemic treatment given at the hospital, Abraham was willing to sit on his bed, meet me, and talk without the blanket. He was still very busy with "sounds of the war" but could also talk about other aspects of his life and about his relationship with his son, in particular. On one hand, this conversation made him happy, reminding him of his love for his son; but at the same time, it made him sad. "He is angry that I never go with him anywhere, I think he is even ashamed of me. What can I do? Every time I go out the door of our home, I'm afraid I'll have a flashback or a panic attack. So, instead, I just let it go." During the next session, I suggested to Abraham that we go for a walk in the hospital garden. At first, Abraham didn't agree, but toward the end of the session, he agreed to go out for just a moment to see the almond bloom. Reaching it, he said, "Isn't this tree beautiful, we have such a tree in our garden at home, I miss it." Three days later, in anticipation of our next meeting, Abraham was waiting for me by the department's door with two chairs. "Can we meet under the tree?" he asked. During that session we talked about the meaning that the almond tree had for him: memories associated with it and the symbolism he gave its cycles—the falling leaves and the blooming flowers. The war and the traumatic stories associated with it were not even mentioned once. As it was raining during the next session, we did not go out; instead, we conducted our encounter by the window that overlooked the garden and the almond tree. "It is so close and yet so far away, just like my relationship with my son. Can we go out and feel the rain?" he asked me.

A year later, just before the holiday of Tu Bishvat (a Jewish holiday marking the coming of spring), I received an invitation from Abraham to join a tree planting ceremony that he and his son were about to lead at his son's school. "You know," he wrote, "some times the way out is actually a journey in."

### **Short Discussion**

This example shows how chosen elements from NT can be incorporated into verbal therapy with clients suffering from extreme psychological difficulties. It highlights the way in which the encounter with nature can broaden a client's perspective and help him achieve a meaningful turning point.

## **Working Within the Discipline's Limitations: Discussion and Summary**

This article has presented some of the practice limitations of the young field of NT. It referred to the physical and psychological aspects of the work, indicating populations for which it is less suitable and situations in which it might even have an antitherapeutic influence. It included examples of the framework in use with such populations, demonstrating ways in which a sensitive and creative facilitation style can adapt it to the population's special characteristics and needs. These examples highlighted the option of using only certain elements of the framework and combining them with other therapeutic approaches. Illustrating options for using the framework while highlighting ways in which it focuses on the strength and health of the client, it challenged the limitations previously presented and the assumption that it might be inappropriate for populations with extreme physical and/or psychological difficulties. In conclusion, I would like to highlight several issues, perhaps questions, that this article has opened up:

1. Are we practicing NT or incorporating it into other practices? Most of the case examples in this article used only a few elements from NT, incorporating them into other approaches and frameworks. In fact, it would seem that it was this selection that made it suitable for these populations. The questions that thus emerge are the following: "Should such work be regarded as NT or as something else? What are the boundaries between disciplines, and how can they be defined, in general, and in cases of interdisciplinary disciplines, in particular? Are these semantics important, and to what extent do they matter?"
2. Can only a therapist with a wide and interdisciplinary background practice in this manner? In most of the examples presented earlier, the therapist combined elements from several therapeutic approaches. It seems that it was this integration that made the adaptation successful. Does this mean that only therapists with a wide therapeutic background can create these adaptations and work with such populations? What are the implications for NT training programs and supervision?
3. Is it time to develop an ethical code and a standard for the professionals who work in this developing practice?

In conclusion, it would seem that this article gave few answers while opening up many questions. It is my hope that the questions will trigger debate on the issue and thus help the further development of this young and growing field.

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**Ronen Berger** is head of the Nature Therapy Center and nature therapy programs in the Israeli Ministry of Education and The Community Stress Prevention Center. He is also head of the nature therapy training programs at Sapir College, Haifa University, Shiluv Center and T. L. M., Israel.