Ecopsychology: Incorporating Nature-Based Principles into Emotion Focused Therapy and Individual Psychology

A Literature Review

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Abstract

Ecopsychology principles focus on the connection between humans and nature and the significance that this relationship can have on well-being, mental health, emotional resilience and stability. Efforts to rebuild human connections to the natural world are being made in a variety of fields in response to what is considered an ecological crisis and severe rise in mental health issues. Though fields such as wilderness therapy are building standardization, credibility, and a research base, they are still missing a relational component to nature itself and a clear definition as to why nature is beneficial. The purpose of this paper is to discuss the connection and similarities between ecopsychology, Individual Psychology, and emotion focused therapy. Suggestions are made for incorporating ecopsychology and nature-based principles into these established modalities. Constructing ecological identities with clients can promote healing, develop conservation behaviors and empathy toward the environment, and broaden the language and understanding of human and nature relationships. In turn, the benefit to the field of psychology could be expanding beyond the Western and Eurocentric modes of practice to incorporate a perspective that respects and creates awareness of culture and the many traditional beliefs that foster relationships with nature. As a result, the scope of practice expands to reach more people that are not often represented within a Western psychotherapy framework.

Keywords: ecopsychology, Individual Psychology, wilderness therapy, nature therapy
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Dedication

For the love of climbing.

The biggest lessons learned

The hardest challenges to face

The deepest inner work I’ve known
Table of Contents

Ecopsychology.................................................................................................................. 10

Current Use of Wilderness-Based Practice........................................................................ 14
  Wilderness Therapy ........................................................................................................ 15
  Adventure Therapy ........................................................................................................ 18
  Outdoor Behavioral Healthcare ..................................................................................... 19
  Ethical Concerns with Wilderness Therapy................................................................. 20
  Cost. ............................................................................................................................... 20

Emotionally Focused Couple Therapy.................................................................................. 22
  Theoretical Foundations of Emotionally Focused Couple Therapy.............................. 23
  Stages of Emotionally Focused Couple Therapy.......................................................... 25
  Couple Dynamics........................................................................................................... 26

Individual Psychology ...................................................................................................... 27
  Therapeutic Process ...................................................................................................... 29
    Adlerian therapy phases. .............................................................................................. 30
  Lifestyle ....................................................................................................................... 32
    Lifestyle analysis. ......................................................................................................... 33
  Social Interest.................................................................................................................. 35

Individual Psychology and Emotion Focused Therapy ..................................................... 36
  Limitations and Implications ......................................................................................... 38

Nature-Based Therapeutic Considerations ........................................................................ 40
  Animal-Assisted Therapy .............................................................................................. 41
    Equine-assisted psychotherapy. ................................................................................ 41
    Therapeutic technique. ............................................................................................... 43

Cultural Considerations ..................................................................................................... 43
  Native American Spirituality. ....................................................................................... 45
    Therapeutic techniques. ............................................................................................. 47

An International Perspective .............................................................................................. 48
  Discussion ....................................................................................................................... 49
  Implications for Practice ............................................................................................... 50
Recommendations for Future Research ................................................................. 52
Conclusion ........................................................................................................... 53
References .......................................................................................................... 55
Ecopsychology: Incorporating Nature-Based Principles into Emotion Focused Therapy and Individual Psychology

The draw to nature is an intrinsic one. The way it has filled the works of literature and art from the earliest documentation speaks to the unspoken power and awe that nature inspires (Hafford, 2014). As technology advances, humans have less physical and emotional connection to the natural world, and urban living has become predominant and truly wild and uninhabited places cease to exist (Harper, Gabrielsen, & Carpenter, 2017). At a time of ecological crisis, philosophies such as ecopsychology emerged to speak to the importance and reciprocity of the relationship between humans and the natural world and the vast healing aspects of nature itself (Hafford, 2014).

The meaning of nature varies greatly across contexts, time, and culture and its relationship to humans has been studied throughout many academic fields such as medicine, landscape architecture, urban planning, and geography (Windhorst & Williams, 2016). Within the field of psychology, nature-based programming has been steadily developed and more widely used to address a full range of emotional, physical, and mental health concerns (Bettmann & Tucker, 2011; Norton et al., 2014). As beneficial as these practices are, they are missing a relational component to specifically address why nature itself is a healing partner to human beings and how people can facilitate a stronger respect and connection to nature in their daily lives (Hafford, 2014). This idea of building ecological identities with clients lays the groundwork for incorporating nature-based principles into psychotherapy practice. Nature-based principles provide healing, and those with a stronger connection to nature will strengthen their efforts toward conservation behavior as a lifestyle choice (Clayton, 2011; Hafford, 2014).
Emotion focused therapy (EFT) has been established as an evidence-based treatment that helps couples, families, and individuals understand interaction patterns based on early attachment bonds that continue to affect adult behavior (Johnson, 2004). The research on EFT has been widespread since its beginnings in the 1980s with consistently positive treatment outcomes (Wiebe & Johnson, 2016). In the practice of Individual Psychology, therapists understand that the individual is best in determining their needs, desires, and growth and look to the environment and community to gain context, understanding of behavior, and potential for change (Miller & Taylor, 2016; Oberst & Stewart, 2003).

Formulated from the work of Alfred Adler, Individual Psychology has been used throughout psychotherapy practice as an eclectic approach appealing to many therapists (Sperry, 2016). The similarities between EFT and Individual Psychology are numerous, and both theories believe in the power of relationship and emotion as a large factor in behavior, well-being, and motivator for change; these beliefs also emulate principles within ecopsychology (Peluso & MacIntosh, 2007; Rennebohm, Seebeck, & Thoburn, 2017). The goal for this project is to address a possible paradigm shift within the field of psychology that expands the view of relationships beyond just humans. That is, relationships include the natural world as an important aspect of community for the sake of protecting the natural world and supporting the bond between humans and nature. Incorporating ecopsychology principles into like-minded established forms of therapy (e.g., EFT and Individual Psychology) allows for increased exposure of nature-based principles into mainstream psychology.
Ecopsychology

*For one species to mourn the death of another is a new thing under the sun*

-Aldo Leopold

Ecopsychology includes the principles of psychology and ecology with an aim to deepen the connection between humans and nature. In addition, through ecopsychology, individuals create a consciousness understanding of the self and human dynamics in direct relation to the earth and natural environment (Hafford, 2014). Ecopsychology began to develop in conjunction with environmental movements in the 1960s and a growing understanding of the impact of humans on the earth. Hafford stated Theodore Roszak defined the field of ecopsychology in *The Voice of the Earth*. Additionally, Roszak developed the concept of an * ecological unconscious*, and explained that the disconnection of individuals and societies with nature led to significant mental health concerns.

Similar to psychoanalytic theory, and the desire to understand behaviors (e.g., hallucinations) and deep human motivations and fears, ecopsychology refers to the way people behave toward the earth (i.e., use or abuse) and the behavior can be viewed as projections of unconscious desires or needs (Roszak, Gomes, & Kanner, 1995). Furthermore, Roszak et al. (1995) suggested that “precisely because we have acquired the power to work our will upon the environment, the planet has become like that blank psychiatric screen on which the neurotic unconscious projects its fantasies” (p. 5). Roszak et al. suggested the field of psychotherapy was limited to human relationships and work with family and societal interdependence; however, psychotherapy did not include the relationship to the earth. Conversely, Roszak et al. pointed to a similar narrow mindset of environmentalists that did not recognize the field of psychology in their methods of action. Roszak et al. described the use of scare tactics and fear-based coercion
for the sake of protecting the environment, and this tactic lacked a strong understanding of human dynamics and the emotional context of how deeply people are connected to the natural world. The result of those tactics was the ability to alienate people from developing an empathetic and caring relationship with animals and nature (Roszak et al., 1995).

As people become more aware of the dominant relationship with animals and the ecosystem, the extinction of species and habitats is a common theme in research surrounding ecopsychology (Hafford, 2014). Adams (2006) described the mass extinction of species as directly related to the mass extinction of relationships. That is, people are mutually connected and interdependent with nature, and the crisis of extinction involves our dissociation with other species (i.e., viewing people as superior and separate from nature). Adams explained that the field of psychology has emulated these cultural values. For example, Freud regularly demonized nature and supported a focus on human culture and its togetherness in dominating over the harsh natural environment. Adams cited ecopsychology, along with other modalities, such as transpersonal psychology, as a way to reintegrate human culture with nature and its inhabitants.

Though the idea of reintegrating humans to form a bond with nature has been present within ecopsychology, an integration of these principles into the practice of mainstream psychology does not exist (Harper et al., 2017). Ecology is a science that includes a focus on the importance of interdependent relationships solely in the natural world; however, incorporating principles of ecology could inform the practice of psychology and teach people to view nature as community (Adams, 2006).

Roszak et al. (1995) suggested that E. O. Wilson’s work on *biophilia* had a strong impact on ecopsychology. Biophilia refers to the innate affiliation humans have to other living beings. In a therapeutic sense, this concept is viewed as a support for the protection of the environment
and the movement toward a greater alliance with the earth (Roszak et al., 1995). In addition, biophilia involves a greater interdependence within human and social sciences. According to Adams (2006), Wilson incorporated human dynamics and psychology into the science of ecology and revealed the benefits of a deepened interdependence in an academic realm. 

*Biodiversity*, a main concept in ecology, emulates diversity in therapeutic practice through greater diversity and variation of species as the way to maintain a healthy environment and ecosystem (Adams, 2006).

Although people focus on human relationships to foster growth, they do not see nature relationships in the same way (Adams, 2006). These integrations of ecology and psychology speak to the possibilities of expanding the practice of psychotherapy to include principles from other disciplines. Similarly, other fields could include a humanistic perspective. According to Hafford (2014), it is difficult to find definitive applications for the use of ecopsychology within a nature-based psychotherapy setting, but the field of wilderness therapy has the ability to expand and incorporate these ideas. The foundation of ecopsychology is philosophical in nature; however, one can easily connect the ideals exemplified in ecopsychology with many current evidence-based theoretical practices in psychology.

Adams (2006) discussed the importance of direct experience (in this case with nature) as a means for transformation and used the extinction of the ivory-billed woodpecker to teach his students to cultivate a *deeply felt experience*. Adams stated the ivory-billed woodpecker’s habitat had been destroyed and resulted in no recorded sightings since 1944. The bird was presumed extinct. In Mississippi in 1987, Dr. Jerome Jackson searched for the bird as he played a recorded call. Jackson heard a response to the call, and the bird came closer and continued to respond but was never seen. Adams explored what it would have been like for a possible sole
survivor of the ivory-bills to think it heard another of its kind, and what it would have been like to live alone for many years when your species naturally lives in groups. Moreover, Adams discussed what it would have been like if a human was in the same situation. Additionally, Adams introduced his students to the woodpecker species living outside of the campus dorm and allowed the students to observe the birds and create connection with the animals living next to them. Opening an emotional response and feeling empathy about the harm and death of a species could allow for authentic love toward nature (Adams, 2006). Adams hoped to change the perspective about nature and move individuals from abstract concepts to intimately known beliefs.

Direct experience through nature supplies a framework for potential practice in a psychotherapy context with a focus on building a mutual and respectful relationship with nature (Hafford, 2014). This relationship with nature involves empathy and compassion, similar to how individuals would cultivate empathy and compassion for a romantic partner or family member within a therapeutic setting and is distinct from the relationship with nature in other therapeutic nature programs such as wilderness therapy. For instance, wilderness therapy often uses nature as a setting to practice traditional forms of psychotherapy and adventure-based group experiences while the concept of wilderness remains highly subjective (Rutko & Gillespie, 2013). Furthermore, these programs outline the benefits and teaching opportunities that occur through the use of nature to treat behavioral and mental health concerns; however, the programs do not define exactly why nature is beneficial. Ecopsychology is distinguished by a highlighted, interdependent relationship between humans and nature and allows for the potential to integrate its principles into evidence-based therapeutic practice (Hafford, 2014). Through the lens of
ecopsychology, this integration into therapeutic practice occurs through recognition of the universality and interdependence in all relationships (Hafford, 2014).

**Current Use of Wilderness-Based Practice**

Louv (2008) described *nature deficit disorder* and discussed the cost of a continued disconnection with nature resulting in a series of behavioral problems. As society depends more on technology, children are spending less time outdoors and in natural settings. As a result, young people learn to avoid experiences with nature (Louv, 2008). Louv suggested that avoiding experiences with nature creates a narrowing of the senses that dilutes the “richness of human experience” and affects a person’s physiological and psychological state. Additionally, there is a positive link between nature and the emotional, spiritual, mental, and physical health of an individual. A growing body of research exists to support exposure to nature as a strong form of therapy for behavioral and mental health concerns (Adams, 2006; Bettmann & Tucker, 2011; Hafford, 2014; Norton et al., 2014; Tucker, Paul, Hobson, Karoff, & Gass, 2016).

Louv’s (2008) perspective has a strong influence in nature-based education movements, which have been expressed through the development of many nature-based early childhood curriculum programs, nature-based play spaces in elementary schools, and public parks. Gabrielsen and Harper (2017) discussed *urbanization* and *technification*, and stated more and more people live in urban areas, and young people are continually increasing their use of technology and social media, which can lead to increased isolation and mental health concerns. Alternatively, practices such as yoga, meditation, and playing instruments are effective options to counteract the effects of urbanization and technology. In addition, wilderness therapy could be used to reintegrate nature-based principles into the lives of young people and society. In terms of psychology and therapeutic practice, wilderness therapy, and all of its subsets, such as
adventure therapy, ecotherapy, and outdoor behavioral healthcare, are considered the current application of nature-related treatment for youth, and increasingly, for families.

**Wilderness Therapy**

Wilderness therapy began as a mental health intervention directed toward treating emotional and behavioral issues of adolescents (Russell & Phillips-Miller, 2002). The emergence of this field is strongly associated with the popularity of the camping movement in the 1930s and the *outward-bound model* arriving in the US in the 1960s (Hafford, 2014). When the Colorado Outward Bound school opened in 1962, the concept of personal growth through adventure was introduced to American culture and has since grown into many popular and established programs such as the National Outdoor Leadership School (NOLS; Hafford, 2014).

Though many wilderness therapy programs currently exist, the field has struggled to gain footing in terms of legitimacy within mainstream psychology, ultimately, resulting in a lack of insurance coverage and funding at the governmental level (Rutko & Gillespie, 2013). Regular criticism exists surrounding a lack of evidence to support how and why wilderness therapy works, the high costs involved to run programming, and why, specifically, *wilderness* is significant (Harper et al., 2017).

Another point of conflict is an unclear delineation and description of modes of practice (Norton et al., 2014). According to Rutko and Gillespie (2013), throughout research, wilderness therapy appears interchangeably with other modalities such as adventure therapy (AT) and outdoor behavioral healthcare (OBH). Other terms exist for OBH, which has also created confusion within the field due to the lack of a consistent, operational definition (Rutko & Gillespie, 2013). Varying descriptions and different views exist; however, for the purpose of this project, wilderness therapy is used as the overarching term for current nature-based practice. In
addition, adventure therapy and OBH will be considered as they are common, established modes of practice.

*Therapeutic experience* (i.e., an experience without licensed professionals) and *prescriptive therapeutic application* (i.e., an experience with licensed professionals) refers to the belief that nature holds inherent healing and positive qualities simply through exposure (Santostefano, 2008). Santostefano found most people believe that interaction with nature is beneficial as evidenced by the success and development of additional nature programs (e.g., horticulture therapy). For instance, many people reduce stress through a walk on the beach, work in a garden, or a nature walk. Additionally, many programs exist that fall into categories such as *outdoor adventure programming* or *experiential education*, where education and growth is achieved through direct experiences in a therapeutic setting (Norton et al., 2014). All nature-based programs make use of the therapeutic byproduct of nature; however, this should not be confused with programming that involves the use of traditional psychotherapy techniques, accountability and standards of care, and documentation designated to fulfill legal and ethical requirements (Bettmann, Gillis, Speelman, Parry, & Case, 2016). Within wilderness therapy, nature is viewed as a facilitator of increased resilience and psychological processing, yet a clear, theoretical description does not exist as to why and how nature is applied within the field (Gabrielsen & Harper, 2017).

According to Hill (2007), there are thousands of youth in residential treatment centers that struggle to achieve goals. Specifically, at-risk youth tend to be ill-equipped and less responsive to traditional types of treatment. Wilderness therapy provides an alternative model of care without the stigma related to traditional forms of treatment (Russell & Phillips-Miller, 2002). Adolescents often struggle to disclose personal information and experience issues with
decision making, identity, and feelings of isolation (Hill, 2007). Additionally, adolescents frequently experience mental health issues, physical concerns, abuse, neglect, or possible substance abuse. Harper et al. (2017) reported that research on wilderness therapy revealed consistent, positive results regarding improved social and psychological well-being and a reduction in substance use issues for adolescents. Longitudinal research shows positive results have been maintained for up to 24 months post treatment, with family involvement at above normal levels after program completion and at six weeks post treatment (Rutko & Gillespie, 2013).

Bettmann et al. (2016) described the structure of wilderness therapy as immersion through group experiences in a wilderness setting on a backpacking or trekking trip or living for an extended period at a “base camp” in the wilderness. Additionally, Bettmann et al. stated there is education regarding nutrition and wilderness skills, individual and group therapy experiences with licensed professionals, unplugging from devices and social media, and the inclusion of a family component (e.g., a closing wilderness experience or letter writing between clients and their families). Gabrielsen and Harper (2017) provided six core elements of wilderness therapy practice:

1. Experiential learning methods – includes activities, travel, outdoor living experiences, ways of learning by doing (e.g., cooking food), overcoming challenging physical tasks (e.g., climbing or wayfinding), and dynamics of living and interacting with the group.

2. Integration of therapeutic practice into group travel and outdoor learning – psycho-education and therapy become integrated into daily life and move beyond a 60-minute session.
3. Connection to place – the consideration of the social and cultural background of clients to inform decisions (e.g., trip location). Additionally, clients are encouraged to bring knowledge of land-based practices and cultural beliefs to the shared experience.

4. Reflection and generation of metaphors – when nature is used to generate metaphors about a client’s life (e.g., weather patterns relating to mood, or growth and the death of plant life represents behavioral growth and change) and space is created to engage in reflection.

5. Challenge – incorporating activities with varying levels of challenge and risk to provide client-specific learning, provide the opportunity to rely on others, and the potential to gain strength through adversity.

6. Natural consequences – the impact of a client’s actions is clearly revealed through nature-based experiences. For example, when a client chooses not to pack gear correctly, he or she might experience soaked clothing when unexpected rain falls.

These core elements emulate many other structures of wilderness therapy programming and come from an international perspective, and, as a result, the elements may vary in American culture (Gabrielsen & Harper, 2017).

**Adventure Therapy**

The above-mentioned core elements represent aspects of adventure therapy (AT). According to Norton et al. (2014), Gass, Gillis, and Russell defined AT as “the prescriptive use of adventure experiences provided by mental health professionals, often conducted in natural settings that kinesthetically engage clients on cognitive, affective, and behavioral levels” (p. 1). Adventure therapy programs generally incorporate activities with an element of risk (e.g., rock
climbing or backpacking) and are often used in residential programs such as treatment centers and juvenile justice programs (Norton et al., 2014). The National Association of Therapeutic Schools and Programs (NATSAP) collected data from AT programs, and other programs that incorporate adventure, and revealed positive outcomes and post-treatment maintenance for up to 12 months (Norton et al., 2014). Even though some programs in the NATSAP research did not include AT, this research initiative was designed to build empirical support for AT and its connection to treatment outcomes.

**Outdoor Behavioral Healthcare**

Outdoor behavioral healthcare (OBH) is considered a subset of adventure therapy (Tucker et al., 2016). Through OBH, intermediate care is typically provided in small group settings where clients live in the wilderness for extended periods of time. The Outdoor Behavioral Healthcare Council (OBHC) defined OBH as “the prescriptive use of wilderness experiences by licensed mental health professionals to meet the therapeutic needs of clients” (OBHC, 2014, para. 3). Though OBH has specific definitions and regulations for practice, the term is used interchangeably with wilderness therapy and experiential education; however, one factor separating OBH from other wilderness-based modes of practice is the incorporation of family into practice and research (Tucker et al., 2016).

Tucker et al. (2016) incorporated family systems theory into research with OBH and explained the significance of removing one family member (i.e., the adolescent receiving OBH). For example, treating one family member in isolation, and then, returning that person to the family system after experiencing change, creates an adjustment period where resistance is often encountered with other family members until new patterns of behavior can be developed. Due to this impact on the family system’s functioning, it could be beneficial to incorporate the family
into the entire therapeutic process to facilitate systemic growth and change. Tucker et al. (2016) stated research supports family involvement for adolescent outcomes in other traditional forms of treatment such as multidimensional family therapy (MDFT) and cognitive behavioral therapy (CBT). Bettmann and Tucker (2011) found significance in looking at attachment patterns in wilderness therapy clients because attachment styles are linked to psychopathology. Wilderness therapy clients experience loss, separations, and reunions, which brings attachment needs to the surface; this makes treatment in the wilderness a good place to observe shifts in attachment (Bettmann & Tucker, 2011).

**Ethical Concerns with Wilderness Therapy**

Significant advancements have been made in creating a high standard of ethics and safety within wilderness-based programming, but the field of wilderness therapy has come under great scrutiny due to past experience (Norton et al., 2014). In 2007, a report was issued to Congress addressing concerns of abuse and death within programs for troubled youth (Norton et al., 2014). At that time, there was no clear delineation between wilderness therapy and other youth programs (e.g., boot camps and academies). In turn, this lack of clarity allowed for programs to be designated as wilderness therapy without standardization or licensed professionals (Norton et al., 2014).

**Cost.** Bettmann et al. (2016) described another ethical concern for wilderness therapy in the high cost associated with programming, which can divide the client populations and affect access to care based on socioeconomic status. Bettmann et al. included a meta-analysis of wilderness therapy outcomes specifically for private pay clients. Additionally, an important point was made about funding, which is either governmental, private, or insurance-based; private pay clients generally come from wealthier families and represent less diversity, and clients in
government-funded programs generally represent more ethnic minorities and people with a lower socioeconomic status. More resources are available to private pay organizations along with higher staff credentials when compared to government funded programs (Bettmann et al., 2016). Discrepancies within the field of wilderness therapy point to the need for more research to increase fidelity in programming and to address possible larger implications of cultural bias, privilege, and marginalization (Bettmann et al., 2016; Harper et al., 2017).

Over the last ten years, research within wilderness therapy has increased dramatically along with the establishment of standards within the field (Hoag, Massey, & Roberts, 2014). For example, in 2013, the work of the OBHC developed an accreditation program in conjunction with the Association of Experiential Education (AEE). The goal of this partnership was to promote best practices and standards specific to wilderness therapy practice (OBHC, 2014). Together, the organizations created a set of risk management and treatment standards, along with ethical guidelines, to provide security and consistency throughout the field to better inform further research and practice. This is the highest standard currently within the field of wilderness-based mental health practice, and several wilderness therapy programs are accredited through the OBH-AEE partnership (OBHC, 2014).

As wilderness therapy continues to develop, there is a need for more research to establish consistency, proper training, and the incorporation of WT into family systems and individual psychotherapy (Bettmann & Tucker, 2011; Tucker et al., 2016). Tucker, Norton, DeMille, and Hobson (2015) described an integrative approach to wilderness therapy and specifically highlighted the body composition and physical outcomes for adolescent clients. Additionally, Tucker et al. explained the correlation between obesity, mental health, and substance use. Tucker et al. described the integration of existing effective therapeutic approaches and research
(e.g., narrative therapy, cognitive behavioral therapy, and the adverse childhood experiences study) along with wilderness therapy to create treatment that benefits youth with high behavioral and physical risk factors. This provides the groundwork and support for incorporating nature-based principles into other established modes of practice within the field of mental health.

**Emotionally Focused Couple Therapy**

*Thought and feeling are inextricably bound together; the individual need not be a prisoner of his feelings but can use the cognitive component of his feeling to free himself.*

*Virginia Satir*

Emotionally focused couple therapy (EFT) was developed in the 1980s as a brief therapy (8-20 sessions) and is based on attachment theory (Wiebe & Johnson, 2016). Wiebe and Johnson stated EFT includes humanistic and systemic principles to create a more secure attachment bond between couples. Emotionally focused couple therapy is based on restructuring negative interaction cycles and is most successful in couples seeking to rebuild a close bond and a positive therapeutic alliance (Johnson, 2004). Johnson (2004) stated EFT is not designed for separating couples or for couples engaged in domestic violence. Alternatively, EFT is particularly helpful for couples when an individual and/or the relationship has been affected by trauma or symptoms of posttraumatic stress disorder (PTSD); the helpfulness is due to the focus on affect regulation, developing secure bonds, and resilience (Greenberg, 2015; Lebow, Chambers, Christenson, & Johnson, 2012).

Wiebe and Johnson (2016) stated EFT has strong empirical support and is established as an evidence-based treatment for couples. In turn, EFT often exceeds the standards of this classification, and appears to be the only couples-based intervention to meet the evidence-based criteria (Wiebe & Johnson, 2016). Emotionally focused couple therapy is set apart from other
therapeutic methods by its substantial research base and effectiveness ratings (i.e., between 70% and 73%) in resolving marital distress (Greenberg, 2015; Greenman & Johnson, 2013; Johnson, 2004) along with the stability of these effects over time (Greenman & Johnson, 2013).

**Theoretical Foundations of Emotionally Focused Couple Therapy**

Emotionally focused couple therapy has a clear theoretical base with two theories at its core (Johnson, 2004). First, a theory of change, which incorporates humanistic experiential therapy and systems theory, and second, a theory of adult love, viewed as an attachment process and grounded in attachment theory (Johnson, 2004). The work of Carl Rogers, in humanistic and experiential theory, has a strong influence within EFT and is revealed as the therapist expresses unconditional acceptance and positive regard for client’s efforts and intentions (Greenman & Johnson, 2013). Additionally, practitioners attempt to remain connected to the client’s experience and suffering in the present moment while communicating their understanding with clear, supportive language. Within the EFT process, therapists understand that the interactional cycles observed in couples, however destructive and distancing, usually represent a genuine desire for safety and closeness with the partner, and this desire is common in all people (Greenman & Johnson, 2013).

Another humanistic experiential aspect of EFT is *gestalt therapy*, which focuses on the here and now of the client’s experience and interaction with the therapist (Corey, 2013). Gestalt therapy is experiential in nature and challenges clients to experience what and how they are thinking in the present within a supportive, accepting, and respectful environment (Corey, 2013). Thus, the theory for change within gestalt therapy posits that authentic change can take place only when people “be” who they are and are fully in their current condition as opposed to trying to be who they are not or what they “should be.” Emotionally focused couple therapy relates to
gestalt therapy with the focus on emotional experience moment to moment. That is, the power emotion has to affect behavior and create interpersonal change while blending a person-centered and relationship-oriented approach (Corey, 2013; Greenman & Johnson, 2013). Emotion is viewed as organizing interactions between the couple and as an expression of their dance (Johnson, 2004).

*Systems theory* plays a role in EFT because the couple is perceived as a system, and both partners have a circular impact on each other’s feelings, actions, and thoughts (Greenman & Johnson, 2013). Similar to a systems approach, EFT therapists use techniques such as *enactments* to create bonding experiences, and these enactments involve guiding a partner to turn toward the other, expressing core emotions, and asking for needs to be met (Greenman & Johnson, 2013).

John Bowlby formulated the origins of *attachment theory* (Bretherton, 1992). Bowlby brought to light the significance of a child’s tie to his or her mother/caregiver and the distress experienced through loss, separation, and neglect (Bretherton, 1992). In the 1950s, Bowlby’s collaboration with Mary Ainsworth on maternal sensitivity and attachment patterns resulted in the development of attachment theory (Bretherton, 1992). Attachment theory in the context of adult love and relationships has had a strong empirical research base since the 1980s and suggests the innate needs of human closeness and comfort from significant others (Greenman & Johnson, 2013). As adults, the response to primary attachment figures in childhood transfers onto romantic partners, and threats to attachment bonds cause severe distress; therefore, predictable responses to attachment threats with a romantic partner include clinging behavior, anger, protest, and detachment (Greenman & Johnson, 2013). Emotionally focused couple therapists take the knowledge of attachment styles and shape new interactions where partners can
express attachment fears, needs, and wounds and learn to become emotionally responsive (Lebow et al., 2012). The function of attachment is protection; therefore, EFT therapists seek to rebuild the security of the bond between partners, create a safe haven, and reduce distress (Hardtke, Armstrong, & Johnson, 2010).

**Stages of Emotionally Focused Couple Therapy**

The EFT treatment process is outlined in three stages and nine steps (Johnson, 2004; Wiebe & Johnson, 2016). The first stage is *cycle de-escalation* and consists of four steps beginning with creating an alliance within the therapeutic relationship (Johnson, 2004). Next, couples learn to recognize negative patterns of interaction, access underlying emotions, and reframe the distress. That is, couples see the *patterns* as the real problem, or common enemy, instead of one another (Fraser & Solovey, 2018; Johnson, 2004; Wiebe & Johnson, 2016). The second stage is *restructuring interactions* and involves identifying interactional patterns such as the common pattern of *pursue-withdraw* where one partner tends to criticize and continues to engage conflict while the other partner shows defensiveness and emotionally withdraws (Greenman & Johnson, 2013).

Another similar interactional pattern is where one partner is accusatory and threatening while the other remains detached and calm (Johnson, 2004). The therapist looks for other patterned behavior such as one partner dominating over the other in the session by interrupting or using demeaning language when their partner is attempting to share their experience. These patterns are identified while new patterns are formed, and partners learn to accept the new interactions while they engage in emotional bonding (Johnson, 2004). A therapist must keep a clear focus on what to look for through the large amount of information existing in early sessions with couples; particularly *personal and interactional landmarks*, which are pivotal incidents and
feelings that describe the nature of the relationship and what is meaningful to clients (Johnson, 2004). The third stage is *consolidation*, or when new solutions to old problems are introduced, as couples reflect on past conflicts and integrate the therapeutic progress (Greenman & Johnson, 2013; Johnson, 2004).

**Couple Dynamics**

Couple distress continues to be a common problem treated with psychotherapy (Lebow et al., 2012). Aside from anxiety and depression, partner difficulties are treated in therapy more than any other issue and may not improve without treatment (Fraser & Solovey, 2018). Throughout research, couple therapy has been consistently effective with 70% to 80% of couples showing positive change (Fraser & Solovey, 2018). Drawing from empirical research on couple dynamics, EFT integrates the research findings (e.g., John Gottman and colleagues) into the couples therapy (Greenman & Johnson, 2013). Gottman found that couple distress persists because of strong, negative affect expressed by a partner or couple (e.g., criticism, defensiveness, and stonewalling), and these negative expressions create a pattern where couples turn away from each other (as cited in Greenman & Johnson, 2013).

Throughout research, relationship distress has correlated to individual psychopathology (Lebow et al., 2012). Additionally, a causal role exists between relationship distress and an individual’s physical and mental health. Weibe and Johnson (2016) stated EFT has been effective when used with couples that experience a partner with posttraumatic stress, depression, and physical illness. That is, the affected partner reported a reduction of symptoms and increased relationship satisfaction; however, additional research is necessary to examine the efficacy of EFT across populations and cultures.
Individual Psychology

_Who looks outside, dreams; who looks inside, awakes._

- _Carl Jung_

Individual Psychology began with the theories and philosophy of Alfred Adler who was born in 1870, in Vienna (Oberst & Stewart, 2003). Along with Sigmund Freud and Carl Jung, Adler helped pioneer the effort toward understanding the unconscious realm of humans and the effect it has on people’s lives. Adler essentially created the concept of psychodynamic thought related to treatment and diagnosis, which had previously existed only within medical practice (Powers & Griffith, 2012). Though the initial psychodynamic theories, mainly developed by Freud, have been redefined and adapted over the years, there is one clear consistency that remains in psychodynamic thought: Humans develop patterns from early life experiences, which dictate behavior (Peluso & MacIntosh, 2007).

Initially, Adler and Freud collaborated, particularly in an effort to gain validation from the Vienna Medical Society and the acceptance of the concept of psychological processes causing illnesses (Oberst & Stewart, 2003). In 1912, it became clear that Adler disagreed with many aspects of Freud’s theories, and he created Individual Psychology as a distinct theoretical system as an alternative model to psychoanalysis (Miller & Taylor, 2016; Powers & Griffith, 2012).

Adler accounted for the environment and social relationships of the individual, which set him apart from other doctors and theorists at the time (Oberst & Stewart, 2003). Adler pioneered a holistic perspective of patients (Oberst & Stewart, 2003). Additionally, Adler was socially and politically conscious and believed in improving the living conditions for poor and marginalized people. The counter culture values, social justice, and humanistic approach to those struggling
with mental illness significantly influenced Adler’s theory development (Angioli & Kruger, 2015). The concept that individuals are best understood within the context of their relationships and community is at the heart of Adlerian theory (Miller & Taylor, 2016). Additionally, this belief in social embeddedness is closely connected to the humanistic belief that relationships are essential to growth and development. Adler also took a feminist approach to his work and life and pointed to the chauvinism and discrimination that existed due to male preference in society (Oberst & Stewart, 2003). This feminist approach was one significant way Adler and Freud disagreed. Freud adapted more misogynous concepts mostly related to sex and gender (e.g., penis envy and the oedipal complex), which Freud believed was based on subconscious desires and repressed sexual wishes (Oberst & Stewart, 2003). Conversely, Adler saw these behaviors in a different light and referred to them as metaphors for societal pressure and discrimination, a means to receive attention, or a reflection of power struggles within societal constructs.

Many of Adler’s concepts were also greatly influenced by philosophers such as Aristotle, Seneca, Nietzsche, Vaihinger, and Kant (Oberst & Stewart, 2003). For example, Adler adopted the idea from Roman philosopher, Seneca, that everything we feel, think, or do is based on the opinions people have of a situation and not on the facts. Another example is from the work of German Philosopher, Vaihinger, and his concept of the philosophy of ‘as-if.’ Vaihinger described mental creations or fictions that people construct to help cooperate with others and to deal with reality. These creations often have no connection or existence in the real world but serve as important barometers for daily life, orientation, ethical standards, and social structure. For instance, measurement units, time, and concepts such as mathematical infinity do not exist in reality, but all play a significant pragmatic role in daily life and aid in cooperation, prediction, and understanding. Together, these influences aided in the development of Adler’s concepts of
*fictions* and *private opinions*, along with one of his most significant contributions to psychology:

What happens to people in life is less important than the significance or meaning ascribed to the experience (Oberst & Stewart, 2003).

Adler believed that when individuals are encouraged they feel capable and valued; therefore, individuals become socially cooperative and engage in healthy behavior (Flood, Lawther, & Montandon, 2015). The act of *encouragement* has continued as regular practice of Adlerian therapists. In contrast, a discouraged individual will express unhealthy behaviors such as withdrawing, acting out against others, competing, or giving up. Adler described issues of addiction, psychosis, neurosis, and crime as failures in adaptation and explained that a therapist must consider these concepts in relation to a person’s problem:

- An increased feeling of inferiority, particularly within the first five years of childhood.
- A lack of social interest.
- Motivation toward feelings of superiority.
- A new problem in life that could cause fear.
- The individual’s separation or distance from the issue.
- The desire for superficial relief of the problem or appearing to feel superior without overcoming the hardship related to the issue (Abramson, 2015).

**Therapeutic Process**

The Adlerian therapist treats the client as a whole and focuses on the individuality of the person, the goals of behavior, and identifying and adapting fictional beliefs that are not helpful throughout life (Oberst & Stewart, 2003). In turn, the focus is not generally on the specificity of the disorder or symptoms involved. The goal of therapy is to decrease inferiority feelings along with increasing social interest while helping clients deal with three *life tasks* of work, love, and friendship). In addition, an Adlerian therapist helps the client overcome and manage issues
related to psychotherapy such as depression, anxiety, bipolar disorder, and schizophrenia (Oberst & Stewart, 2003).

Adlerian theory, philosophy, and process has been incorporated throughout mainstream therapeutic practice over the past 90 years often without recognition of Adler’s work (Bitter & Carlson, 2017). Bitter and Carlson stated the lack of recognition was especially true within family systems therapy because Adler focused on parenting skills and developed child guidance centers in Vienna to counsel whole families. Rudolf Dreikurs later organized Adler’s model and brought it to the United States in the form of open-forum family education centers (Bitter & Carlson, 2017). Adlerian therapy from a clinical standpoint has been considered an eclectic and flexible approach. Typically, this means that various other therapeutic techniques and interventions can easily be used in conjunction with Adlerian approaches (Sperry, 2016).

Though Adlerian psychotherapy is strong in assessment technique it has no distinguished and defined treatment approach, therefore is weak in intervention and not considered to be an evidence-based practice (Sperry, 2016). The shift toward accountability for treatment in psychotherapy and healthcare has led to standards of competency and evidence-based practice, which in turn affects training, curriculums, licensure requirements, and education (Sperry, 2016). Considering this, Sperry (2016) suggested that in order for Adlerian theory and practice to remain relevant it must extend itself to include defined treatment methods.

**Adlerian therapy phases.** Oberst and Stewart (2003) outlined four distinct phases of Adlerian therapy:

1. Establishing the therapeutic relationship – An egalitarian and meaningful relationship
with the client is necessary and considered the vehicle for change throughout the therapeutic process. This phase includes setting parameters for contact, maintaining the relationship, and agreeing on goals for treatment.

2. Assessing and understanding the lifestyle – The therapist builds awareness on the individual’s specific orientation and goals for striving and achieving significance in life. This also includes various process-oriented assessment techniques such as observation, interview methods, assessing birth order, creating a genogram and analyzing early recollections.

3. Insight and interpretation – This phase includes using methods to build the client’s awareness of self on multiples levels. For example, cognitive awareness of life choices, areas for growth and problems in personality, and recognizing behavior patterns as they happen in the moment.

4. Reorientation – This final phase includes helping clients implement life style changes and new ways of being with continued awareness. This phase also involves adjustment to existing relationships that may present resistance to a client’s changed behavior along with the client’s self-perception adjusting to new ways of living.

Although the Adlerian therapeutic phases are distinct, they remain fluid (Fall & Howard, 2015). For example, clients will require individual timing of transitions, and the therapist gauges this while drawing from appropriate resources. To further understand the breadth of Individual Psychology and its use within the therapeutic process, two essential Adlerian principles will be discussed: lifestyle and social interest.
Lifestyle

The Adlerian perspective is that all behavior has purpose and meaning, and psychological movement is always goal oriented (Miller & Taylor, 2016). Additionally, all behavior is driven by the desire to move from a felt minus to a felt plus with an innate motivation toward belonging and significance. This goal-driven behavior, combined with early experiences, creates a subjective and unique set of guidelines creatively constructed by an individual to use throughout life when they move toward their goals; this is the concept of lifestyle within Adlerian Psychology (Miller & Taylor, 2016).

Lifestyle is also viewed as personality development in the early years of life when unconscious beliefs about the world are established (Ansbacher & Ansbacher, 1956). Lifestyle includes the environment and exact circumstances of an individual during those early years of life (Ansbacher & Ansbacher, 1956). These unique beliefs are defined as private logic in Adlerian therapy and are essentially fictional lines of reasoning representing an individual’s private valuation of self, others, the environment, and the greater context of society (Miller & Taylor, 2016). From an Adlerian view, when these beliefs oppose common sense (i.e., “I must be perfect,” “women are weak,” or “I am a victim”) they are considered mistaken beliefs and often are the cause of psychological distress (Miller & Taylor, 2016). The distress comes from living by mistaken beliefs as an adult, and the tendency is to transfer these ideals that were misinterpreted in childhood onto current life experiences and relationships (Ansbacher & Ansbacher, 1956). The Adlerian therapist’s goal is to uncover these mistaken beliefs collaboratively with the client to provide awareness and a sense of control and predictability of their behavior (Miller & Taylor, 2016).
**Lifestyle analysis.** Treatment modalities, assessment techniques, and the length of treatment are wide-ranged within Individual Psychology practice (Oberst & Stewart, 2003). *Lifestyle analysis* is at the core of the therapeutic process and allows the therapist to highlight the specific process and times that a client established mistaken beliefs related to a lack of self-worth (Abramson, 2015). Additionally, the understanding of this process allows the client to reframe the self view while discovering a sense of worth. The techniques used within lifestyle assessments can vary in use and are based on the individual, but generally, the techniques involve a gathering of information through these main strategies as organized by Oberst and Stewart (2003):

- **Family constellation and atmosphere** – The family of origin represents the first social context for an individual, and the goal is to discover the structure and organization of the family, who the members are, who was present when, and what the environment and relationships were like (*the emotional climate*). Most often, a *genogram* is used to accomplish these tasks. A genogram represents several generations within a family in a diagrammatic form and is created collaboratively, usually on paper or an easel board, with the client and therapist. A genogram allows for important dates and numbers (e.g., ages, divorces, births, deaths, and marriages), as well as a clear description of the types of relationships between individual members (e.g., strained relationships, tension, harmony, and trust). The therapeutic aspects of a genogram are that a client is able to communicate through narrative the feelings and private meanings surrounding family relationships, the therapist is easily able to gather information and reflect questions back to the client relating to their feeling about family members, and the visual nature allows the client to see patterns of relationship and behavior as it passes down through generations.
• *Birth order* – The birth order of an individual essentially represents the perceived psychological role that person plays within the family. The significance within Individual Psychology is that this perception displays how a person attempted to belong and find significance within their family, which corresponds to seeking significance throughout their adult life. Birth order can be assessed through the family constellation and genogram. Quantitative measures such as the White-Campbell Psychological Birth Order Inventory (PBOI) and the Birth Role Repertory Grid (BRRG) are used as well. The issue that can arise with birth order assessment is that a clinician can rely on the stereotypical descriptions of birth order to make inferences about a client; Adler clarified that the actual number or position a child has is not as important as the situation they were born into and their perception and interpretation of it.

• *Early recollections* – Early recollections are considered the clearest gateway into the fictional goals and motivations for movement within Individual Psychology. The early recollection process works through gathering a client’s earliest memories in life and recording the details as they describe it word-for-word. The memories as the client sees them (i.e., accuracy of the events is not as important) are a representation of coping mechanisms and striving that are projected onto the present circumstances and life of a client. Many attitudes and beliefs can be understood by the way in which a client describes a memory. Once several recollections are collected, the therapist can begin to make inferences based on patterns such as who is involved and the emotional tone that exists in the memory.

• *Semi-structured interviews* – Conducting an interview with an informal conversational style is an easy way to understand a client’s perspective on their presenting problems.
Additionally, this provides a lesser confrontational approach that allows for room to ask clarifying questions. There are templates with questions and areas to cover within an interview if a clinician chooses to use them, otherwise, the goals in their questions should be as follows: (a) to understand the clients perception of their current struggles and challenges in life, (b) to ask about a client’s success in the three life tasks - love, work, and friendship, (c) to assess their level of social interest, and (d) to understand the client’s experience of their relationships in their family of origin. Other information such as medical history and relationship to substances can also be explored in greater detail.

Lifestyle is a self-created reality based on a person’s perceptions and life experience, and this informs personality development completely unique to the individual (Peluso & MacIntosh, 2007). Within Adlerian Psychology, this focus on uniqueness and the concept of unity of personality helped to shape the naming of Individual Psychology (Dreikurs, 1989). Derived from the Latin word “individuum,” the literal translations of undivided and indivisible speak to the inner conflicts and duality in each person that come together through the process of awareness within Individual Psychology work (Dreikurs, 1989).

Social Interest

Social interest is a core tenet of Individual Psychology and is defined as a sense of belonging to the greater world, contributing to the world and others in useful ways without a thought of reward, and empathizing and acting on the behalf of others (Miller & Taylor, 2016; Rennebohm et al., 2017). The more community and social connection someone feels, the more feelings of alienation diminish, and this allows for a sense of belonging that is deeply rooted in human beings (Hunter & Sawyer, 2006). Belonging is a significant aspect to the process of Individual Psychology, and Adler highlighted that social interest is directly related to feelings of
empathy (Clark, 2016). Additionally, social interest is inborn and needs to be nurtured for individuals to feel empathy and a greater sense of contribution to society. Conversely, a lack of social interest displays as insensitivity toward the feelings of others in varying degrees (Clark, 2016). The effects of underdeveloped social interest are manifested by low performance in school, feelings of loneliness, inability to ask for help, and a decreased ability to confide in others (Hunter & Sawyer, 2006).

Helping clients develop social interest can take many forms. As discussed above, the very nature of Individual Psychology begins with an egalitarian relationship between the therapist and client (Oberst & Stewart, 2003). The result of this type of relationship instills a sense of equality and collaboration emulating the ideas of social interest in acceptance, respect, and value for each person’s experience, opinions, perceptions, and self-agency (Oberst & Stewart, 2003). Additionally, Adlerian family therapy demonstrates democratic education within the family system, showing parents how to use encouragement as a means to foster social interest, healthy development, and feelings of worth within their children.

**Individual Psychology and Emotion Focused Therapy**

Similarities between Individual Psychology and EFT point to ways in which each theory could inform psychotherapy practice, particularly in work with couples (Peluso & MacIntosh, 2007). Two major areas of overlap are that each theory includes a focus on the significance of social interaction as a means to express patterns of behavior, and both theories include a clear and stable view of the self, world, and schemas for each client (Peluso & MacIntosh, 2007). Adlerian therapy approaches couples and families as a social environment where an individual’s private logic, mistaken beliefs, and lifestyle affect the interactions between family members as well as the selection of a partner (Abramson, 2007; Peluso & MacIntosh, 2007). Although
partners are selected based on compatibility of goals, style of living, and beliefs, it is common that within conflict those same elements become problematic between partners (Peluso & MacIntosh, 2007). Based on the individual situation, conflict could move a couple toward a healthy or unhealthy way of handling the problem, and destructive behavior can actually represent an attempt to meet a partner’s needs and resolve disharmony (Peluso & MacIntosh, 2007).

This Adlerian concept is similar to EFT where a couple’s patterns of behavior are believed to develop as a result of losing connection, and although unhealthy behavior may exist, this is each partner’s way of attempting to ask for harmony from their own attachment style created in childhood (Johnson, 2004). Both EFT and Individual psychology are dynamic and allow for continuous change and growth throughout the process of therapy (Peluso & MacIntosh, 2007). Within Adlerian couples’ therapy, each individual can affect change at any point in time, and each individual explores their mistaken beliefs and lifestyle to take responsibility for the effect it may have on the relationship (Peluso & MacIntosh, 2007). Additionally, new creative solutions and new behaviors are encouraged. This is similar to EFT where negative interaction cycles are identified based on each individual’s attachment style and experience, and new patterns of behavior are encouraged.

Peluso and MacIntosh (2007) highlighted the similarities in the development of attachment styles and the development of lifestyle. Peluso and MacIntosh noted that both attachment and lifestyle begin from the interactions with an individual’s earliest caregivers. Attachment begins with interactions between child and parent, while lifestyle develops from the behavior of a child striving for acceptance and belonging within their family (Peluso & MacIntosh, 2007). Private logic dictates behavior in the lifestyle development and attachment
behaviors become defined creating a working model of the self within both theories. As individuals move through life, the inner working models become fully developed, and the behavior is used with all social networks and relationships.

Another area where Individual Psychology and EFT can work together is through looking at couples in the wider context of community and their level of social interest. Rennebohm et al. (2017) found that cultivating social interest could provide an important structure for improving a couple’s relationship. Rennebohm et al. stated attachment has already been linked to relationship quality through research. Additionally, attachment avoidance is negatively related to social interest. In other words, those with a strong distrust of others, and a reliance on self that excludes closeness with others, often have diminished care toward people and the greater sense of community. The implication is that attachment style aside, people that develop social interest can create support and connection as a buffer to the stress within the relationship, and this could serve as an important tool used within the therapeutic process (Rennebohm et al., 2017).

Limitations and Implications

Individual Psychology has a strong community of educators and practitioners and is used regularly throughout other established forms of therapy; however, it still remains without the designation of evidence-based practice (Sperry, 2016). As the field of psychology and training for psychotherapy continue to change, it could be important for Individual Psychology practitioners to extend its methods to fit within new standards and knowledge (Sperry, 2016). One example relates to the area of trauma; there is considerable overlap between evidence-based trauma-informed practice and Individual Psychology (Paige, DeVore, Chang, & Whisenhunt, 2017). Moreover, when used within psychotherapy, the tenets of Individual Psychology such as lifestyle, encouragement, and social interest, inherently provide trauma-informed care. The issue
lies in the rapid growth of knowledge on trauma as a larger public health concern needing trauma-specific interventions to be implemented appropriately by clinicians (Paige et al., 2017). In this way, Adlerian therapists need to remain informed and aware of current research and principles of trauma-informed care, along with possibly extending the practice of Individual Psychology to include new information and development within the field (Paige, et al., 2017).

As mentioned above, one way for Individual Psychology to stay relevant in practice is to incorporate current theories of evidence-based modalities such as EFT (Sperry, 2016). Synthesizing Individual Psychology with other practices that emulate similar belief systems has the power to strengthen and extend the use of practice beyond its current scope, similar to the concept of integrative psychotherapy practice (Sperry, 2016).

Another area of development in the field of mental health is the growing body of literature surrounding ecological identity and the effects of losing connections to nature through urbanizations and technology dependence (Gabrielsen & Harper, 2017; Hafford, 2014). This concern has been discussed for several years and has gained momentum through current issues unique to this point in time (e.g., technology addictions and escalating rates of mental health disorders in children and adolescents; Gabrielsen & Harper, 2017). Adapting Individual Psychology to incorporate modern cultural concerns, and synthesizing with nature-based theory and EFT, could provide a holistic course of treatment unique to the qualities exemplified within Individual Psychology.
Nature-Based Therapeutic Considerations

You psychologists talk about identity crises. I’ll tell you what an identity crisis is: It is when you do not know the land and the land does not know you.

-Leroy Little Bear

In therapeutic practice, nature has not played a predominant role in the process for change, which represents the focus on human interactions within the field of psychology (DeRobertis, 2015). Though more modalities have emerged that incorporate the natural world as a valuable resource (e.g., animal assisted therapy), other considerations exist for conducting psychotherapy from an ecological perspective and include: culture, religion, Indigenous communities, and spirituality, which play a large part in personal beliefs, values, and often how people perceive nature (Datta, 2015; Hunter & Sawyer, 2006).

Traditionally, psychology professionals focus on the individual separate from the environment, representing continuing Eurocentric and Western beliefs that the mind is separate from the natural world (Heft, 2013). A deeper look at ecology and relationships found in nature can represent, through symbolism, the dynamic systems that go through change while maintaining stability (e.g., altered habitats cause plants and animals to shift to maintain food sources). Similarly, humans attempt stability and growth through change within the therapeutic process (Heft, 2013). Additionally, the interdependence of relationships within nature is a strong similarity to Adler’s concept of social interest and represents community within the greater context of the natural world. Helping clients cultivate relationships within psychotherapy can be inspired by the natural world, which is inherently relational, and in this way, plants, animals, and all living things are part of the relational community (Adams, 2006; Hafford, 2014).
Animal-Assisted Therapy

Animal-assisted therapy (AAT) supports the human-animal bond, is used with a wide variety of populations and contexts, and is designed to target specific goals within the therapeutic process (Kelly, & Cozzolino, 2015). Using animals in therapy has been associated with many benefits and positive client outcomes such as increased self-esteem, reduced alienation, increased empathy, self-control, and a sense of mastery (Hunter & Sawyer, 2006). Hunter and Sawyer (2006) described how children benefit therapeutically from interactions with animals by learning how to give and receive affection from an unconditional source. Hunter and Sawyer stated this is particularly important for children who have been deprived of healthy attachment and affection. Additionally, children can learn coping and grieving skills with the death of animals and learn to respond appropriately to non-verbal cues of animals, which translates to reading body language and responding to non-verbal cues of people. One modality in the realm of AAT that has been established with significant growth in practice is therapy including horses.

**Equine-assisted psychotherapy.** The use of horses for healing dates back for centuries, and through advances is science and medicine, it has continued to be a resource for treating a wide variety of mental and physical issues (Notgrass & Pettinelli, 2015). The therapeutic qualities of horses from their physical movement, participation in horsemanship and cooperative activities, social nature, and strong awareness of non-verbal communication provide strong opportunities for emotional and physical growth in people (Notgrass & Pettinelli, 2015). Building a relationship with an animal can also bring feelings of acceptance and pride without judgement and allow for learning boundary setting and respecting the space of others (Dell et al., 2011).
Various types of equine therapies exist based on differing philosophies and theories; one central differentiation between modalities is whether the horses are ridden or not (Notgrass & Pettinelli, 2015). One of the main organizations using therapeutic riding is the Professional Association of Therapeutic Horsemanship International (PATH International), which seeks to benefit individuals suffering from cognitive, emotional, and physical disabilities through riding and other activities with horses (Notgrass & Pettinelli, 2015).

The Equine Assisted Growth and Learning Association, or EAGALA model, was developed based on the principles of the Association for Experiential Education (AEE); adding horses to the therapeutic process and creating a unique approach that is based on interactions arranged solely from the ground (Notgrass & Pettinelli, 2015). This interaction allows the client to view the horse as an equal partner in the therapeutic relationship free to make their own choices and interactions, which are interpreted by the client and not the therapist. The therapy team also consists of at least one mental health professional (MH) and one equine specialist (ES) who work together to observe patterns and behavior with minimal direction to the client; this allows the client to experience their own decision-making and responses in the moment (Notgrass & Pettinelli, 2015).

To be outdoors next to large animals could possibly bring up emotions such as fear or nervousness and allows for a directly felt experience in the body; mind-body connection is a common theme and cultivation within therapy as disconnection and disassociation with feelings often exists for those who have experienced trauma and struggle to feel and express a full range of emotions (Paivio & Angus, 2017). Adams (2006) described the greater desensitization that humans have toward nature and a lack of mind-body connection; the idea of knowing with heads and not hearts exemplifies the need for a direct experience in nature to feel empathy and
compassion for these spaces. In this way, the direct experience with horses and nature in the EAGALA model provides the opportunity to foster a connection to the natural world along with the therapeutic benefits of personal growth and healing.

**Therapeutic technique.** Equine assisted therapy utilizes various techniques based on the needs of individual clients and groups (Notgrass & Pettinelli, 2015). One example is the use of metaphor, particularly within the EAGALA model, the horses and the area used for therapy can represent anything in a client’s life (Notgrass & Pettinelli, 2015). For instance, a client might notice attributes in a particular horse that might remind them of someone in their life; this offers a safe space to explore that relationship and act out communication that brings release or insight. Another way that metaphor is used is by explaining to the client that the pasture, and everything within the area they are working in, represents their life and their world. For example, one area under a tree might represent home, or a fence might represent a struggle between work and a relationship. These interpretations are all decided by the client, and the therapy team supports the space and gently guides the client while noting patterns and movement in therapy as they allow clients to make their own discoveries (Notgrass & Pettinelli, 2015).

The use of metaphor is seen within Individual Psychology and EFT as well as a means to gain awareness and explore the self and relationship to others. It can be helpful to describe a relationship or personality trait in terms that have tangible and visual components (e.g., “our home environment is stormy,” or “the communication between us flows like a river”; Corey, 2013; Johnson, 2004).

**Cultural Considerations**

It has been noted throughout research that the practice of wilderness and adventure therapy is lacking a clear description and utilization of culture-specific practices and
understanding (Harper et al., 2017). Moreover, this continues to be a concern within the field of psychology in general as the Eurocentric Western approach to psychotherapy does not often support the specific belief systems and needs of Indigenous cultures and communities, especially those that have been particularly affected by historical oppression (Datta, 2015; King, Trimble, Skawennio Morse, & Thomas, 2014). Ecopsychology has an inherent component of social justice as the goals of the two are the same: to live in connection, and for all people to feel the equality of shared resources of the earth (Anthony & Soule, 1998). These goals aim to address real problems in communities, and these communities consist of all cultures and backgrounds that share space—urban or remote (Anthony & Soule, 1998).

To cultivate connection to the earth and ecological identities in others as a source of healing and social justice, there needs to be a recognition of how differently culture and history affect an individual’s view and connection to the land (Anthony & Soule, 1998; Datta, 2015; Hunter & Sawyer, 2006). Anthony and Soule (1998) provided an example of the African American experience of several generations working the land in the United States, first as slaves, and then as sharecroppers without the opportunity of owning land. The harshness, humiliation, and public invisibility of these experiences can affect an individual’s perception of land as well as create a possible detachment or avoidance toward connection with rural life. King et al. (2014) believed awareness and openness is critical on the part of the therapist, especially those from a privileged heritage. Therapists must adapt to the cultural needs and identity of a client and refrain from imposing their personal view of connection to nature without understanding a client’s perspective (King et al., 2014).

Contemporary literature and research draws clear connections between mental health and humans’ relationship to nature and cites the increased disconnection through urban living
environments and the exploitation of resources that humans rely on (Gabrielsen & Harper, 2017; Hunter & Sawyer, 2006). Moreover, research shows an increased recognition of the influence the natural world can have on spiritual, cognitive, and emotional development. Western society focuses on industrialization, continued technological advancement, and individualistic ideals, and the basis of Western science is objectivity, skepticism, linear functioning, and the separation of physical and spiritual (King et al., 2014). Additionally, the dominant Western cultural view of religion and community does not incorporate components of the natural world into practice and daily life. This differs from other cultures and religions that incorporate nature as an interdependent aspect to their lives and religious practice (e.g., Native American Spirituality, Buddhism, Hinduism, Inuit, and Aboriginal cultures; Datta, 2015; Harper et al., 2017; Hunter & Sawyer, 2006). The practice of ecopsychology and integrative use of nature-based principles therefore requires a broader understanding of nature from a cultural standpoint (Anthony & Soule, 1998). Native American spirituality is expanded on in this project. This expansion is because of the historical impact Western culture has had on these cultural beliefs and the large numbers of communities existing in North America that are underserved and unrepresented within the therapeutic treatment context (King et al., 2014).

**Native American spirituality.** Native American spirituality and tradition focuses greatly on connection and the harmony of mind, body, and spirit with the natural world and all its inhabitants (Hunter & Sawyer, 2006). There are over 550 federally recognized tribes, over 150 language groups, and Native American communities living in all the Canadian provinces and in all the United States (King et al., 2004). King et al. (2014) stated the individuality and diversity of each indigenous population is necessary to recognize so people do not assume that there is one perspective within the larger culture. That said, most groups have a way of describing spirit or
an essence of a greater connectedness, seen and unseen, that guides a person through life and is connected to all things (Hunter & Sawyer, 2006; King et al., 2014). Often described in the phrase “all my relations,” ritual and ceremony exist to remind individuals that they are related to all things including air, water, animals, rocks, stars, and everything green (Hunter & Sawyer, 2006, p. 236). This focus on a sense of community relates to Adler’s concept of the need for belonging and social interest where balance and health are derived from social connectedness and relationship (Hunter & Sawyer, 2006). The significance of spirituality within this context is that a person relates to everything in the universe as living entities and allows for compassion and connection to all things (King et al., 2014). Conversely, a Western approach, particularly within science, separates things into living or non-living, which, in turn, reduces many things into objects. King et al., (2014) posited that viewing elements as objects in a detached way allows for exploitation and eventual destruction because there is no personal connection.

The field of psychology is heavily influenced by Western science that influences research modalities and treatment as best practices, which often does not serve indigenous communities or represent traditional methods of science and healing (King et al., 2014). Also, psychological services and treatment outcomes have not improved for Native American people over the last 25 years. To better serve these communities, a therapeutic shift is necessary to put aside the Western view of the world as separated from the physical and spiritual (King et al., 2014). King et al. stated recognition of the effect of historical oppression is necessary as this caused many Native American traditions and beliefs to be forced “underground,” which had a large impact on levels of trust for many Native American people. Frequently, apprehension exists about seeking mental health care due to the possibility of insensitivity or ignorance of a practitioner, a lack awareness of historical experiences of Native American people, and a lack of spiritual focus in
therapy (King et al., 2014). Other concerns within the therapeutic context lie in cultural appropriation or misuse of cultural knowledge by the therapist along with misdiagnosis based on differing worldviews. Additional research is needed specific to Indigenous culture and belief systems as well as the development of treatment models based entirely on the Native American perspective (King et al., 2014).

**Therapeutic techniques.** Hunter and Sawyer (2006), described several techniques incorporating Native American spirituality and beliefs into therapeutic settings and practice. Here are three examples:

- **The Unity Model** - The work of Garrett and Crutchfield (as cited in Hunter & Sawyer, 2006) blended traditional Native American perspectives with modern counseling techniques to create a *unity model* for working with groups. Using the Medicine Wheel (or Greater Circle), the model is used to develop self-esteem, body awareness, and self-concept by focusing on the four Great Circle directions encompassing the inner aspects of mind, body, and spirit that interchange between members of the group within the circle. This model draws on traditional healing ceremonies using group work to enhance relationships having an overall effect on individual growth.

- **My Pet, My Family** - Incorporating animals into groupwork allows the therapist to explore wider relationship contexts with group members. Through guided group discussion, individuals can discuss their relationship to animals, discuss ways in which group members can fulfill the needs of animals, and learn the ways in which individuals share space and resources with animals (e.g., breath the same air, touch the same earth).

- **Earth’s Gift** - A counselor-led nature walk begins this exercise where “a stick finds the group.” Each child is asked to find something special in nature that has meaning for
them to help decorate the stick. This provides a sense of autonomy as children are encouraged to make their decisions. This exercise fosters cooperation, sharing, and a focus on the generosity of the earth. Each child talks about their items and why they are significant before attaching them to the stick. At closing, they are reminded to thank Mother Earth for the special gifts given freely by nature.

**An International Perspective**

As the movement to restore human connection to the natural world and wild spaces continues to grow, a recognition of territorial rights for First Peoples in many parts of the world is a rising part of the discussion (Harper et al., 2017). Indigenous culture has an inherent influence on wilderness therapy practices as these cultures have always used land-based practice in daily life (Harper et al., 2017). Wilderness therapy practitioners seek to use similar spaces to promote healing, and many of these spaces are in dispute of stolen lands from traditional cultures (Harper et al., 2017). All countries and cultures have a unique approach to wilderness practices and societal beliefs, and the field of wilderness therapy can benefit from a clear delineation of program content and cultural influence to create more sophistication in practice (Harper et al., 2017).

Harper et al. (2017), conducted research on wilderness therapy practice in Canada, Norway, and Australia in an effort to define unique characteristics of each approach. Harper et al. found unique attributes and overall similarities in Canada, Norway, and Australia that highlight a difference from the Western approach to wilderness therapy. One similarity is that each place had a slower pace within therapy and chose activities that move thoughtfully throughout nature, emulating calm observation or a feeling of **equilibrium**. A common approach to wilderness therapy in the United States includes a focus on the fast-paced adventure activities
that cause a deliberate *disequilibrium* thought to be a source for growth in the therapy process. Another similarity between Canada, Norway, and Australia was that they incorporated connections of the land to the traditional culture of the people of those regions (e.g., use of traditional canoe travel of the voyageurs, teach the use of traditional tools and survival techniques, or learn the plants of the region used for medicine by indigenous cultures) a characteristic not present within most wilderness programming in the United States.

King et al (2014) and Harper et al. (2017) highlighted a need within the field of psychology to expand its content in respect to culture. Recognizing cultural beliefs that view the natural world as a part of community aligns with the beliefs within ecopsychology. This awareness allows therapeutic practice to expand in respect to other cultures and in redefining the dominant American cultural view of community (Hafford, 2014).

**Discussion**

Ecopsychology highlights the significance of the relationship between humans and the natural world. In addition, the practice of ecopsychology includes the recognition of the importance of respect and reciprocity (on the part of humans toward nature) to regain a sense of self and foster the emotional connection within nature, to rebuild conservation efforts as a lifestyle, and to facilitate healing (Hafford, 2014; Roszak, Gomes, & Kanner, 1995). Many indigenous cultures have existed with a reciprocal relationship and connection to nature using the natural world as a barometer and resource for individual health and wellness (Dell et al., 2011; King et al., 2014). As the connection to nature declines, particularly within cultures steadily focused on urbanization, there is an increase of mental illness that many researchers relate to higher technology use and less involvement with the natural world (Harper et al., 2017). The impact of wilderness therapy and nature-based programming has established a steadily growing
field within the greater umbrella of psychotherapy practice. Although positive research and practice outcomes are prevalent within wilderness therapy practice, it is still lacking in a greater body of research to delineate a clear theoretical base, a cultural component to development, practice, and land use, and standardizations for practice (Harper et al., 2017; Norton, et al., 2014). Additionally, wilderness therapy lacks a clear description of the relationship between humans and nature and its significance within the therapeutic process (Rutko & Gillespie, 2013). Emotionally focused couples therapy remains one of the most effective evidence-based forms of treatment for couples and resembles Individual Psychology and ecopsychology in theory and practice (Peluso & MacIntosh, 2007; Wiebe & Johnson, 2016). The incorporation of ecopsychology into EFT and Individual Psychology could allow for an expansion of psychotherapy practice to include nature-based principles, along with establishing ecopsychology as a form of practice recognized within the field of psychology (Hafford, 2014). Although more research is needed to clearly define the use of nature in therapy, the evidence suggests positive outcomes and a larger cultural connection to nature that has an overall benefit to clients and therapeutic practice (Harper et al., 2017; Santostefano, 2008).

**Implications for Practice**

Many currently used techniques and assessments can be translated to nature-based tools for therapeutic practice. There is also a vast space for developing new techniques and tools completely from a nature-based perspective. Possible techniques, exercises, and exploratory questions include the following:

- Metaphor – Metaphors can be an important bridge between thoughts and emotions and can provide clues into a client’s internal struggles (Corey, 2013). *Growth* is an aspect of nature that provides many opportunities for exploration with clients.
Exercise: Plant a few varieties of plants with clients starting from seeds. Track the growth and the difference between the growth of each plant. Explore what comes up when talking about growth and use the opportunity to ask questions and find deeper primary emotions (e.g., Which plants are growing faster? How does it feel to wait for them to grow? Are there parts of you that grow faster or slower than others? Which plants are stronger or more resilient?). Follow the client’s lead with what stands out for them continuing to ask open and exploratory questions.

- Relationship and Imagery Exercise: Identify the client’s closest “relation” in nature (i.e., what they feel most drawn to or fond of) such as water, trees, rivers, mountains, specific plants or animals. If a connection does not exist, do the following in a nature setting: Sit quietly and allow the senses to liven, smell the air and hear the sounds of the space. Ask the client which aspect of the surroundings they are most drawn to and describe the characteristics and qualities of it. Continue with exploratory and open questions: What about these characteristics are important to you? Do you see any similarities in yourself? What is your relationship like with water? Once this relationship is established, it can serve as a tool for visualization techniques for emotional regulation and stress relief. For example, if a river is what clients relate to and connect with, they can practice a visualization of themselves next to a river when they are in a time of stress. They can imagine the current situation or thoughts floating past them as a way to step outside of the experience and identify the feelings involved or calm anxiety related the situation.

- Nature genogram – Exercise: Either working from an existing genogram with a client or creating a new one, the therapist and client can create a genogram where each person in
the client’s family is represented by an aspect of nature (i.e., plants, animals, rocks, planets, etc.). Look for patterns or new insights that come up from this.

- Developing an ecological identity – As a practitioner, it would be helpful to define a personal history and affiliation to nature to model the language involved and the possibilities for making connections through practice.

Exercise: Find a journal, or blank notebook, to use and begin to write about your experiences of nature and memories from the past. Define any strong feelings or emotions, vivid memories, or stories. Ask family and friends of their experiences regarding these memories or their personal experiences with nature. Learn something about the local ecology where you live, what types of plants are predominant, or if there is any natural history of the area.

This process can be ongoing, with new assignments within therapy, or free exploration open to the individual experience of each client.

**Recommendations for Future Research**

To create evidence-based best practices for wilderness therapy, researchers could expand the criteria to include specific delineations of practice based on culture. For example, wilderness therapy practiced in any specific country or region could identify indigenous cultures that originated from that same place. Wilderness therapy could support traditional practices and beliefs by educating clients and creating an awareness of the history of the land being used for therapy. This research could provide awareness of the cultural impact and experience of clients from varying cultures to provide more conscious and well-rounded treatment that meets the needs of underserved individuals.
Another area of focus for research could be a clearer definition of nature and wilderness itself and the specific attributes that aid in practice of wilderness therapy. Some examples of this would be research on the emotional experience and response individuals have in particular settings, defining spiritual ties to nature, comparing responses of clients within natural settings to traditional office settings, and compiling self-report data on the personal and emotional responses that nature evokes for individuals.

**Conclusion**

Ecopsychology principles highlight the reciprocal connection between humans and nature and the significant effect the natural world has on well-being and the ability to aid in healing (Hafford, 2014). Additionally, the disconnection to nature in modern society has called attention to a change in values based on technification and urbanization that point to a rise in mental health concerns (Gabrielsen & Harper, 2017; Hafford, 2014). Incorporating principles of ecopsychology into the practice of Individual Psychology and Emotion Focused Therapy can allow for an expansion of techniques and perspectives of practitioners while supporting conservation ethics and broadening healing resources (Clayton, 2011). As evidence-based practice continues to be the standard within the field of psychology, a deeper spiritual experience such as ecopsychology struggles to gain footing and could benefit from more research (Datta, 2015; Sperry, 2016).

Emotion focused therapy and Individual Psychology are established within the field of psychology and have the connection to ecopsychology principles. For example, both EFT and Individual Psychology work in the present moment and experience of the client, focus on the significance of relationship and community, and use the power of emotion to affect change (Peluso & MacIntosh, 2007). Research and evidence reveals positive outcomes for the use of
other wilderness-based modalities such as adventure therapy (AT) and outdoor behavioral healthcare (OBH) and these practices are establishing standardization within the field to reach evidence-based status (Norton, et al., 2014; Tucker, et al., 2016). Although these modalities use the benefit of nature in the therapeutic process, they do not clearly define why nature itself is beneficial. Additionally, these modalities do not incorporate the spiritual connection and land-based cultural practices and are not specifically directed toward the client’s experience (Harper, et al., 2017). Culture-based education and practice occurs more in nature-based programming in countries outside of the United States (Harper et al., 2017).

Currently, it is possible to incorporate nature-based techniques into existing evidence-based practice such as EFT to enhance awareness and compassion for the greater ecological state of the environment, reach people and cultures that affiliate with nature more easily than traditional talk therapy, and to expand the focus of psychology from just human interactions to include nature as an integral part of relationship and community.
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