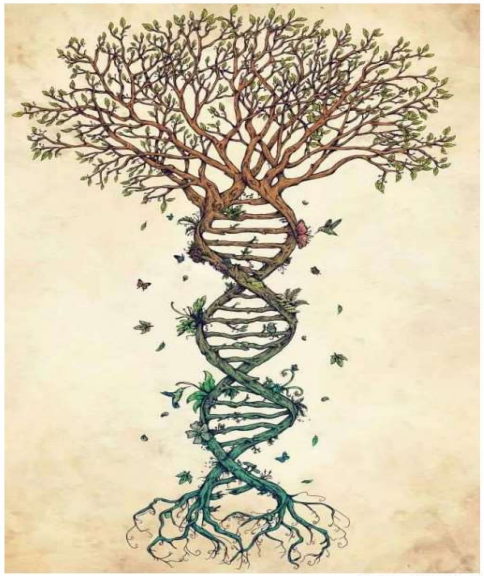
Πανεπιστήμιο Δυτικής Αττικής
ΠΜΣ Περιβαλλοντική Επικοινωνία και Προαγωγή Υγείας


'The Fabric of Life' by Rene Campbell

Οικοθεραπεία

Καθηγήτρια Κωνσταντίνα Σκαναβή

Διδάσκων:

Ιωάννης Σκιαδάς, MD, PhD

Θεματική ενότητα:

Καρδιά και ψυχή. Κυκλοφορία και ύπαρξη ζωής: στον άνθρωπο, την κοινωνία, το φυσικό περιβάλλον. Κοινοί άξονες δομής και θεραπείας.

The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes

Caoimhe Twohig-Bennett*, Andy Jones

Norwich Medical School, University of East Anglia, Room 1.23 Queen's Building, Norwich Research Park, Norwich NR4 7TJ, United Kingdom

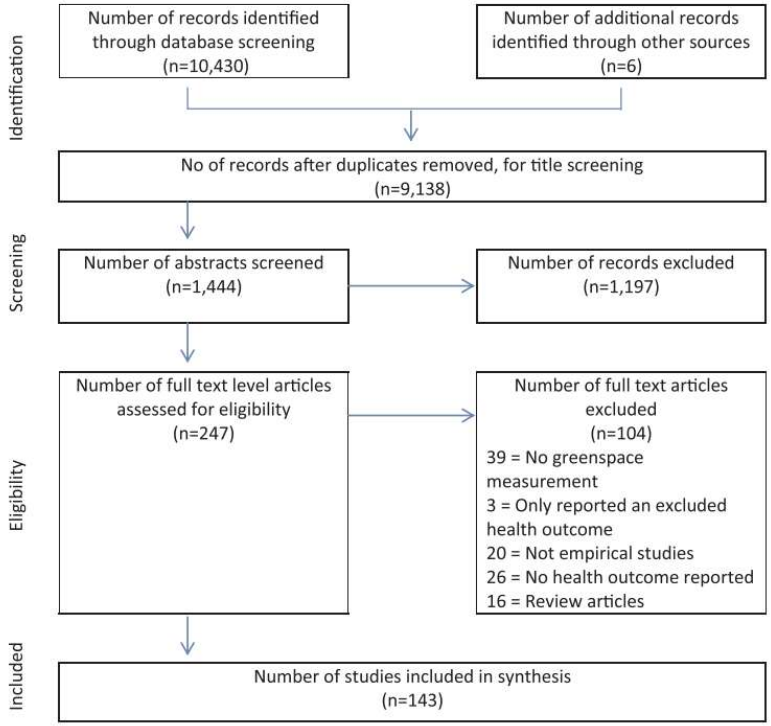
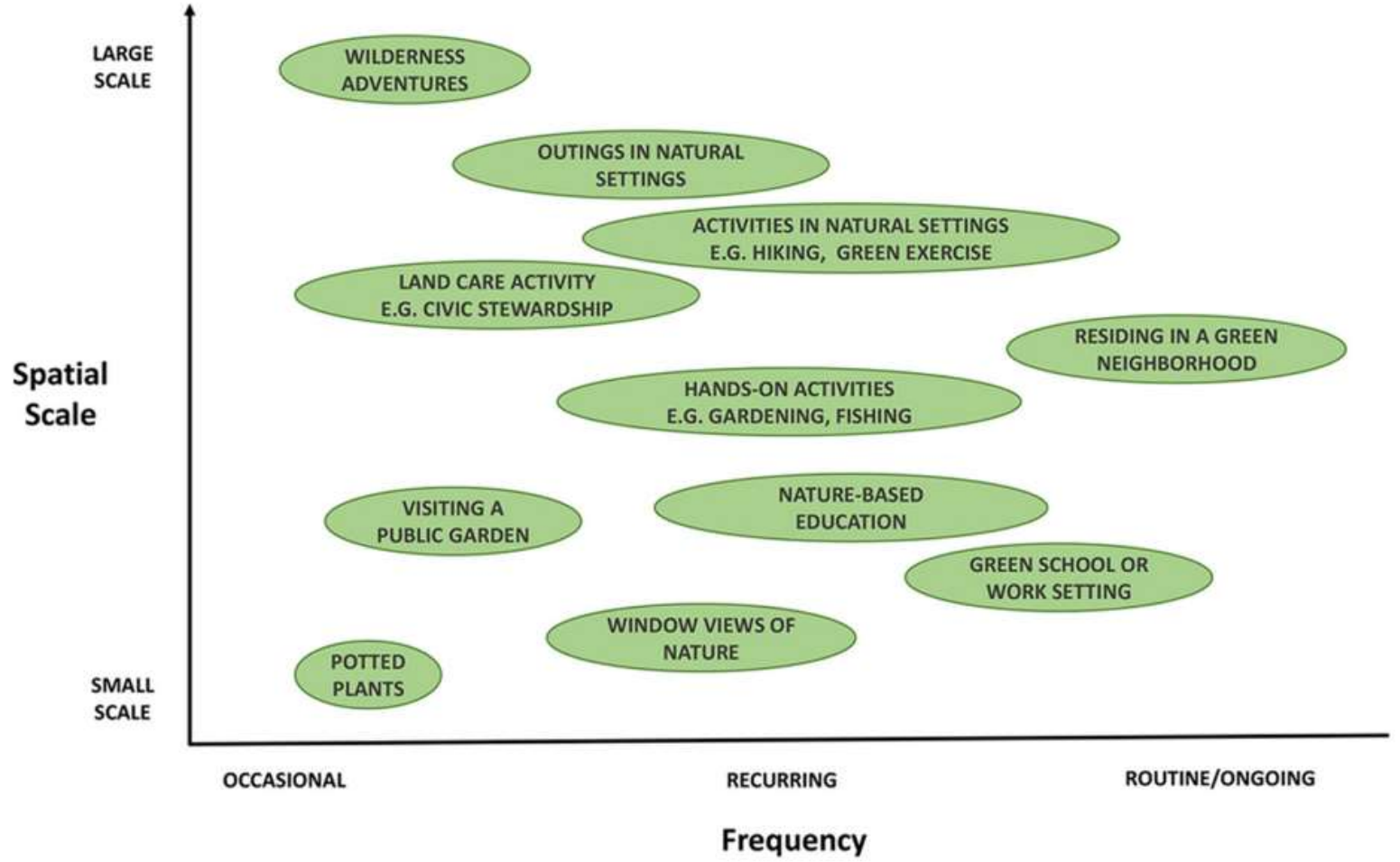


Fig. 1. Flow chart of studies.

Nature contact and health research domains

Domain
1. Mechanistic biomedical studies
2. Exposure science
3. Epidemiology of health benefits
4. Diversity and equity considerations
5. Technological nature
6. Economic and policy studies
7. Implementation science

A spectrum of forms of nature contact.



Summary of evidence-based health benefits of nature contact.

No.	Health/well-being benefits	References
1	Reduced stress	Berto 2014; Fan et al. 2011; Nielsen and Hansen 2007; Stigsdotter et al. 2010; van den Berg and Custers 2011; van den Berg et al. 2010; Ward Thompson et al. 2016
2	Better sleep	Astell-Burt et al. 2013; Grigsby-Toussaint et al. 2015; Morita et al. 2011
3	Improved mental health:	
	Reduced depression	Astell-Burt et al. 2014c; Beyer et al. 2014; Cohen-Cline et al. 2015; Gascon et al. 2015; Kim et al. 2009; Maas et al. 2009b; McEachan et al. 2016; Nutsford et al. 2013; Sturm and Cohen 2014; Taylor et al. 2015; White et al. 2013
	Reduced anxiety	Beyer et al. 2014; Bratman et al. 2015a; Maas et al. 2009b; Nutsford et al. 2013; Song et al. 2013; Song et al. 2015
4	Greater happiness, well-being, life satisfaction	Ambrey 2016; Fleming et al. 2016; Larson et al. 2016; MacKerron and Mourato 2013; Van Herzele and de Vries 2012; White et al. 2013
5	Reduced aggression	Bogar and Beyer 2016; Branas et al. 2011; Kuo and Sullivan 2001a, b; Troy et al. 2012; Younan et al. 2016
6	Reduced ADHD symptoms	Amoly et al. 2014; Faber Taylor et al. 2001; Faber Taylor and Kuo 2009; Faber Taylor and Kuo 2011; Kuo and Faber Taylor 2004; Markevych et al. 2014b; van den Berg and van den Berg 2011
7	Increased prosocial behavior and social connectedness	Broyles et al. 2011; Dadvand et al. 2016; de Vries et al. 2013; Fan et al. 2011; Holtan et al. 2015; Home et al. 2012; Piff et al. 2015; Sullivan et al. 2004
8	Lower blood pressure	Duncan et al. 2014; Markevych et al. 2014a; Shanahan et al. 2016
9	Improved postoperative recovery	Park and Mattson 2008; Park and Mattson 2009; Ulrich 1984
10	Improved birth outcomes	Reviewed by Dzhambov et al. 2014
11	Improved congestive heart failure	Mao et al. 2017
12	Improved child development (cognitive and motor)	Fjørtoft 2001; Kellert 2005
13	Improved pain control	Acutely (Diette et al. 2003; Lechtzin et al. 2010) and chronically (Han et al. 2016)
14	Reduced obesity	Bell et al. 2008; Cleland et al. 2008; P. Dadvand et al. 2014a; Lachowycz and Jones 2011; Sanders et al. 2015; Stark et al. 2014
15	Reduced diabetes	Astell-Burt et al. 2014a; Bodicoat et al. 2014; Brown et al. 2016; Thiering et al. 2016
16	Better eyesight	French et al. 2013; Guggenheim et al. 2012; He et al. 2015
17	Improved immune function	Li et al. 2006; Li et al. 2008a; Li et al. 2008b; Li et al. 2010; Li and Kawada 2011
18	Improved general health:	
	Adults	Brown et al. 2016; de Vries et al. 2003; Kardan et al. 2015; Maas et al. 2006; Maas et al. 2009b; Stigsdotter et al. 2010; Wheeler et al. 2015
	Cancer survivors	Ray and Jakubec 2014
	Children	Kim et al. 2016
19	Reduced mortality	Coutts et al. 2010; Gascon et al. 2016b; Hu et al. 2008; James et al. 2016; Takano et al. 2002; Villeneuve et al. 2012
20	Asthma and/or allergies (studies show both improvements and exacerbations)	Andrusaityte et al. 2016; Dadvand et al. 2014a; Fuertes et al. 2014; Fuertes et al. 2016; Lovasi et al. 2013; Lovasi et al. 2008; Ruokolainen et al. 2015

Note: ADHD, attention-deficit hyperactivity disorder. The references in Table 1 are illustrative rather than exhaustive; they include both recent reviews and research reports and older, widely cited publications.

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Communication

Physiological and Psychological Effects of Forest Therapy on Middle-Aged Males with High-Normal Blood Pressure

Hiroko Ochiai [1,†], Harumi Ikei [2,†], Chorong Song [2,†], Maiko Kobayashi [2], Takashi Miura [5], Takahide Kagawa [6], Qing Li [3], Shigeyoshi Kumeda [7], Yoshifumi Miyazaki [2,*]

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Int. J. Environ. Res. Public Health **2015**, *12*

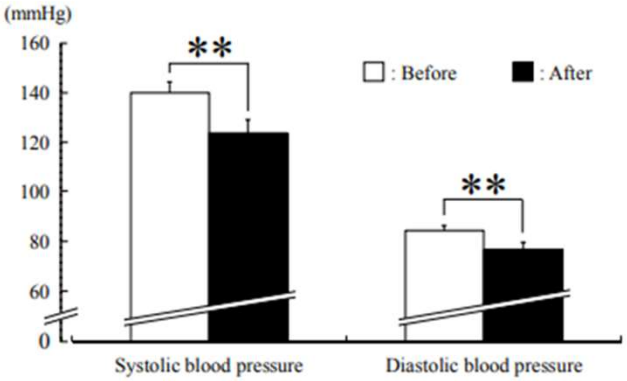


Figure 2. Effect of forest therapy on systolic and diastolic blood pressures in middle-aged males with high-normal blood pressure. $N = 9$, mean ± standard error. ** $p < 0.01$, paired *t*-test.


Stroll


Sit


Lie down

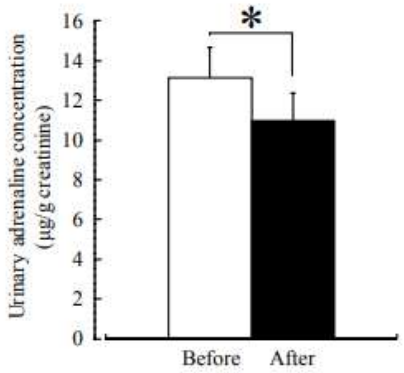


Figure 3. Effect of forest therapy on urinary adrenaline levels. $N = 9$, mean ± standard error. * $p < 0.05$, paired t-test.

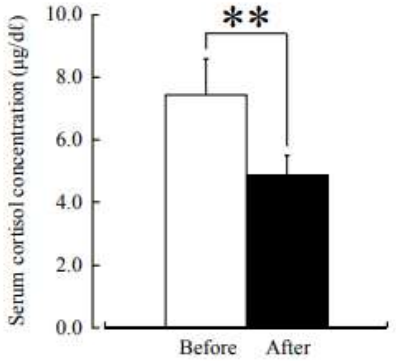


Figure 4. Effect of forest therapy on serum cortisol levels. $N = 9$, mean ± standard error. ** $p < 0.01$, paired t-test.

Time schedules of and calorie consumption during various activities of forest therapy.

Time	Event	Calorie Consumption (Kcal/min)
10:30–11:08	Stroll (Forest)	0.92
11:09–11:20	Sit (Forest)	0
11:21–11:26	Stroll (Forest)	0.85
11:27–11:31	Deep breathing (Forest)	0.02
11:32–11.39	Stroll (Forest)	0.71
11:40–11:49	Lie down (Forest)	0
11:50–12:17	Stroll (Forest)	1.72
12:18–13:16	Lunch and rest (Resting room)	0.12
13:17–13:30	Stroll (Forest)	0.38
13:31–13:53	Ride on the "Forest train" (Forest)	0.04
13:54–13:58	Stroll (Forest)	0.64
13:59–14:16	Stroll (Indoor pavilion)	0.31
14:17–14:32	Stroll (Forest)	0.17
14:33–15:05	Rest (Resting room)	0.05

Do You Need a Nature Prescription?

Nature therapy may mean that better health is right outside your door.

By Carol Sorgen

AHA SCIENTIFIC STATEMENT

Meditation and Cardiovascular Risk Reduction

A Scientific Statement From the American Heart Association

Glenn N. Levine, MD, FAHA, Chair; Richard A. Lange, MD, MBA, FAHA, Vice Chair; C. Noel Bairey-Merz, MD, FAHA; Richard J. Davidson, PhD; Kenneth Jamerson, MD, FAHA; Puja K. Mehta, MD, FAHA; Erin D. Michos, MD, MHS, FAHA; Keith Norris, MD; Indranill Basu Ray, MD; Karen L. Saban, PhD, RN, APRN, CNRN, FAHA; Tina Shah, MD; Richard Stein, MD; Sidney C. Smith, Jr, MD, FAHA; on behalf of the American Heart Association Council on Clinical Cardiology; Council on Cardiovascular and Stroke Nursing; and Council on Hypertension

(*J Am Heart Assoc*. 2017;6:e002218. DOI: 10.1161/JAHA.117.002218.)

Neurophysiological and neuroanatomical studies demonstrate that meditation can have long-standing effects on the brain

with physiological response to

stress,

smoking cessation,

blood pressure reduction,

insulin resistance and metabolic syndrome, endothelial function,

Inducible myocardial ischemia,

and primary and secondary prevention of cardiovascular disease

Topic	Findings
Neurophysiology and neuroanatomy	• Neurophysiological and neuroanatomical studies suggest that meditation can have long-standing effects on brain physiology and anatomy • Studies generally are nonrandomized and involve modest numbers of participants, sometimes performed under the direction of extremely experienced (>10 000 hours) meditators • Different forms of meditation have different psychological and neurological effects, and thus the neurophysiological and neuroanatomic findings of 1 type of meditation cannot be extrapolated to other forms of meditation
Psychological, psychosocial, and physiological response to stress	• Many, although not all, studies report that meditation is associated with improved psychological and psychosocial indices • Differences in populations, control of potential confounders, and type and length of meditation evaluated may account for discrepant findings. Small sample sizes and lack of randomization are common study limitations • Further study is needed on how meditation influences physiological processes associated with the stress response
Blood pressure	• Magnitude of reductions of systolic blood pressure varies widely • Study limitations including the methods of blood pressure measurements and bias in data ascertainment, high dropout rates, and different populations studied
Smoking and tobacco use	• Some randomized data show that mindful meditation instruction improves smoking cessation rates
Insulin resistance and metabolic syndrome	• Limited data on the effects of meditation on insulin resistance and metabolic syndrome
Subclinical atherosclerosis	• A few suboptimal studies of meditation and lifestyle intervention suggest the potential for benefit on atherosclerosis regression • Studies limited by multimodality approach, attrition, and incomplete follow-up • No firm conclusions can be drawn on the effects of meditation on atherosclerosis
Endothelial function	• Three studies showed no benefit of meditation on brachial reactivity in the overall cohorts, although 1 study suggested a benefit in a subgroup of patients with coronary artery disease • No conclusions can be drawn on the effects of meditation on endothelial function
Inducible myocardial ischemia	• Limited older studies suggest that meditation can lead to improvement in exercise duration and decreased myocardial ischemia • No contemporary studies have evaluated effects of meditation on myocardial blood flow or ischemia with advanced imaging techniques
Primary prevention of CVD	• Two studies of short-term intervention report surprising mortality reductions, and thus these findings need to be reproduced in larger, multicenter studies • Overall, because of the limited evidence to date, no conclusions can be drawn as to the effectiveness of meditation for the primary prevention of CVD
Secondary prevention of CVD	• Data on the potential benefits of meditation in patients with established coronary artery disease can best be characterized as generally of modest quality and as suggesting, but not definitely establishing, benefit • Because of generally limited follow-up time, there are more data on reduction of cardiac risk factors and psychological indices than on hard end points (eg, death, myocardial infarction)

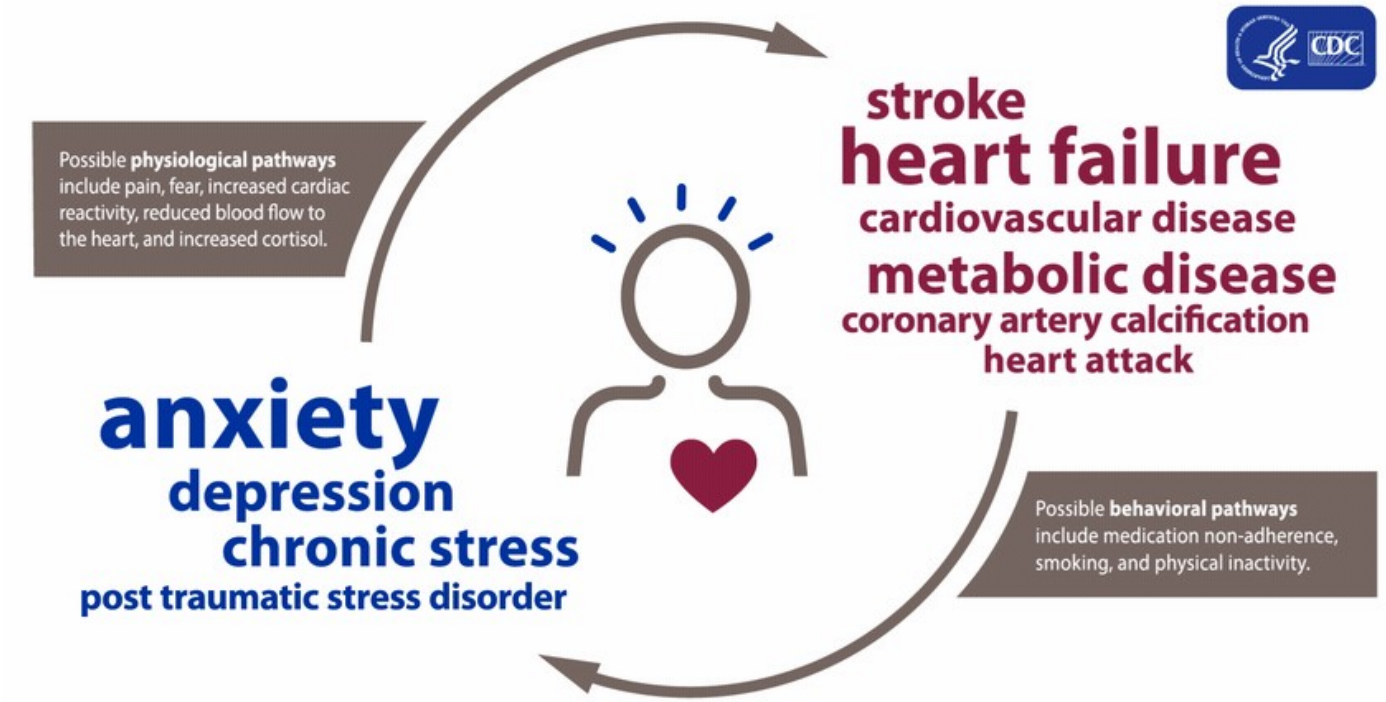
Supplementary Study Summary Table 2. Effects of meditation on blood pressure

Reference	Study type, design, type of meditation, and population	Primary Findings	Comments
Bai Z, J Human Hypertension, 2015	• MA of 12 RTC's of TM versus control for effect on blood pressure • Total 996 patients	• TM improved BP 4.26/2.33 mmHg when compared to control P<.05	• The completion rate was <75% in 6 of 11 studies. Dropouts might have enhanced tendency to favor TM • Only one study reported on all primary and secondary outcomes with intention-to-treat analysis, • The efficacy of TM on BP tended to decrease with the study durations
de Fátima Rosas Marchiori M, Geriatr Gerontol Int., 2015	• RCT of twice-daily meditation for 20 min for 3 months vs. wait-list control • 59 volunteers, aged ≥60 years with SBP 130-159 mmHg and DBP 85-99 mmHg	• At one month SBP was lower in meditation group but at 3 months BP did not differ	• Small sample size • No change in physiologic parameters at end of study
Blom, Am J Hypertension, 2014	• RTC of 8 weeks of mindfulness meditation on 24 hour BP control • 101 subjects (38% male)	• Decrease in 24 hour BP of 0.4 mmHg in both treatment and control (wait list group) • No significant between group reductions in blood pressure	
Hughes JW, Psychosomatic medicine. 2013	• RCT of mindfulness-based stress reduction (MBSR) vs progressive muscle relaxation (PMR) over 8 weeks • 56 pre-hypertensive adults (50.3 years of age, on no BP meds). Clinic BP was the primary outcome.	• In an intention to treat, clinic SBP fell 4.8 mmHg with MBSR vs 0.7 mmHg with PMR (P=0.016)	• Small sample size •
Schneider RH, Circ Cardiovasc Qual Outcomes. 2012	• RCT 201 adults with coronary artery disease treated with a TM program or health education	• Systolic blood pressure fell 4.9 mmHg in TM vs. control (P=0.01)	• Blood pressure reduction was a secondary outcome
Palta P, J Urban Health, 2012	• 8 week RTC on mindfulness meditation versus social support on BP control • 12 intervention and 8 control subjects	• there was a 11/4 mmHg decrease in systolic/diastolic blood pressure in those randomized to 8 weeks of treatment • there was a analysis adjusted significant 22/17 mmHg difference in blood pressure between the two groups at follow-up	• Small number of patients studied
Gregoski MJ, et al. J Adolesc Health. 2011	• Randomized trial - breathing awareness meditation (BAM), Botvin Life Skills Training (LST), and health education control (HEC) • Study population consisted of 166 normotensive African American adolescents	• BAM had greatest reduction in SBP and SBP, DBP and HR over the 24-hour period, overnight and during school hours. (Bonferroni adjusted, p <0.05)	
Nidich SI, Am J Hypertens. 2009	• Randomized trial in 298 university students treated with a transcendental meditation program or wait-list control. • 3 month intervention	• Overall no difference in SBP & DBP between groups. • In hypertension risk subgroup (n=112), SBP fell 5 mmHg with TM compared to increased 1.3 mmHg for control (P= 0.014)	• Hypertension risk subgroup was a secondary analysis
Anderson, JV, Am J Cardiol, 2008	• MA of RTC of TM that randomly assigned individuals to different target BP levels	• Transcendental Meditation, compared to control, was associated with the following changes: -4.7 mm Hg (95% confidence interval (CI), -7.4 to -1.9 mm Hg) and -3.2 mm Hg (95% CI, -5.4 to -1.3 mm Hg)	Study designs and BP methods of blood pressure measurement, as well as dropout rates, limit the extrapolation of results
Manikonda JP, J Hum Hypertens. 2008	• 8 week pilot study of either contemplative meditation combined with breathing techniques (CMBT) or no intervention in this • observer-blind design	• SBP after 8 weeks of meditation fell 15 mm Hg (vs 3 mm Hg in controls (P<0.0001)	• Small sample size • Short duration
Rainforth MV, Curr Hypertens Rep, 2007	• Systematic review and MA of stress reduction therapies • Seventeen trials of 960 participants with elevated BP	• Reductions in blood pressure with Transcendental Meditation were 5.0/2.8 mmHg (systolic/diastolic); p=0.002 (systolic) and p=0.02 (diastolic • No significant reductions in blood pressure with biofeedback, relaxation-assisted biofeedback, progressive muscle relaxation, and stress management training. • program, −5.0/−2.8 mm Hg (P = 0.002/0.02	• Review did not study other forms of meditation

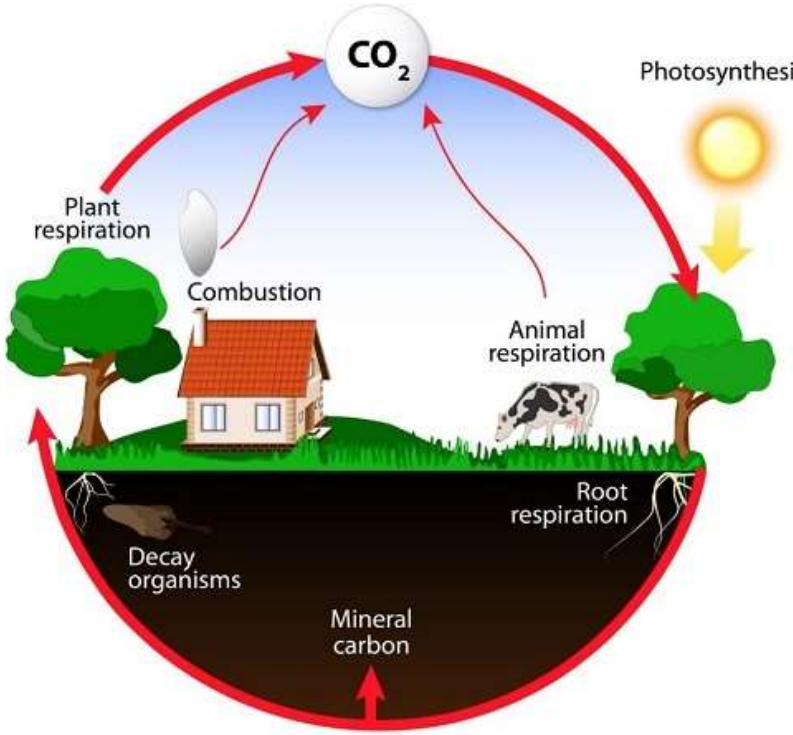
- Further research on meditation and cardiovascular risk is warranted. Such studies, to the degree possible, should meet the following criteria:
  - Utilize a randomized study design
  - Blinded adjudication of end points
  - Adequate power to meet the primary study outcome(s)
  - Include long-term follow-up
  - Have <20% dropout rate
  - Have >85% follow-up data
  - Be performed by investigators without inherent financial or intellectual bias in outcome

ACC indicates American College of Cardiology; AHA, American Heart Association; CVD, cardiovascular disease.

(*J Am Heart Assoc*. 2017;6:e002218. DOI: 10.1161/JAHA.117.002218.)


Possible **physiological pathways** include pain, fear, increased cardiac reactivity, reduced blood flow to the heart, and increased cortisol.
anxiety
depression
chronic stress
post traumatic stress disorder
stroke
heart failure
cardiovascular disease
metabolic disease
coronary artery calcification
heart attack
Possible **behavioral pathways** include medication non-adherence, smoking, and physical inactivity.


Μεταφορά & Αποβολή ουσιών
Διάχυση
μέσω...
Ασπόνδυλα Ζώα
με κύτταρα σε άμεση επαφή με το περιβάλλον
όπως...
μέδουσες, θαλάσσιες ανεμώνες
Κυκλοφορικό Σύστημα
αποτελείται από...
Καρδιά
(1 ή περισσότερες)
Αιμοφόρα Αγγεία
διατρέχεται από...
Αίμα
στα Σπονδυλωτά...
Αρτηριακό
Φλεβικό
συμβάλλει σε...
Ρύθμιση Θερμοκρασίας Σώματος
?Σταθερή?
Ναι
Όχι
ΟΜΟΙΟΘΕΡΜΑ ΖΩΑ
Πτηνά
Θηλαστικά
ΠΟΙΚΙΛΟΘΕΡΜΑ ΖΩΑ
πχ. Ερπετά
1 κοιλότητα
2 κοιλότητες
3 κοιλότητες
4 κοιλότητες
ΜΟΝΟΧΩΡΗ
ΤΡΙΧΩΡΗ
ΤΕΤΡΑΧΩΡΗ
ΔΙΧΩΡΗ
Πτηνά - Θηλαστικά
Αμφίβια - Ορισμένα Ερπετά
Ψάρια
Σπονδυλωτά Ζώα
μπορεί να είναι...
ΑΝΟΙΧΤΟ
ΚΛΕΙΣΤΟ
Ασπόνδυλα Ζώα
(Αρθρόποδα & Μαλάκια)
όπως...
Έντομα
Σαλιγκάρι
Δίθυρα
όπως...
Γεωσκώληκας
Χταπόδι


CO_2
Photosynthesis
Plant respiration
Combustion
Animal respiration
Root respiration
Decay organisms
Mineral carbon

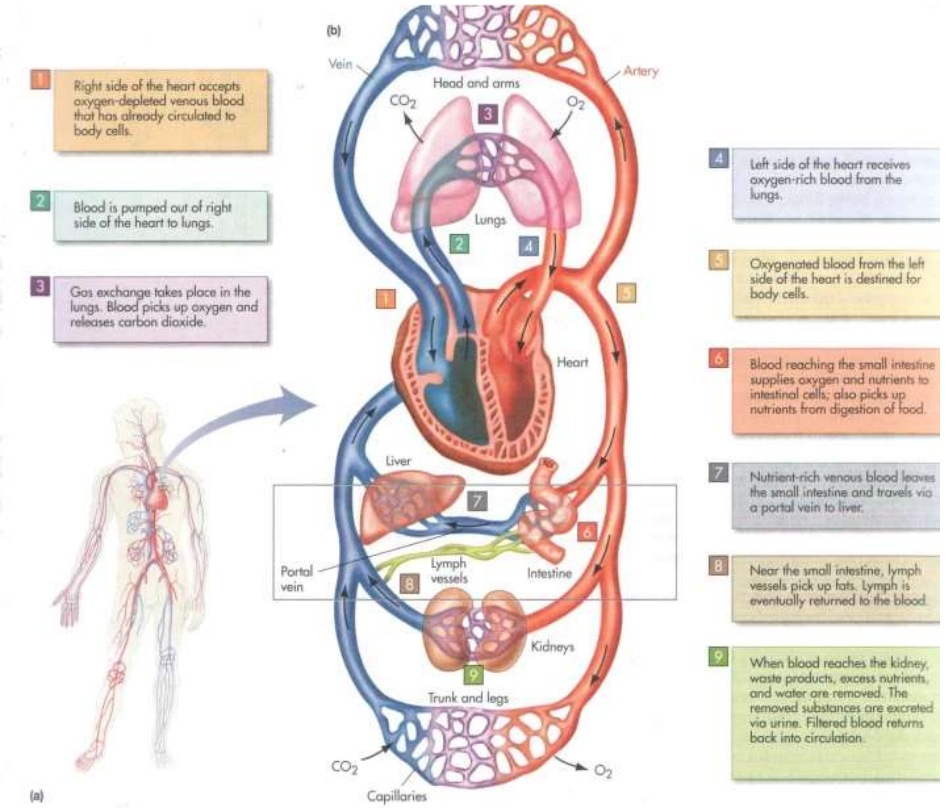
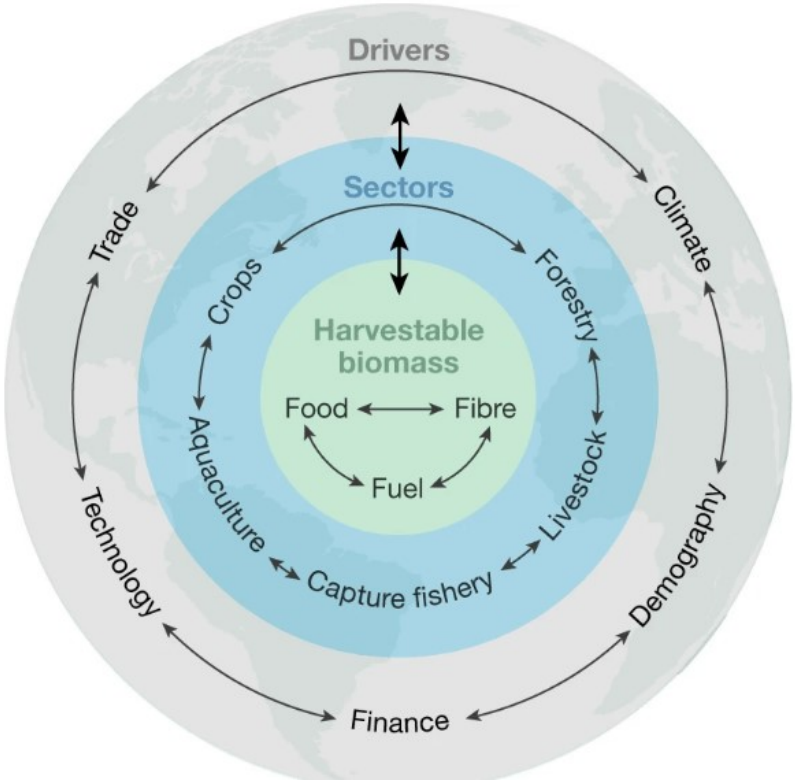

1 Right side of the heart accepts oxygen-depleted venous blood that has already circulated to body cells.
2 Blood is pumped out of right side of the heart to lungs.
3 Gas exchange takes place in the lungs. Blood picks up oxygen and releases carbon dioxide.
(a)
(b)
Vein
Artery
Head and arms
CO_2
O_2
Lungs
Heart
Liver
Portal vein
Lymph vessels
Intestine
Kidneys
Trunk and legs
Capillaries
4 Left side of the heart receives oxygen-rich blood from the lungs.
5 Oxygenated blood from the left side of the heart is destined for body cells.
6 Blood reaching the small intestine supplies oxygen and nutrients to intestinal cells; also picks up nutrients from digestion of food.
7 Nutrient-rich venous blood leaves the small intestine and travels via a portal vein to liver.
8 Near the small intestine, lymph vessels pick up fats. Lymph is eventually returned to the blood.
9 When blood reaches the kidney, waste products, excess nutrients, and water are removed. The removed substances are excreted via urine. Filtered blood returns back into circulation.

Fig. 1: The global production ecosystem.

From: Anatomy and resilience of the global production ecosystem



Connectivity: the breakdown of isolation

- Climate connections
- International trade
- Output-as-input relationships
- Transnational corporations

Diversity: more becomes less

- Biotic homogenization
- Habitat simplification
- Standardized food supply
- Industry consolidation

Feedback: decoupling in a hyperconnected world

- Intensification
- Supply substitution
- Virtual trade
- Financialization

ORIGINAL RESEARCH

Cardiac rehabilitation and the therapeutic environment: the importance of physical, social, and symbolic safety for programme participation among women

Erica J. Sutton, Danielle E. Rolfe, Mireille Landry, Leonard Sternberg & Jennifer A.D. Price

Accepted for publication 21 April 2012

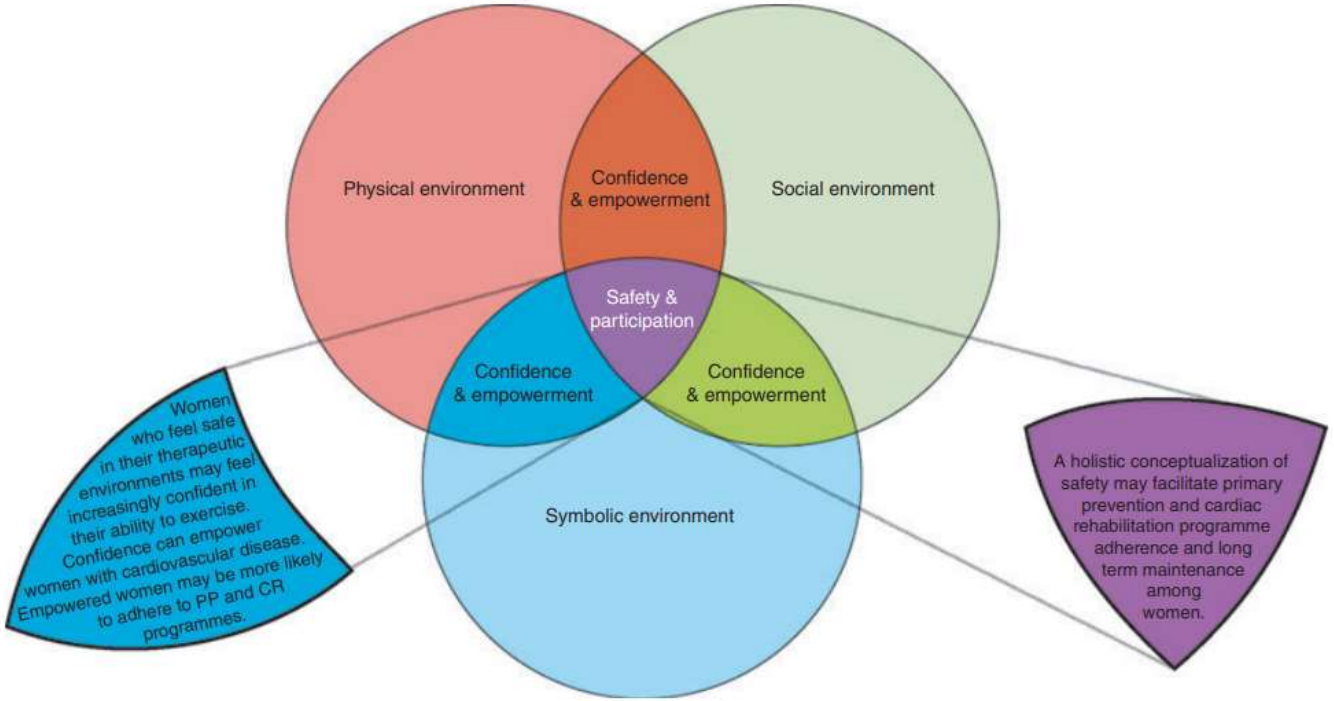


Figure 2 This is a conceptual framework of safety designed to encourage the participation of women in PP and CR programmes. Integrating a comprehensive understanding of safety into cardiac prevention and rehabilitation programmes could provide important insight into how to enhance programme participation among women with heart disease. This model draws on Gelser *et al.*'s (2004) conception of the therapeutic environment as consisting of physical, social, and symbolic environments.

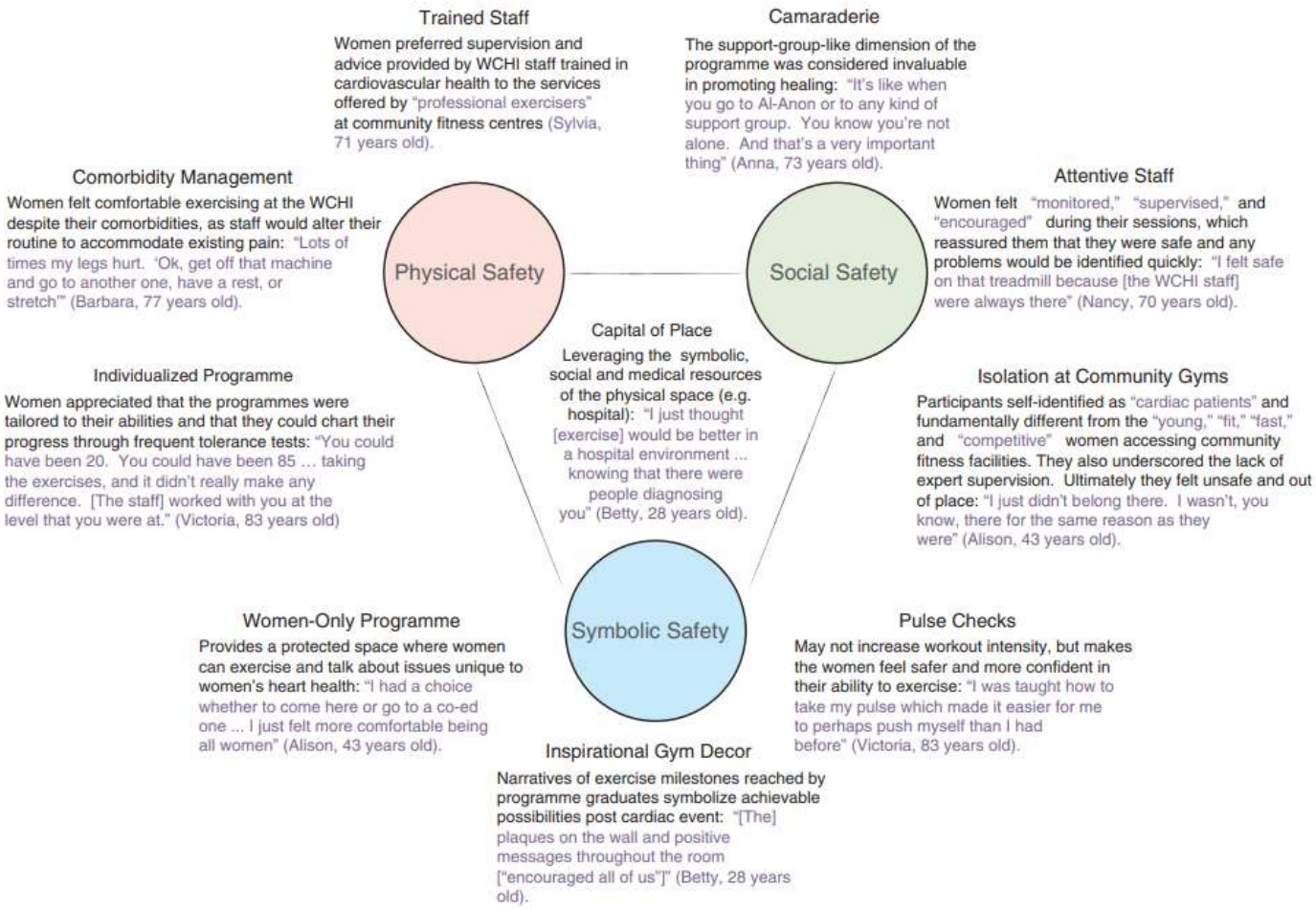
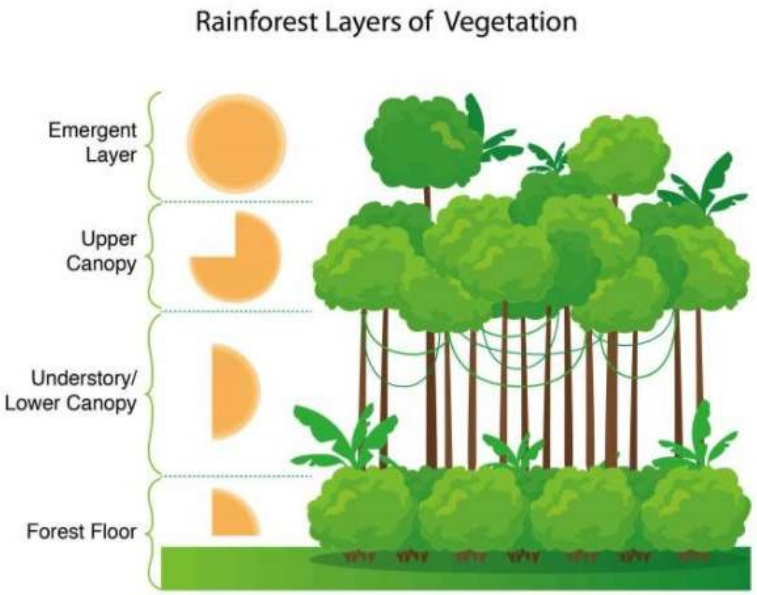
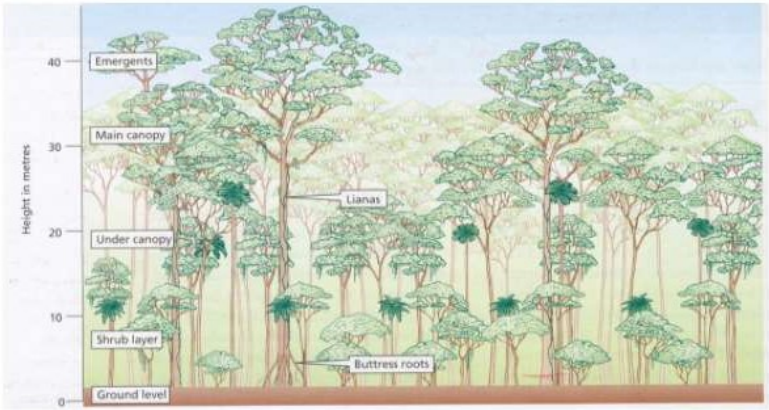


Figure 1 Thematic category I: safety. Three types of safety: physical, social, and symbolic.


A HOME FOR EVERYONE
A range of housing options
A GOOD START
Healthy childhood development
MAKING ENDS MEET
Adequate income
GETTING AROUND
Safe, active and accessible transportation
CRITICAL CONNECTIONS
Strong social relationships and support networks
FEEDING OURSELVES WELL
A healthy, just and sustainable food system
BEING ACTIVE
Opportunities for active living
BEING AND FEELING SAFE
Addressing fear, violence and crime
LEARNING FOR LIFE
Continuous education and development
HEALTHY PEOPLE
Taking care of the basics
A HEALTHY CITY FOR ALL
HEALTHY SERVICES
Providing accessible health and social services
GETTING OUTSIDE
Access to nature
HEALTHY ENVIRONMENTS
Ensuring livability now and into the future
WORKING WELL
Decent employment conditions
EXPRESSING OURSELVES
Enhancing arts, culture and cultural diversity
HEALTHY COMMUNITIES
Promoting inclusion, belonging and connectedness
A vibrant SOCIAL environment
IN THE 'HOOD
Belonging and inclusion close to home
A sustainable NATURAL environment
A thriving ECONOMIC environment
ACROSS THE CITY
Engaged citizenship
OUT AND ABOUT
Connecting for belonging at work, at school, at play
A well-planned BUILT environment
580 × 529

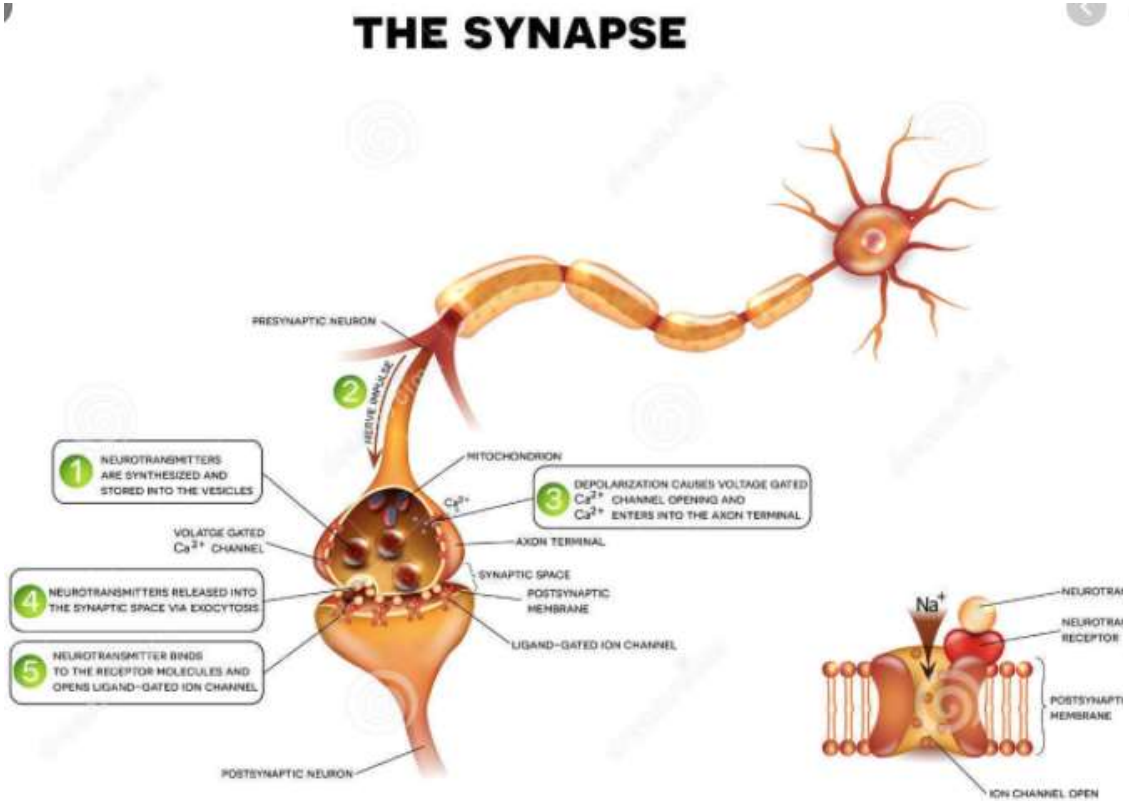


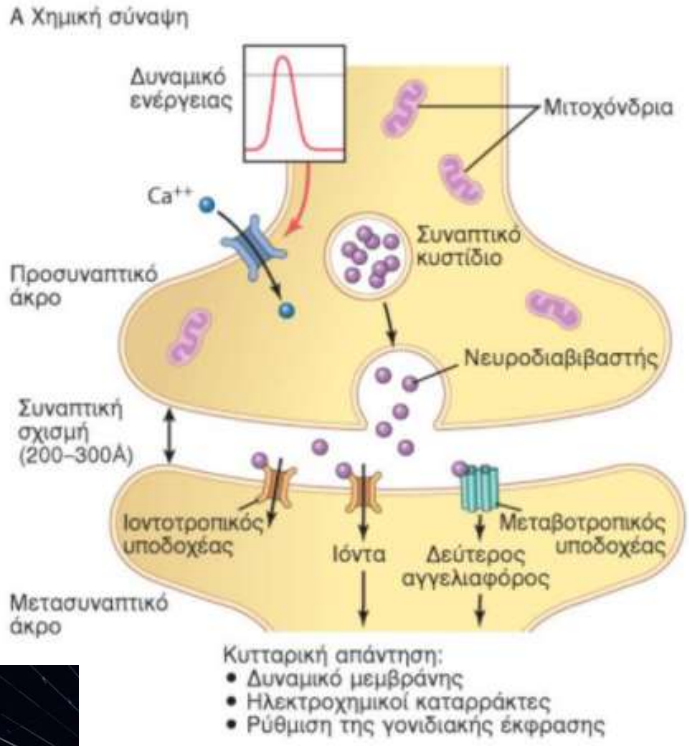
Layers in a rainforest



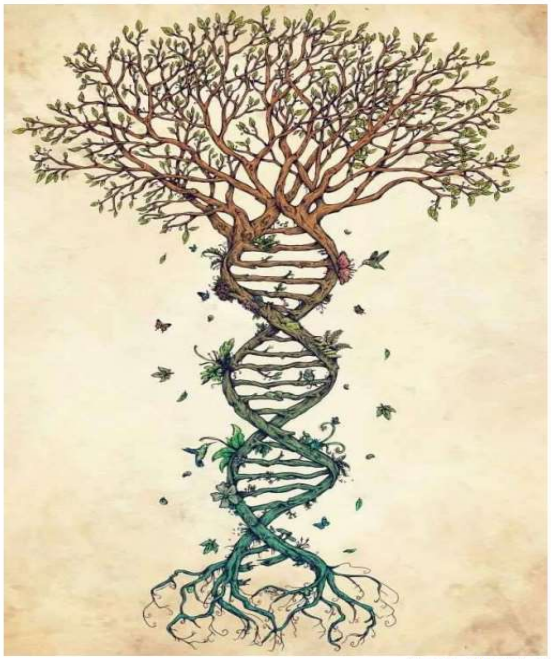
Layers in a rainforest (with height in meters)

Οι σχέσεις αλληλεξάρτησης, επεκτείνονται και ανάμεσα στους ίδιους του ζώντες οργανισμούς, μιας και κανένα από τα ζωντανά είδη δεν μπορεί να επιβιώσει από μόνο του, αφού μέσα στην αλυσίδα της ζωής κάθε οργανισμός παίζει ένα καθορισμένο ρόλο. Συνεπώς, η αυτόνομη ικανότητα ανάπτυξης των οργανισμών δεν είναι ανεξάρτητη από το περιβάλλον


THE SYNAPSE
PRESYNAPTIC NEURON
NERVE IMPULSE
1 NEUROTRANSMITTERS ARE SYNTHESIZED AND STORED INTO THE VESICLES
2
3 DEPOLARIZATION CAUSES VOLTAGE GATED Ca^{2+} CHANNEL OPENING AND Ca^{2+} ENTERS INTO THE AXON TERMINAL
MITOCHONDRION
VOLATGE GATED Ca^{2+} CHANNEL
AXON TERMINAL
SYNAPTIC SPACE
4 NEUROTRANSMITTERS RELEASED INTO THE SYNAPTIC SPACE VIA EXOCYTOSIS
POSTSYNAPTIC MEMBRANE
5 NEUROTRANSMITTER BINDS TO THE RECEPTOR MOLECULES AND OPENS LIGAND-GATED ION CHANNEL
LIGAND-GATED ION CHANNEL
POSTSYNAPTIC NEURON
Na^+
NEUROTRA
NEUROTRA RECEPTOR
POSTSYNAPTI MEMBRANE
ION CHANNEL OPEN


ΔΟΜΗ ΣΥΝΑΨΗΣ
Α Χημική σύναψη
Δυναμικό ενέργειας
Μιτοχόνδρια
Ca^{++}
Συναπτικό κυστίδιο
Προσυναπτικό άκρο
Νευροδιαβιβαστής
Συναπτική σχισμή (200–300Å)
Ιοντοτροπικός υποδοχέας
Ιόντα
Δεύτερος αγγελιαφόρος
Μεταβοτροπικός υποδοχέας
Μετασυναπτικό άκρο
Κυτταρική απάντηση:
• Δυναμικό μεμβράνης
• Ηλεκτροχημικοί καταρράκτες
• Ρύθμιση της γονιδιακής έκφρασης

Πανεπιστήμιο Δυτικής Αττικής
ΠΜΣ Περιβαλλοντική Επικοινωνία και Προαγωγή Υγείας


'The Fabric of Life' by Rene Campbell

Οικοθεραπεία

Καθηγήτρια Κωνσταντίνα Σκαναβή

Διδάσκων:

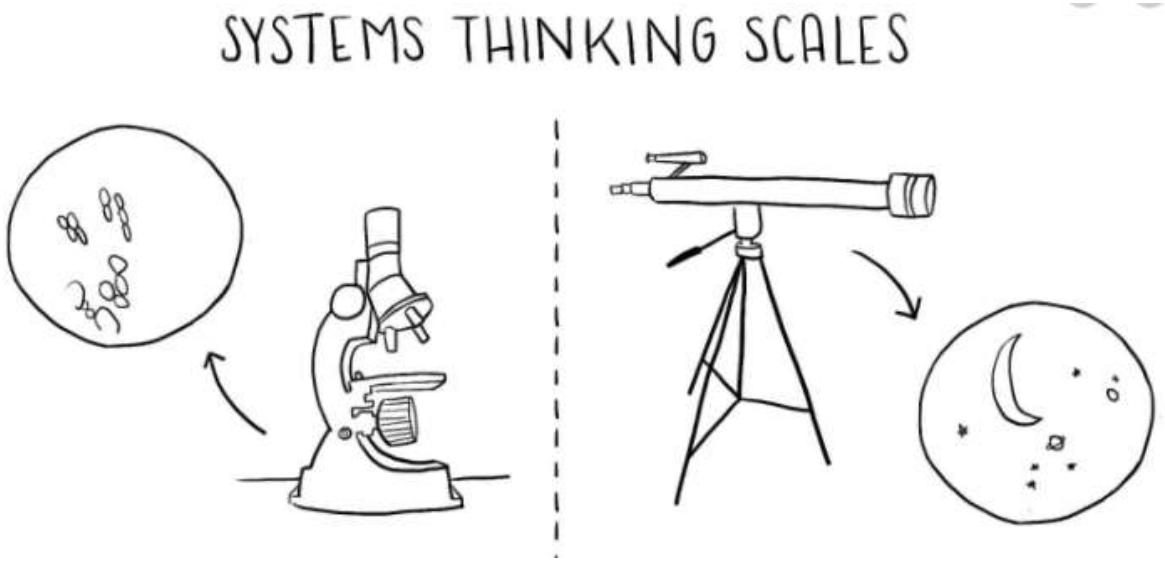
Ιωάννης Σκιαδάς, MD, PhD

Θεματική ενότητα:

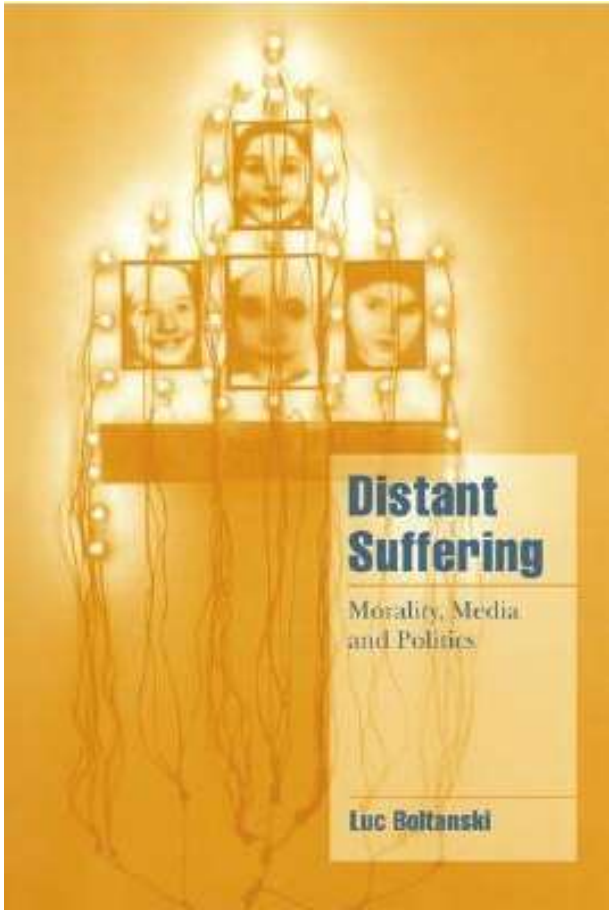
Δουλεύοντας με συστήματα και κλίμακες. Το εξωλεκτικό περιβάλλον, η περιβαλλοντική συνείδηση και σχέση τους με τις βιολογικές δραστηριότητες, τις κοινωνικές και ψυχοσυναισθηματικές συνιστώσες ανθρώπου και της κοινότητας. Ιστορία της οικοθεραπείας .

Σκέπτομαι με κλίμακες

τοπικές , χρονικές, …



Πάσχουμε (?)
εξ αποστάσεως



Βραχυπρόσθεσμα «αποπροσανατολιστικό»

Με επιμονή, και καλλιέργεια τοπικών και (παγ)κόσμιων συνδεδεμένων συνειδήσεων μπορεί να διαμορφωθεί σε τοπική δράση με συνολικότερη ευεργεσία

Historical Ecology: Integrated Thinking at Multiple Temporal and Spatial Scales

Article · January 2007

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Carole Crumley
Swedish University of Agricultural Sciences
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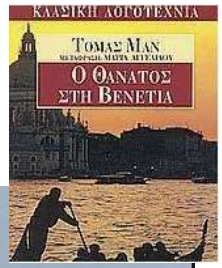
SEE PROFILE

Emergence of Polyfunctional Environments

Categories of Hybrid Environments



ecotherapy will be defined as ‘psychotherapeutic activities (counselling, psychotherapy, social work, self-help, prevention, public health activities) *undertaken with an ecological consciousness or intent*’.

Ecotherapy is used as an umbrella term for nature-based methods of physical and psychological healing.

M. Jordan 2016

Ecotherapy may be seen as an umbrella term for nature-based methods of physical and psychological healing representing a new form, or a new modality, of psychotherapy that enlarges the traditional scope of treatment to include the human–nature relationship

(Chalquist, 2013; Hasbach, 2012).

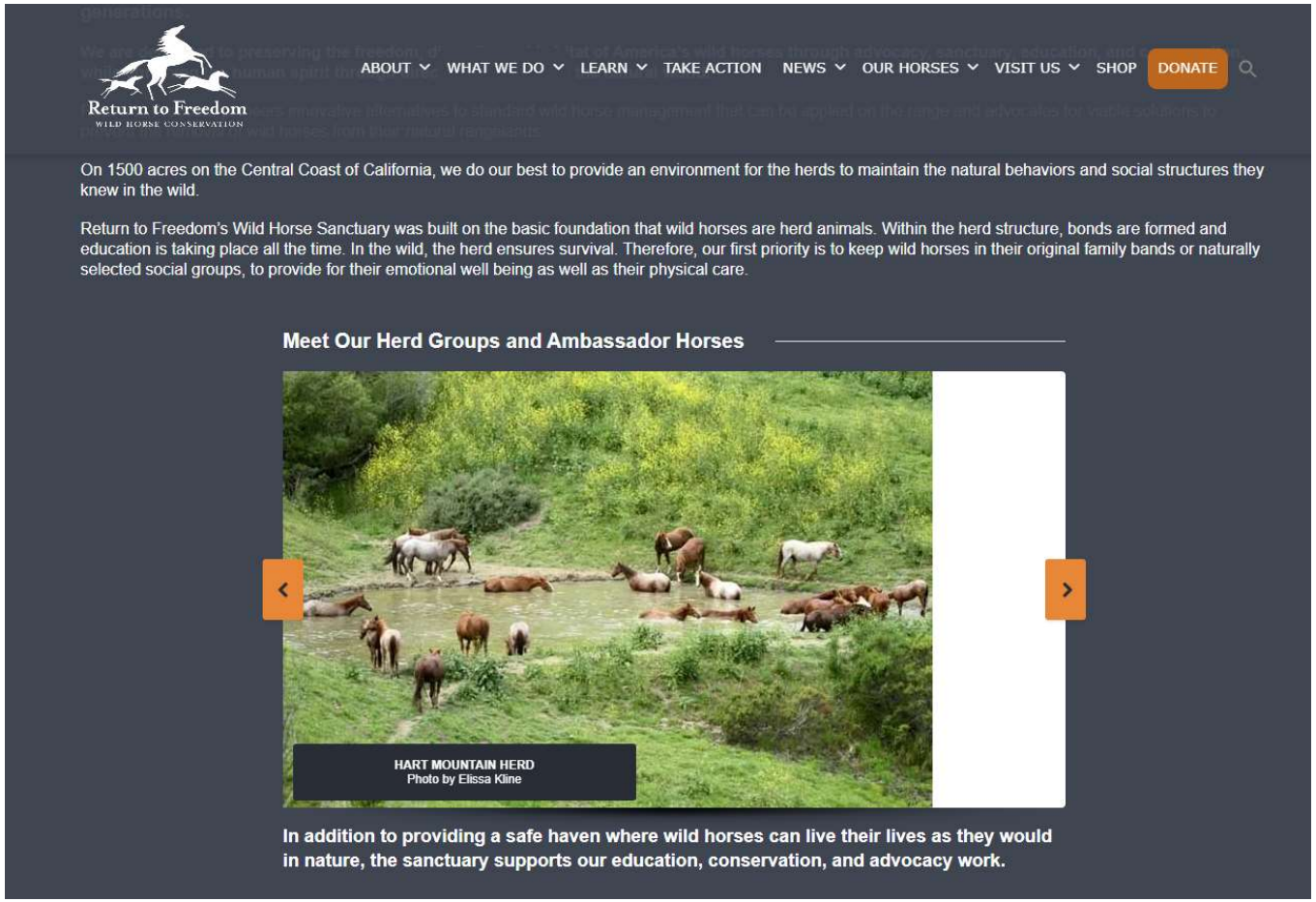
Contact may be divided into three types:

reality contact is awareness of people, places, things and events;

affective contact is awareness of distinct moods, feelings and emotions;

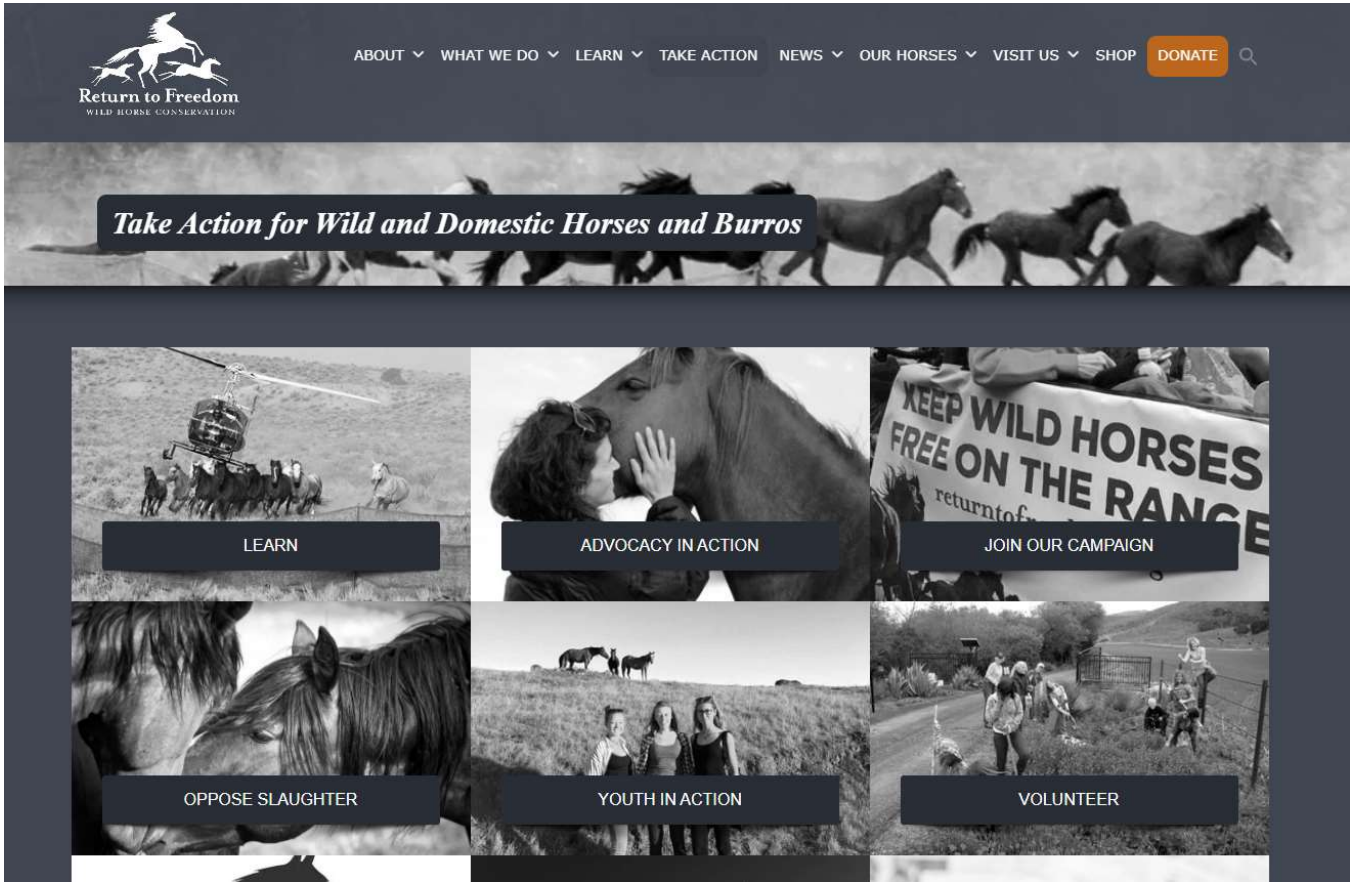
and communicative contact is the symbolization of reality contact and affective contact to others

(Dekeyser et al., 2008; Solomon, 2010).



The horse has, through evolutionary necessity, developed high sensitivity and responsiveness to body language, including humans' (Johansen, Wang, Binder and Malt, 2014).

These encounters can provide a 'bodily experience… in an expressive gesturing landscape, in a world that speaks' (Abram, 1996, Totton, 2011).



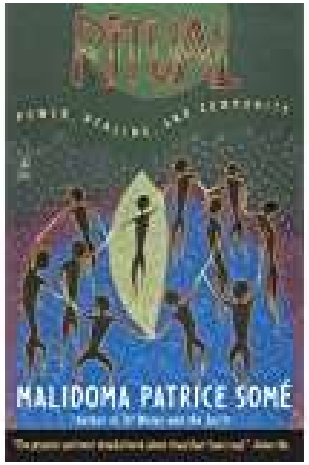
Εισάγοντας τον λόγο της φύσης στις θεραπείες

Μοτίβα αλληλεπίδρασης

Η αρχαιότερη γνωστή σπηλαιογραφία στον πλανήτη, ηλικίας 44.000 ετών

Nature language into therapeutic process

Interaction patterns



- sitting by fire
- sleeping under the night sky
- walking the edges of nature
- being immersed in water
- recognizing and being recognized by non-human other
- caring for another being.

opportunities for encounters between the person and nature that deeply, subtly *touch on* or *attend to* an issue they are working on.

reawaken deeper feelings of connection, belonging and awareness

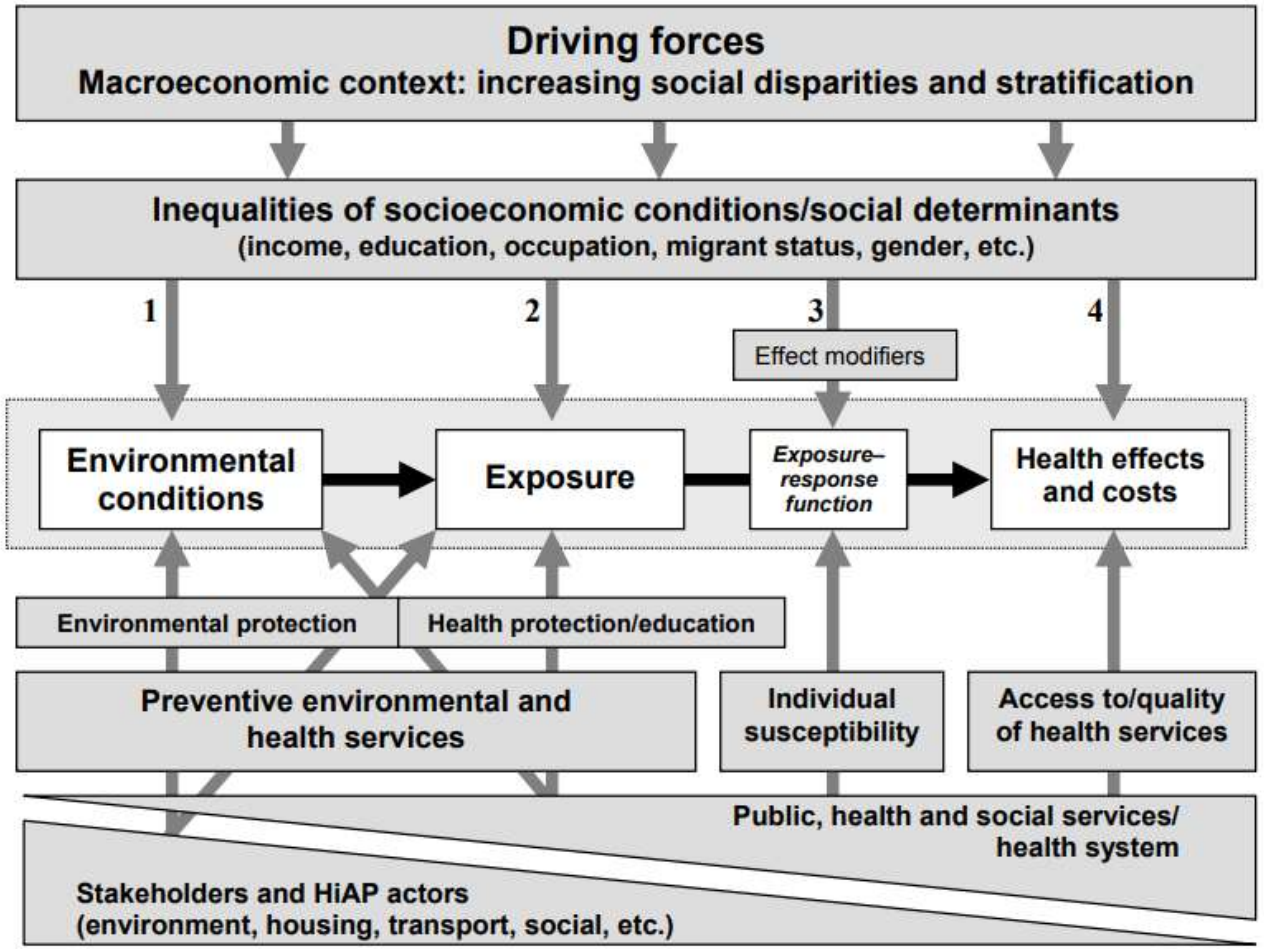
Hippocratic **medicine** (our modern medicine) and Asklepian **healing**

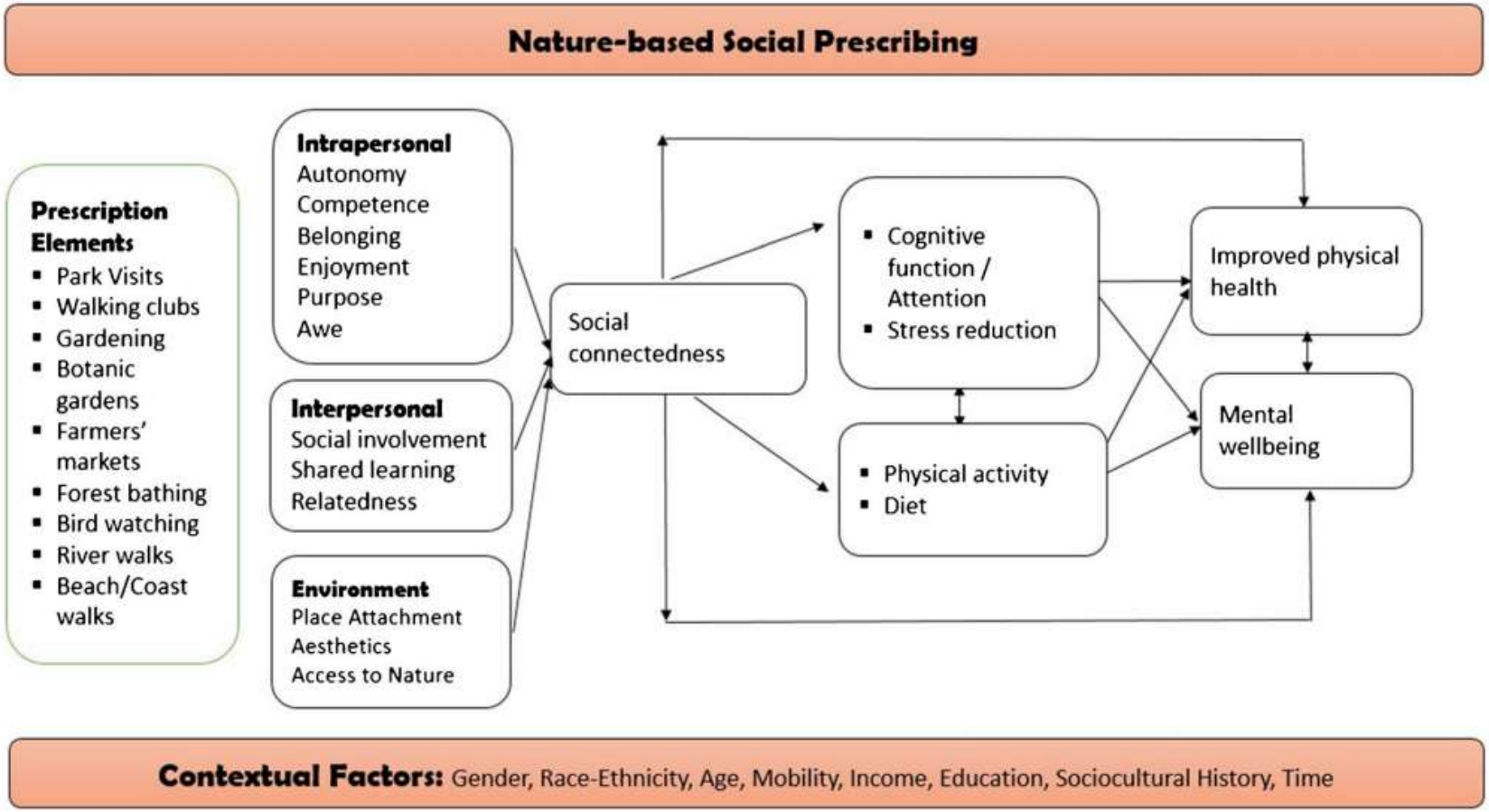
… prepared the patient for an encounter with the divine: ‘This was no visit to a doctor who simply administers medicine; it was an encounter with the naked event of healing itself’ (Kerenyi, 1959)

ΑΣΚΛΗΠΙΕΙΟ ΤΗΣ ΕΠΙΔΑΥΡΟΥ: ΤΟ ΜΕΓΑΛΥΤΕΡΟ ΘΕΡΑΠΕΥΤΗΡΙΟ ΤΟΥ ΑΡΧΑΙΟΥ ΚΟΣΜΟΥ


Environment and health risks:
a review of the influence and effects
of social inequalities
WORLD HEALTH ORGANIZATION
EUROPE

Fig. 1. The WHO framework model on social inequalities and environmental risks





Conceptualizing nature-based social prescriptions as an intervention to address social connectedness

Nature-Based Social Prescribing in Urban Settings to Improve Social Connectedness and Mental Well-being: a Review

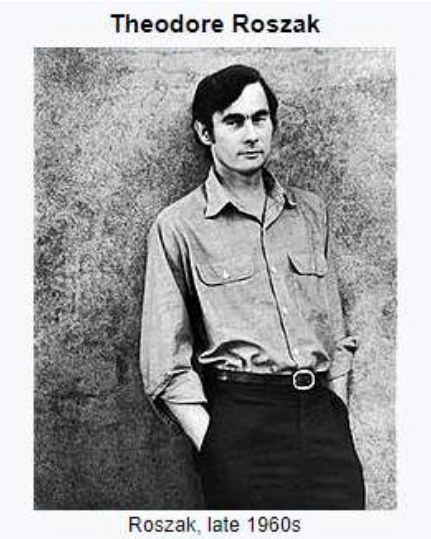
M. A. Leavell[1] · J. A. Leiferman[2] · M. Gascon[3,4,5] · F. Braddick[6,7] · J. C. Gonzalez[6] · J. S. Litt[1,8]

Η απόκριση της ψυχολογίας στην περιβαλλοντική κρίση

Περιβαλλοντική ψυχολογία

+

εστίαση πολιτικών γεγονότων

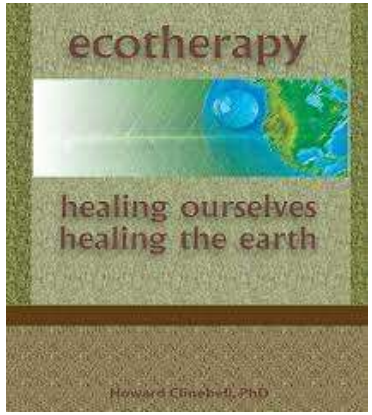


Roszak, late 1960s

«The Voice of the Earth (1992)» : Ecopsychology

Ο Paul Shepard (1925-1996), ήταν ίσως ο πρώτος κοινωνικός επιστήμονας που έκανε τη σύνδεση μεταξύ ψυχικής ασθένειας και της απομάκρυνσης του ανθρώπου από το φυσικό περιβάλλον στο βιβλίο του, Nature and Madness (1982)

Howard Clinebell (1996) εισήγαγε για πρώτη φορά τον όρο οικοθεραπεία(ecotherapy), θέτοντας μια μορφή «οικολογικής πνευματικότητας»



σύμφωνα με την οποία μια ολιστική σχέση με τη φύση περιλαμβάνει τόσο την ικανότητα της φύσης να μας φροντίζει-θρέφει , μέσω της επαφής μας με φυσικά τοπία και χώρους, όσο και την ικανότητά μας να ανταλλάξουμε αυτήν την θεραπευτική σύνδεση μέσω της «ικανότητάς» μας να φροντίζουμε την φύση (nurture nature).

Η εξέλιξη της οικοθεραπείας

1990-2000

Σύνδεση με κινήματα

Ειρήνη-εργασία, πυρηνικά, εκοφεμινισμός, εσώτατη ψυχολογία (βάθους), ψυχική λογοτεχνική

Μετά το 2000

Έρευνες για σύνδεση οικοθεραπείας με πολιτισμικά στοιχεία , περαιτέρω έρευνες και καινοτόμες πρακτικές όσο και εκπαιδευτικές πρακτικές οδήγησαν στην ενσωμάτωση ευρύτερων αντικειμένων όπως

της κλιματικής αλλαγής,

των θεραπειών μετατραυματικού stress

των οργανικών σωματικών παθήσεων

της περιβαλλοντικής κοινωνιολογίας

των «πολύπλευρων» θεραπειών (εφήβων) σε εξωτερικούς χώρους

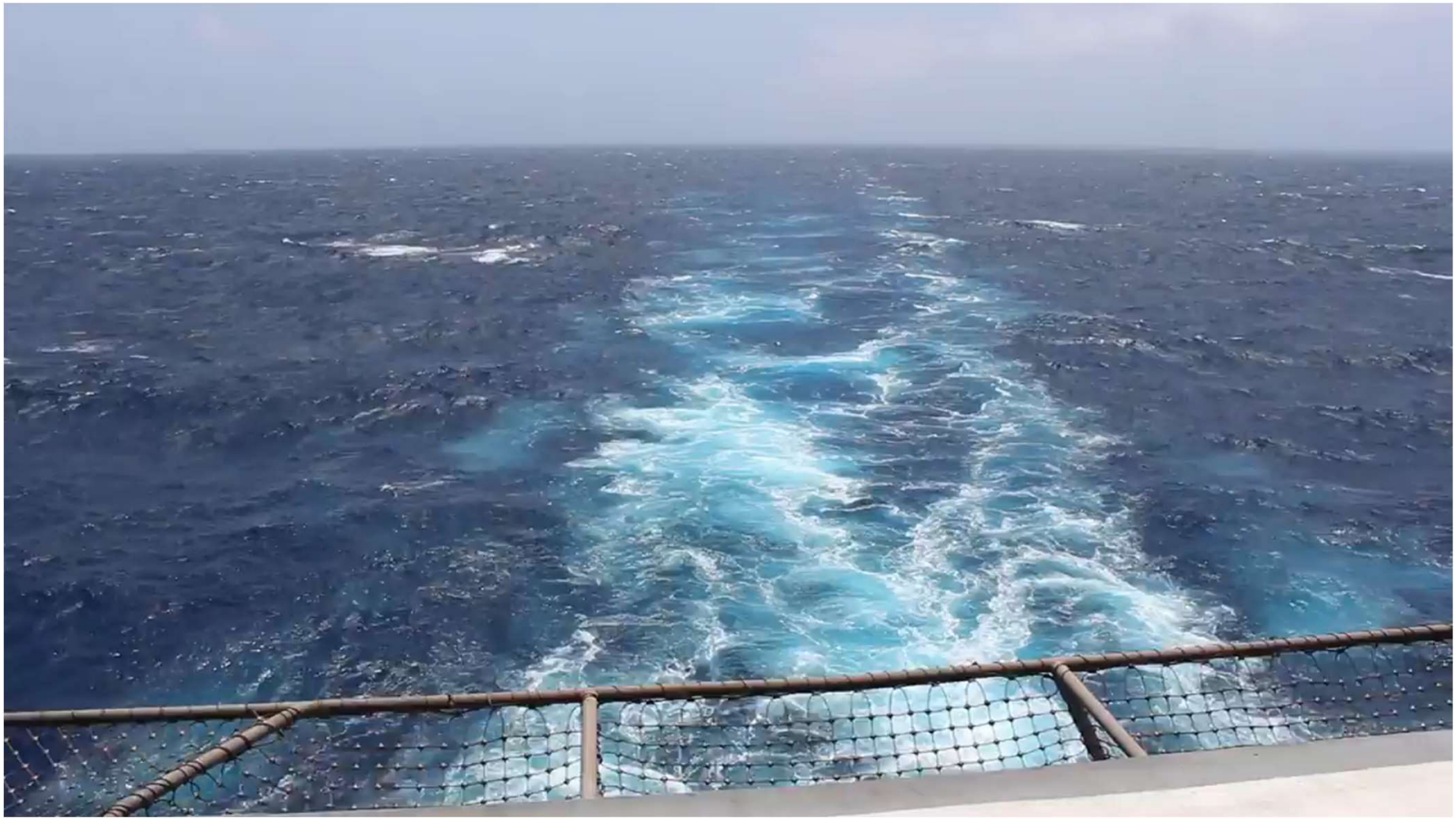
Η εξέλιξη της οικοθεραπείας

Στην εξέλιξη της οικοθεραπείας, μπορεί κανείς να διακρίνει μια δημιουργική ένταση(-τριβές)

μεταξύ θεμελιωδών καινοτομιών και ερευνητικών πρωτοβουλιών

και **της ενσωμάτωσης πρόσθετων προοπτικών θεραπείας**

στα ολιστικά, ανθρωπιστικά και διαπροσωπικά πλαίσια που είχαν εξέχουσα θέση σε προηγούμενα κύματα οικοθεραπείας.



‘Our biggest challenge? Lack of imagination’: the scientists turning the desert green

▲ The Loess plateau, in China, in 2007, left, and transformed into green valleys and productive farmland in 2019. Composite: Rex/Shutterstock/Xinhua/Alamy

In China, scientists have turned vast swathes of arid land into a lush oasis. Now a team of maverick engineers want to do the same to the Sinai

▲ The Sinai peninsula today, and how it could look after regreening. Composite: The Weather Makers

What turned the Sinai into a desert was, most likely, human activity. Wherever they settle, humans tend to chop down trees and clear land. This loss of vegetation affects the land's ability to retain moisture. Grazing

Κλέφτικα Τραγούδια

Αναφορές στον φυσικό κόσμο είναι πλούσιες και έντονες με ψυχικό κοινωνικό οικονομικό και πολιτικό λόγο και θεραπευτικές συνδέσεις

Ο πλάτανος χρησιμοποιείται πολύ συχνά στα δημοτικά τραγούδια, γιατί είναι δέντρο που απαντάται πολύ συχνά στην ελληνική φύση και ζει πολλά χρόνια. Έτσι λοιπόν, χρησιμοποιείται για να εκφράσει τη λεβεντιά, την υπομονή και την επιμονή των Ελλήνων κατά την τουρκοκρατία.

Οι κλέφτες θεωρούν τους εαυτούς τους σε αντιδιαστολή με τους «νοικοκύρηδες». Οι «νοικοκύρηδες» είναι αυτοί που έχουν μείνει στο σπίτι τους και έχουν περιουσία που καλλιεργούν. Τα «αμπελοχώραφα» είναι η περιουσία του «νοικοκύρη». Αυτό υποδηλώνει ότι η φύση αποτελεί «πλούτο» για τον άνθρωπο, καθόσον η ασχολία με την καλλιέργεια χωραφιών αποτελεί αποδοτική εργασία.

«(...)Βασίλη, κάτσε φρόνιμα, να γίνης νοικοκύρης,
για ν' αποχτήσης πρόβατα, ζευγάρια κι' αγελάδες,
*χωριά κι' **αμπελοχώραφα**, κοπέλια να δουλεύουν.*
-Μάννα μου εγώ δεν κάθομαι να γίνω νοικοκύρης,
*να κάμω **αμπελοχώραφα**, κοπέλια να δουλεύουν.(...)»*
(Λεμπέση, 2015, σελ.33)