

# The philosophy of greencare: why it matters for our mental health

Rex Haigh



Rex Haigh is based at Slough Therapeutic Community, Wexham Park Hospital and Iver Environment Centre, Slough, UK.

## Abstract

**Purpose** – This paper aims to demonstrate the confluence of thinking across several areas, in their critique of modernity, with potential solutions in the mental health field.

**Design/methodology/approach** – The paper uses case and organisational examples related to relevant theory and clinical practice to demonstrate relevant contradictions and paradoxes in “modernised” mental health care. This is based on the author’s experience as a public sector psychiatrist specialising in “personality disorder” to lead a government programme of new service developments in the field.

**Findings** – Modern methods of management, focusing on measurement, prediction and control – in the service of efficiency and economy – are not sufficient to meet the needs of a population with high incidence of “personality disorder”. A major change of attitude is required, to an authentic biopsychosocial approach, including spiritual and other non-verbal considerations.

**Research limitations/implications** – Hitherto, research has not combined these elements in a way that has made it easy to capture and analyse them. New methodologies and paradigms may be called for.

**Practical implications** – Mental health care should not be considered an entirely rational process that can be measured and manualised; considerations of how to better manage complexity and uncertainty are urgently needed.

**Social implications** – Destigmatisation and normalisation of mental distress and “illness” should occur.

**Originality/value** – The paper introduces two new terms to mental health discourse: “greencare” and “biopsychosocialism”.

**Keywords** Mental health care service provision, Greencare, Spirituality, Biopsychosocial approach, Postmodernism, Therapeutic community, Mental illness, Health services, United Kingdom, Complexity theory

**Paper type** Conceptual paper

## Social policy across Europe

The European Union “Cooperation in the field of Scientific and Technical Research Action 866” (2010) published “a conceptual framework” for greencare, which concluded that:

- “Greencare” is a useful phrase summarising a wide range of both self-help and therapy programmes.
- Research to date has demonstrated correlations of well-being in greencare settings.
- Research that would demonstrate cause-and-effect relationships between greencare interventions and improvements in health and well-being has not yet been carried out.

It also drew up a value base:

- Contact with nature is important to human beings.
- The importance of this is often overlooked in modern living conditions.
- People can find solace from being in natural places, being in contact with nature and from looking after plants and animals.

- In addition to this solace, contact with nature has positive effects on well-being, with physical, psychological and spiritual benefits.
- Existing or new therapeutic programmes could be improved by incorporating these “green” elements.
- The planning, commissioning and delivery of all health services would be enhanced by consideration of potential “green” factors.

This, together with the writings of established greencare researchers such as Sempik *et al.* (2010) and Hine (2008) provide a substantial foundation upon which to develop a wider scope and deeper understanding of greencare and its role in human experience.

### Biopsychosocialism: connecting ourselves, each other and nature

Bernadette is a part-time clinical psychologist who drives to a concrete clinic next to a motorway junction. Most of her working day is spent in a small featureless office without natural light, talking to clients or at a computer screen. The clients are booked in hourly by an administrator she does not know, at a distant site. Included in her normal professional email, she regularly receives information about her caseload and activity targets. She has three hours per week of programmed supervision and continuing professional development for which she is not in her office.

As economic globalisation demands ever-more productivity and efficiency, the relentless ratchet of accountability in modernised services works directly against giving any credence to the power and effectiveness of relationships. Achieving targets and outcome through “strong management” are all that matter. Our working activities are atomised into microscopic contractual and competitively negotiated elements; widespread experience of fragmentation and meaningless is inevitable.

It seems that, in public life, trusting others is no longer an acceptable place to start, and any uncertainty or unpredictability must be managed out of the system. In order to assure accountability, there has now to be an audit trail so the organisational entity can justify exactly what has been done in their name (as indicated in those slightly sinister legal disclaimers stamped at the end of so many corporate emails). There are enquiries, reports and procedures to intimidate all but the most hardened professional – and an overwhelming tyranny of administration to feed this hungry beast. O’Neill (2002), in her 2002 BBC Reith Lectures, puts it rather well:

The pursuit of ever more perfect accountability provides citizens and consumers, patients and parents with more information, more comparisons, more complains systems; but it also builds a culture of suspicion, of low morale, and may ultimately lead to professional cynicism.

One way in which greencare integrates fragmented understanding of individual distress and inability to function is by using a biopsychosocial model, or “biopsychosocialism” – the novel coinage intending to convey the widespread acceptance of Engel’s (1977) argument since he proposed it in 1977. This sees biological, psychological and social factors all as important determinants in the formation, development and maintenance of ill health and disorder. Biological includes genetic, neurological, hormonal, pharmacological and any other physical or physiological factors. Psychological involves feelings, fantasies, thoughts, behaviours and any contents of a person’s mental “inner world”. Social influences include any aspects of a person’s life, for example friendships, intimate relationships, past and present family relationships, poverty, education, living conditions and many other factors.

The advantage of using biopsychosocialism to understand mental health problems is that it can embrace complexity and uncertainty, and lead to helpful understanding of multifactorial systems – from prevention through to society-wide consequences. In some ways, this is analogous to an “Eastern” approach to ambiguity, which has been described as a preference for “dialectical arguments over Western logical arguments” (Peng and Nisbett, 1999). The weakness which accompanies this approach is the lack of precision and certainty it can offer, and generally more limited generalisability.

However, it does not only apply to the “woolly” concepts of social world, for the relatively new techniques of “neuroimaging” also support the case for a more complex and less deterministic view of the human mind. The human brain has an extraordinary capacity for adaptation, and for automatic engagement with the world. It is in constantly enquiring interaction with its environment, responding in ways which are both conscious and unconscious, as we try to create an understanding of ourselves from what we experience. In this way, what others feel and the sense of ourselves in relationships is literally “embodied” in our brains. Even abnormal experiences can be understood as part of the continuous attempt to describe and understand our world in which we are all engaged. Brain changes from effective psychosocial therapy can be seen neurophysiologically as surely as young developing brains show characteristic changes when they suffer “environmental failure” – like emotional trauma, abuse and deprivation. That which distinguishes us from other creatures – the remarkable size of our brain – best reflects the complexity of our social networks rather than any other aspect of our being. If a human being can be described as any kind of “machine”, we are a “relationship machine” – and to disconnect us from our natural and social world, as in the example of Bernadette, cannot be done without unknown consequences.

### **Therapeutic communities: growing together and healing by ordinariness**

Debbie was twenty-two when she went for treatment in one of the new government-funded non-residential therapeutic communities for individuals with borderline personality disorder. She had been grievously abused as a child, and most recently dropped out of university with recurrent mental ill-health. Debbie was extremely mistrustful of all humans, particularly men, and much preferred the company of animals. When the therapeutic community agreed to get a pair of rabbits for her to look after, her engagement greatly improved – and when looking after the animals she started talking to other members for the first time.

Therapeutic communities are not a single mode of treatment, but a service-user partnership format within which formal therapy is one of many things that take place. The therapy may tackle particular difficulties, or examine particular relationships in great depth, but the ordinary time together is just as much part of the programme. “Therapeutic ordinariness” can be a remarkably transformative experience for people who have only ever experienced discord, chaos or brutality in their day-to-day relationships.

An important part of this “ordinariness” is making decisions together in a way that emphasises members taking responsibility for themselves and for each other. When responsibility for “real” arrangements is included, such as growing food or tending animals, the power to train people to take this responsibility is greatly increased, as is the scope for creativity and spontaneity in doing so.

A clear parallel between greencare and therapeutic communities is the expectation of change, growth and transformation. Apart from the direct analogy between botanical and human emotional development, the metaphorical meaning of “growth” is true for both. Clients and staff often experience and report any greencare project (not necessarily those set up as therapeutic communities) as a transformational process, and one whose value is much beyond the simple function of, for example, growing food or rearing animals. This is perhaps another aspect of therapeutic ordinariness, or the “magic of a single moment”, that is so well-facilitated by a greencare setting.

As well as being beholden to the rhythm and cycle of the seasons, other commonly used horticultural and agricultural concepts are relevant:

*Pruning.* Needs to be undertaken in order to cut back unhealthy or outdated coping mechanisms and keep the work within safe boundaries.

*Watering.* Sometimes work in a therapeutic community becomes arid and dry and needs irrigation. The psychological equivalent of this is having a range of different activities within the treatment programme.

*Feeding.* Little growth is possible without suitable nourishment, and this “fertiliser” can either be found in developing relationships between members of the community itself or with staff.

Often this is accomplished by people who have moved on through the programme coming back and helping to nurture those earlier on in the process.

*Rotation.* Crops thrive best when subject to rotation or mixed planting in small domestic settings: therapeutic community programmes often benefit from “refreshing” by changing the therapy ingredients (the mixture of types of groups); different talents can be used from individual members to contribute to the health and well being of the whole community.

A therapeutic community gives people psychological “breathing space”: in this sense it is “open air therapy”. An effective therapeutic community looks outward to the horizon as much as it looks inward to itself, and this is different to some other forms of therapy which rely on the opacity of a therapist, or the deliberate claustrophobia of an unadorned consulting room.

Therapeutic communities are usually intensive treatment programmes, and being as challenging as they are supportive – where conflict is expressed, explored and understood rather than avoided. The values of working in a planned and interdependent way, the “reality confrontation” of coping with each other’s behaviour, and the taking and sharing of responsibility have strong similarities with greencare and care farming.

### Deep soil: humanistic and analytical psychology

Hurrying to a class at the university, because I was late I had to cross an expanse of lawn. As I ran across the grass, I had the most amazing and horrible experience. I could feel that each blade of grass had a life force, that the ground had a life force, that everything was bound together in this wonderful dance. I could feel my feet crushing the blades of grass. I could hear the crunch, I could feel the pain the grass felt. From this experience of expanded consciousness and oneness – which came totally unbidden and unexpected at that moment – I realised that I was something more than this pocket of flesh and mind, wondering and searching (Lionel Corbett, psychiatrist).

Humanistic psychology asserts that humans cannot be reduced to components, that they have choices and responsibilities and that they seek meaning. There is a rejection of determinism and a concern for positive growth, rather than pathology (Bugental, 1964). Maslow’s (1971) assertion that every human has a hierarchy of basic needs is well known – and it includes the need for growth. A person fully immersed in what he or she is doing is energised by a feeling of “centredness” – a common experience in working with nature.

Synchronicity is an important concept in Jungian metapsychology (Storr, 1973): it gives meaning to connections which are not causal, and recognises connections between the psyche and the external world. Jung refers to synchronous events as “acts of creation in time”, showing the on-going generative powers of nature. Rowland (2006) relates this to the creation myth and archetype of the Earth-Mother. Jung’s later contributions are more closely related to what we now call “greencare”. He described the phenomenon of the collective unconscious which is a pre-verbal and primitive sense of connectedness – to others, to ancestors and to nature. Jung (1921, p. 846) describes the lack of awareness about it in traditional science as follows:

For [experimental science] the workings of nature in her unrestricted wholeness are completely excluded. We need a method of enquiry which leaves Nature to answer out of her fullness (p. 846).

This is an early harbinger of the biophilia hypothesis which was first posited by Wilson (1984) and expanded and developed by Kellert (1993). Lovelock’s (1979) Gaia is a similar idea, though his focus is to describe the connectedness with nature as a whole organism, and he does not do so with any consideration of the psychological, spiritual or physical qualities of the experience of humans in this. Lionel Corbett is a Californian post-Jungian psychiatrist, who describes the transcendental nature of contact with nature (Corbett, 2006):

A further genre of numinous experience occurs to people who find the sacred within the natural world. Some traditional religionists were nature mystics, but today this sensibility is mostly found in the guise of political movements such as the environmentalists. What drives them however is a profound feeling for the numinosity of nature, so that to desecrate the land is tantamount to sacrilege. One can recognise such individuals when they have this type of experience.

At this point, Corbett describes his transcendental experience of feeling for the grass as he was a student rushing to a university class (quoted at the beginning of this section).

How much greencare is incorporated into depth psychotherapy, and indeed vice versa, varies considerably. In rural areas, the tradition of incorporating agriculture into “whole-life” programmes is long established. Many such intentional and therapeutic communities have programmes where the ostensible focus is being self-reliant, such as Lothlorien in Scotland (Hickey, 2008) and Camphill in numerous locations (Camphill Village Trust, 2010). In contrast, urban care settings may only have houseplants and pet fish to tend, and prison wings often only allow caged birds as acknowledgement for the basic human need for contact with nature.

### Beyond words: the essence of healing

This man, who spoke very little English at the time, dug out all the topsoil of his plot and piled it into three big heaps, then spent a year picking all the weeds out of each heap and eventually restoring all the cleaned soil back into the plot. When asked about this later, he explained that in the painstaking process of removing every single weed, he turned his inner attention to how and why he was constantly beset by feelings of anger, impatience and irritability, and that this year of weeding helped him to clear his mind.

An important dimension of greencare, which is rarely mentioned in academic writing, is that of understanding spiritual needs, as well as biological, psychological and social ones. This depth relates closely to those transformative experiences described above and those working in greencare often vividly describe the power of working with in authentic, extreme or true contact with nature as a way to meet them.

A London project to heal the psychological wounds of torture demonstrates that a therapy incorporating greencare works by accessing deeper levels of shared meaning than a simple psychotherapy could, and that has a strong quality of the spiritual about it. The “Natural Growth Project” is run by The Medical Campaign for the Victims of Torture for refugees from a large range of cultures and countries, few of whom speak fluent English. It is conducted by experienced psychotherapists using a modified form of non-verbal group therapy, based in the primal experience of growing food in the soil. It has been written up by Linden and Grut (2003, p. 43) and was published as *The Healing Field* in 2002. The project deliberately does not use interpreters and “aims to use nature as a frame of reference and source of analogy and metaphor” Linden and Grut (2003, p. 43).

Some of the analogies they use for the experience of exile are listed Linden and Grut (2003, p. 42):

transplanting – uprooting – reflowering.  
blossoming – seeding – digging deep – grounded.  
feeling the ground beneath your feet – putting down roots.  
cutting back – branching out – putting out new shoots.  
new growth – shedding – weeding out.

The authors go on to explain a participant’s experience of sorting out his thoughts and relationships, which they call “the weeds of the mind”. This is the example given above, at the beginning of this section.

Working purposefully in the company of others, without the need to strive to “put it into words”, is likely to be experienced as a safe involvement that offers the essence of psychological containment, and with which trust, belonging, acceptance can grow, without the need for verbal communication. Indeed, this is probably amongst the most important “therapeutic factors” that have been variously described as “non-specific”, “pre-verbal”, “relational” and as the “general theory of therapeutic value”.

R.D. Laing perhaps expresses this “beyond words” quality of therapy most eloquently. He was greatly influenced by existential philosophy and phenomenology, and held great store by subjective experience, and the special qualities of the “I-Thou” relationship in the therapeutic alliance. Although he never wrote specifically about what we would now call greencare, perhaps his early writings describing the therapeutic relationship best capture the quintessence of human connectedness. He saw psychotherapy as “... an obstinate attempt of two people to recover the wholeness of being human through the relationship

between them.” He felt that the idea of therapy springs from the hope that authentic meeting between human beings is still possible, and observed that therapy involves “. . . a partaking of the sacrament of every present moment – that is the healing factor.” The parallel with greencare is that this transcendent “experience of the moment” is experienced and described the same in relation to nature, as it is in relation to hermeneutic psychotherapy here.

### Sustainability: moral treatment for the twenty-first century

Kevin rebelled at school after being completely neglected at home, and ended up in secure children’s homes throughout his adolescence. His severe self-harm led to admission to his local psychiatric intensive care unit when he was eighteen. He was heavily medicated, put on close observation and got worse as each week passed. The staff were meticulous in adhering to ward policies to maintain his safety, but were also frightened of him. Access to local outpatient therapy was denied as “too risky”, and he was transferred to a private residential clinic where no therapy was offered; he stayed there for many years.

We live in a project-managed world, where time and cost rule. They rule by ensuring, within their own scale and scope, that every risk is measured, predicted and controlled – “no surprises” are tolerated. Uncertainties, instabilities and random events are very frightening to modern managers; spontaneous decisions, random creativity and emotional reactions are systematically excluded from the framework of operation.

But the time and cost that rule have a different scope if we step back a little. The time frame that matters is not whether a new policy is implemented this month or not: it is whether we live a life that allows us to sleep easy at night, and finish our working years with a sense of fulfilment; for those of us working in mental health it is also to be working with mental health values that we know the Quakers championed in the eighteenth century, and the custodians of the Shrine of St Dymphna held in the thirteenth century. (To some authors, the pilgrimage of the “mentally afflicted” to the Shrine of St Dymphna in Flanders is the first demonstrable example of social processes being used to manage mental ill-health, and the first instance of what we might now call a “therapeutic community”.)

And the cost is not the price tag on a new therapy department, or the staff salaries for a treatment programme: it is the long-term cost of treating people as less than human, of making staff feel they have to act against their personal morality and judgement, of coercing clients into acting as the grateful supplicants to an omnipotent and omniscient health-giving machine. These costs are easy to see, but difficult to measure in money.

Greencare offers an antidote: with values that place very long-term sustainability above “ready on time”, and the cost of broken relationships (between humans as service users, humans as therapists, and nature) as much higher than NHS wage bills. The disadvantage, for risk-averse systems of care which cannot tolerate uncertainty, is that difficult situations might arise which demand immediate decisions, and for which blame might have a legal bill attached. For example, boys excluded from school might need to be taught bushcraft with sharp knives; young women with severe self-harm histories might communicate by threatening to do it again, and therapists might make people feel worse by exposing deep feelings. Containment will be need to be accomplished through establishing therapeutic alliances rather than locks on doors, and safety will need to be ensured by judiciously trusting people rather than following risk protocols.

In developing new ideas, I describe three approaches: chaotic, emergent and controlled. *Chaotic* probably describes how the NHS worked 30 years ago: local champions or clinical entrepreneurs had the freedom to develop their ideas in the best interests of their patients. Unfortunately they also had the freedom to be lazy, play golf or have large private practices.

*Emergent* is a concept from child development, and it describes how new behaviour is a creative process which is shaped into meaningful action, within clear boundaries, by a process of play and intersubjectivity – based on relationship, freedom to experiment and getting some things right and some wrong – like action research.

*Controlled* is currently “the only game in town”, and needs to be robustly challenged: it is so antithetical to greencare that the necessary creative processes simply could not happen.

The participants in a managed development are left with no room for individual or collective manoeuvre – the legislative mandates and administrative controls, often explained and enforced through financial risk management, are impossible to circumvent. Creativity is killed and innovation suffocated, as alienation increases and morale plummets. “Friendly” management may sweeten the pill – but the process remains fundamentally unfit for a process of organic – or truly green – development. Greencare necessarily relies on human agency (and animal behaviour), unpredictability, imagination, tolerance of risk, understanding and acceptance of non-rational factors, and continual change. These factors make it fundamentally different from, say, starting a new IT system, or reconfiguring an existing service.

In his *Postmodern Ethics* essay, Zigmunt Bauman (2001) argues that rational and explainable human events and phenomena are not all that matters to us, and may not be the most important in the whole field of our experience. “Dignity has been returned to the emotions” and to extend this into mental health, attempts to “modernise” care into detailed manuals and protocols are destined to fail. Bracken and Thomas (2000) have developed these ideas as “postpsychiatry”, and clearly reason that mental health cannot only be a technical and scientific endeavour – patients will be ill-served unless equal weight is given to social and cultural factors. Bauman’s approach is also a call for accepting, rather than trying to understand and control, the complexity of phenomena which we are always immersed in – which has sympathies with the mathematical models developed as part of uncertainty and chaos theory. It also has a strong echo of Keats’ negative capability, which is often cited as a requirement for creative thought, “when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason”.

Clinically, we are back to the concept of “containment”. The task is not to “do something”, but to create a psychological environment in which difficult experiences and emotions can safely exist. Where people have a sufficiently helpful developmental experience to be able to find themselves a robust sense of personal agency, become less alienated, and develop sustainable interdependence. This is exactly what therapeutic communities do, and what those who have graduated from the programmes demonstrate (Haigh, 2005).

In summary, greencare could be seen as the combination of “Twenty-First Century Moral Treatment” (“how we treat each other” and the quality of our relationships); combined with the environmentalism and sustainability instincts of the wider green movements. The elements contributing to its underlying philosophy include environmentalism, biophilia, biopsychosocialism, depth psychology, and chaos and complexity theory. Greencare is agnostic as regards naturalism versus theism, but acknowledges a central role for spirituality and complexity. In many ways, it is easier to define what it is against, and a long list of these could be produced, including philosophical frameworks and ideologies such as modernity, rationalism, materialism, industrialism, functionalism, and positivism – at least in their “strong” forms.

Public disaffection with market managerialism, corporate greed and inequality is currently high, and many disparate groupings are seeking alternative ways to understand the world and our personal relationships, rights and responsibilities. For example, the current “occupy” movement is articulating similar values in a predominantly economic framework, although some of its writers use examples that are closer to Gaia and biophilia. In an article about the concept of “beyond growth” Davey (2012) describes a native Bolivian belief system in these terms:

Indigenous people not only do not see the earth as a “resource store” that belongs to them – they see themselves as part of the earth, they are walking and living pieces of the earth. They do not have an anthropocentric world view with humans as the peak of creation and its owner – their view is nature-centric with humans as participants and parts in this world.

It is likely that these wider movements – together with increasing disaffection with the patchy mental health provision for personality disorder and complex emotional needs – will mean that greencare is likely to grow and flourish. However, its necessarily emergent or chaotic nature may make it increasingly difficult to recognise or identify as the years go by.

## References

- Bauman, Z. (2001), "Postmodern ethics", in Seidman, S. and Alexander, J.C. (Eds), *The New Social Theory Reader*, Chapter 4, Routledge, London, pp. 138-46, .
- Bugental, J.F.T. (1964), "The third force in psychology", *Journal of Humanistic Psychology*, Vol. 4, pp. 19-25.
- Bracken, P. and Thomas, P. (2001), "Postpsychiatry", *Brit Med J*, Vol. 322, pp. 724-7.
- Camphill Village Trust (2010), "Our lives", Annual Review, available at: [www.cvt.org.uk/silo/files/cvt-annual-review-2010.pdf](http://www.cvt.org.uk/silo/files/cvt-annual-review-2010.pdf) (accessed 15 January 2012).
- Corbett, L. (2006), "Varieties of numinous experience: the experience of the sacred in the therapeutic process", in Casement, A. and Tacey, D. (Eds), *The Idea of the Numinous: Contemporary Jungian and Psychoanalytic Perspectives*, Chapter 4, Routledge, Hove.
- Davey, B. (2012), "The beyond growth congress", *Journal of the Mental Environment*, The Big Ideas of 2012, Adbusters America, Vancouver, pp. 52-5.
- Engel, G.L. (1977), "The need for a new medical model: a challenge for biomedicine", *Science*, Vol. 196, pp. 129-36.
- EU COST Action 866 (2010), "Greencare: a conceptual framework", in Sempik, J., Hine, R. and Wilcox, D. (Eds), *A Report of the Working Group on the Health Benefits*, EU COST Office, Brussels.
- Haigh, R. (2005), "Charismatic ideas: coming or going?", *Therapeutic Communities*, Vol. 26 No. 4, pp. 367-82.
- Hickey, B. (2008), "Lothlorien community: a holistic approach to recovery from mental health problems", *Therapeutic Communities*, Vol. 29 No. 3, pp. 261-72.
- Hine, R. (2008), "Care farming: bringing together agriculture and health", *ECOS*, Vol. 29 No. 2, pp. 42-51.
- Jung, C.G. (1921), *Psychological Types' in Collected Works of C.G. Jung*, Vol. 6, Princeton University Press, Princeton, NJ.
- Kellert, S.R. (1993), *The Biophilia Hypothesis*, Island Press, Washington, DC.
- Linden, S. and Grut, J. (2003), *The Healing Fields: Working with Psychotherapy and Nature to Rebuild Shattered Lives*, Frances Lincoln, London.
- Lovelock, J. (1979), *Gaia: A New Look at Life on Earth*, Oxford University Press, Oxford.
- Maslow, A.H. (1971), *Towards a Psychology of Being*, Lemniscaat, Rotterdam.
- O'Neill, A. (2002), *A Question of Trust*, BBC, London.
- Peng, K. and Nisbett, R.E. (1999), "Culture, dialectics, and reasoning about contradiction", *American Psychologist*, Vol. 54 No. 9, pp. 741-54.
- Rowland, S. (2006), "Jung and Derrida: the numinous, deconstruction and myth", in Casement, A. and Tacey, D. (Eds), *The Idea of the Numinous: Contemporary Jungian and Psychoanalytic Perspectives*, Chapter 7, Routledge, Hove.
- Storr, A. (1973), *Jung*, Fontana, London.
- Wilson, E.O. (1984), *Biophilia*, Harvard University Press, Boston, MA.

## Further reading

Sempik, J., Hine, R. and Wilcox, D. (Eds) (2010), *Greencare: A Conceptual Framework, A Report of the Working Group on the Health Benefits*, EU COST Action 866, EU COST Office, Brussels.

## About the author

Rex Haigh FRCPsych is a Consultant Psychiatrist with Berkshire Healthcare NHS Foundation Trust. He is Project Leader with the Enabling Environments programme at the Royal College of Psychiatrists. Rex Haigh can be contacted at: [rexhaigh@nhs.net](mailto:rexhaigh@nhs.net)

---

To purchase reprints of this article please e-mail: [reprints@emeraldinsight.com](mailto:reprints@emeraldinsight.com)  
Or visit our web site for further details: [www.emeraldinsight.com/reprints](http://www.emeraldinsight.com/reprints)