Chapter 21
The Natural World: The Role of Ecosocial Work During the COVID-19 Pandemic

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Introduction

There have been birds chirping outside my apartment window for the past several months. During my 8-year residency in my Manhattan apartment, they have not presented in such volume or in such numbers, signaling an environmental change. Throughout my 10-year professional career as a hospital social worker, coupled with personal observation, I have experienced and witnessed the value of connecting to the natural world. The COVID-19 pandemic decreased the frequency of outdoor experiences for many people across the globe. Patients in the hospital already face this disconnect and are largely relegated to interaction with plants, flowers, or technology. There is a human desire to connect with nature that is now receiving more recognition since so many people are now facing limitations or restrictions to their outdoor activities. The COVID-19 pandemic is the catalyst for social and natural isolation from the world around us.

In the 1980s and 1990s, social workers looked at shifting the understanding of the environment to go beyond the social aspects to include the natural perspective. Carel Germain (1981) was the first to discuss an ecological approach to social work practice acknowledging the role of the physical environment and the natural world. Since the 2000s, social work literature has grown around social work and the natural environment with varying terminology. Ramsay and Boddy (2017) conducted a concept analysis of environmental concerns and social work. They identified a list of terms throughout social work literature including green social work, environmental social work, ecological social work, and sustainable social work. For the purpose of this chapter, the term ecosocial work will be used. “An ecosocial approach might
be defined as an anti-oppressive model of social work practice that sees the natural world as a central variable in human development and well-being and promotes environmental sustainability as a core professional consideration” (Norton 2012, p. 304). Social workers should question the impact of technology and its ability to solve problems (Crews and Besthorn 2016). An ecological approach also critically analyzes many industrialized societies’ viewpoint that the environment is a separate entity and viewed as property (Zapf 2010).

The history of social work practice has largely excluded the natural and physical environment, instead focusing mostly on social elements. Social work should expand the understanding of person-in-environment to include the natural environment (Miller et al. 2012; Zapf 2010; Heinsch 2012). Zapf (2010) created a new paradigm for the twenty-first century, “people as place,” replacing the person-in-environment model. “People as place” emphasizes community, the inclusion of the natural world, and illustrates the interconnectedness of humans and nature. The purpose of this paradigm is “living well in place” (Zapf 2010, p. 40). A radical shift is needed to address the natural world in social work practice.

Miller et al. (2012) drew a distinction between environmental justice, which analyzes the impact of the natural world on humans, and ecological justice, which takes it a step further with the viewpoint of humans as part of a larger universe. Environmental justice brings attention to the disproportionate impact environmental issues have on people of color, poor, and other marginalized communities. Maas et al. (2006) found that people who live near green natural environments report higher levels of overall health than those who live near less-green environments. Marginalized communities often do not have the access to green natural environments in comparison to affluent communities (Mitchell et al. 2011).

**Ecosocial Work**

Crews and Besthorn (2016) identified facets of ecosocial work to include recognizing that the environment is inclusive of the natural world, the value of intuition and spiritual experiences, and acknowledging the interconnectedness of humankind and the natural universe. Ramsay and Boddy (2017) discussed four characteristics of ecosocial work including capitalizing on present social work competencies, being open to different viewpoints including indigenous values, the ability to critique dominant culture, and the ability to work across disciplines. Community, diversity, and the interdependence of nature are indigenous values that can be incorporated into social work practice (Gray et al. 2007). The ecosocial work literature contains terms that may be new to some social workers such as biophilia (Besthorn and Saleebey 2003; Fromm 1964) and deep ecology (Besthorn 2012; Mosher 2010).
**Biophilia**

The psychoanalyst Erich Fromm (1964) first used the term *biophilia* stating, “its essence is love of life in contrast to love of death” (p. 45). Fromm was a humanist and his description of biophilia included natural and social aspects. The American biologist E.O. Wilson (1984) later described biophilia as “the innate tendency to focus on life and lifelike processes” (p. 1). Wilson’s book, *Biophilia: The Human Bond with Other Species*, depicts his immersion in the natural world, modernizing the term biophilia to focus on the natural world. Besthorn and Saleebey (2003) discussed the interconnection between humans and the natural world, addressing biophilia in social work practice. Biophilia acknowledges that humans and other living and nonliving things are all interconnected in a web of relationships, are inherently valuable, and should be respected. There are opportunities to incorporate animals and nature into social work practice to improve overall well-being.

**Deep Ecology**

The term *deep ecology* was coined by the Norwegian philosopher Arne Naess in the 1970s to explain mutual dependency and interconnectedness in an ecosystem. Deep ecology posits that humans are entrenched in a network of relationships. Naess rejected the belief that humans have a higher hierarchical place in nature (Naess 1973). Besthorn (2012) used the term deep ecology to challenge social work’s anthropocentric view, placing humans at the center of social work practice. Besthorn (2012) discussed *deep justice*, shifting the focus from anthropocentricity to the interconnectedness of ecological and social elements in social work practice. Traditional ideas of social justice emphasize importance of the individual and social experience, sending a message that other nonhuman aspects of the natural environment have lesser value.

**Ecosocial Work in Practice**

There are numerous ways to incorporate the natural environment into direct practice. Space to discuss the client’s relationship with nature including plants and animals could be included in an initial assessment (Norton 2012). Environmental concerns impacting client well-being should also be explored (Borrell et al. 2010). There has been growing interest in human-animal relationships including pet ownership and animal-assisted interventions (Chalmers et al. 2020). According to the International Association of Human-Animal Interaction Organizations, “an animal assisted intervention is a goal oriented and structured intervention that intentionally includes or incorporates animals in health, education and human services (e.g.,
social work) for the purpose of therapeutic gains in humans” (Jegatheesan 2018, p. 5). Dogs are most often used in animal-assisted interventions (Chalmers et al. 2020), but horses are also growing in popularity (Acri et al. 2016). Risley-Curtiss (2010) found that, in a national study of 1649 social workers, only one-third of respondents indicated that they asked about animals in their assessment and less than one-quarter of respondents reported they used animal-assisted interventions.

Engaging in therapy outdoors may be beneficial for mental health professionals and their clients to make connections in the natural world (Cooley et al. 2020). Berman et al. (2008) found in their study that participants taking a 50- to 55-min walk in a green space improved cognitive performance. The Japanese tradition of forest bathing (shinrin-yoku) is the practice of being fully “present” in a forest through the use of the senses. Results of a study on forest bathing in Japan showed that adults who participated in forest bathing exhibited lower blood pressure and lower cortisol levels (Park et al. 2010). Viewing pictures of nature and living near green spaces have shown benefits for overall health. Research has shown that viewing pictures of nature improves cognitive functioning (Berman et al. 2008). Van den Berg et al. (2003) found that participants who watched a video depicting nature demonstrated better mood and concentration as compared to a group who viewed a video of an urban environment. Social work practitioners could include pictures of nature, plants, water fountains, and windows with nature views in social work settings (B astronom and Saleebey 2003).

Community organizations such as healthcare facilities, schools, and prisons must recognize the role of biophilia and provide outdoor spaces (Norton 2012). These organizations can also explore biophilic design or animal-assisted interventions to help residents to connect to nature while indoors. Dijkstra et al. (2008) found in their study that participants viewing a hospital room with indoor plants reported reduced stress compared to a hospital room with no plants. Heinsch (2012) recommended that hospital settings consider the importance of nature since patients often are not able to connect with nature. Community gardening, the promotion of farmers’ markets, recycling programs, and buying local products are other ways social workers can become involved in community-level work (Norton 2012).

Advocacy and influencing the creation of new green policies are integral to making positive change for the natural world. Social workers are encouraged to work across disciplines and with various types of organizations in advocacy and policy efforts on local, state, national, and international levels (Norton 2012). Social workers can also advocate within social work governing bodies such as National Association of Social Workers (NASW), International Federation of Social Workers (IFSW), and Council on Social Work Education (CSWE) in order to shift social work policy and education to recognize a person-in-environment framework including the natural world. Biophilia, deep ecology, and environmental justice must be addressed in social work polices for best practice.

Experiences in the outdoors can contribute to personal and professional growth. Lichtblau (2010) found in a self-study that outdoor experiences impacted the writer’s thinking, emotions, and physical body and offered a holistic approach to well-
being. This study implies that social workers should immerse themselves in the natural world and reflect upon it for professional development. Crews and Besthorn (2016) advocate for experiencing moments of silence in the natural world to promote personal and professional development. Listening to nature allows social work practitioners to better understand their clients. Embracing silence in nature may also lead to a better understanding of areas for personal growth for social work practitioners.

Crews and Besthorn (2016) identified two exercises that can be used to connect to the natural world. The exercises do not involve much instruction or planning. The first exercise is to take a walk outside, alone, and without technology, using the senses, being present and reflective. The second exercise can be used in an agency setting. The social work practitioner can invite a client to look out the window or at a picture of nature or a plant and focus on that for 1–2 min. Crews and Besthorn (2016) recommend the use of silence in direct practice with clients, the values of being present, and using the senses. Being attuned to silence in nature may allow social work practitioners to express more empathy and care in their practice.

**Alternate Nature Connections**

There are opportunities outside of social work to connect to the environment through other mediums such as art, music, theater, film, food, wine, and biophilic design (Zapf 2010). There are many examples of artwork throughout history, such as the paintings in the Lascaux Cave in France, that have drawn inspiration from the natural world. The natural world served as an inspiration for artists such as Frida Kahlo, Vincent van Gogh, and Georgia O’Keefe. Most recently, the portrait of President Barack Obama by Kehinde Wiley in the National Portrait Gallery in Washington, DC, depicts Obama surrounded by foliage with flowers signifying meaningful places in his personal life: jasmine for his birthplace in Hawaii, chrysanthemum as the official flower of Chicago, and African blue lilies honoring his Kenyan heritage (Cotter 2018). Creating or viewing art inspired by the natural world can be a pleasurable and therapeutic experience. Art can also raise awareness for environmental change. Visits to sculpture gardens and botanical gardens are active ways to connect to artistry in the natural world.

Film screenings, theater performances, and concerts have been held in outdoor spaces and offer an opportunity to experience the arts outdoors. Composers have often been inspired by the outdoors. The twentieth-century French composer Olivier Messiaen famously incorporated birdsong into his compositions. The Liceu Opera Barcelona reopened in June, 2020, after the COVID-19 pandemic with a string quartet performing to an audience of plants. The artistic director was motivated to bring attention to nature. After the performance, the plants were donated to local healthcare professionals (Treisman 2020).
There is also opportunity for innovative biophilic designs in a variety of environments such as homes, healthcare settings, and prisons. Urban planners who take inspiration from the natural world may help to allow more interconnectedness in our ecosystem within urban habitats. Community gardening has gained popularity in urban spaces and can be a positive way to strengthen community ties while connecting to the natural world (Besthorn and Saleebey 2003). Shopping at farmers’ markets creates a feeling of being nourished by the earth. The connection to the earth is also pronounced in viniculture with an emphasis on terroir and the desire to taste the grapes representative of a healthy ecosystem (Asimov 2020).

COVID-19

A negative effect of the COVID-19 pandemic for many Americans, especially in urban settings, has been increased isolation from natural environments, leading to questions as to the level of impact isolation has on their overall health. Fewer cars on the road have positively impacted noise pollution, allowing birdsong to be heard (Bui and Badger 2020). Though many park spaces remained open, some people felt safer staying in their homes, limiting their exposure to green spaces. So many conversations professionally and personally seem to revolve around technology fatigue, social isolation, and separation from nature.

The pandemic altered normal routines and limited time spent in natural surroundings. The pandemic has also reminded us of the importance of connection to other humans and the natural world. It is a signal that deep ecology and biophilia have their place in social work practice. Now that restrictions are lifting in much of the United States, more people are feeling comfortable going outdoors. Current societal values often do not provide for the opportunity to experience nature without distraction, to be present in the moment (Lichtblau 2010). The fallout of the pandemic highlights the importance of the natural world and environmental issues in the social work field including theory, education, and practice.

During the COVID-19 pandemic, being able to step outside for fresh air has become more important than ever. During 13-hour hospital shifts, even amid the chaos, I made every effort to leave the physical building for a walk on my break. There was something restricting about the simple act of just breathing in enclosed hospital spaces. My office was on a COVID unit, and even with my mask, there was something special about being able to breathe in outdoor air. This is one of the privileges I had that my patients did not. I got to go home at the end of my shift. I felt appreciative that I had a green space within walking distance from my apartment where I could feel more disconnected from urban life and my work at the hospital.

Isolation has been especially trying for hospitalized patients confronted with a strict no-visitation policy and a quarantine restriction to their rooms. Under normal circumstances, patients subjected to prolonged hospitalization face a disconnect from nature when they are unable to leave the hospital. In multi-bed hospital rooms,
the bed with the window view is always prime real estate. Patients look longingly out the windows in the hospital hallways, especially standing near a window when it is sunny. People like to stand near windows in the hallway to talk and bask in the glow of that moment of light.

With the pandemic, my work at the hospital changed. Patients with COVID-19 were restricted to their rooms and barred from social encounters and open spaces. Face-to-face encounters were not possible, but even over the phone, patients were able to express their motivations for leaving the hospital. Beyond reunification with family, patients also discussed basic wishes, such as returning home to their pets, enjoying the beach, sailing, fishing, gardening, or just sitting on a porch. Patients were very willing to trade the confinement and isolation of a hospital bed for strict precautionary measures at home.

I received more frantic calls from families. The time spent on these calls seemed to double as the need to provide emotional support was greater than usual. Oft-changing New York City protocols for nursing homes, assisted living facilities, shelters, and hospital transportation proved challenging. Priorities shifted to providing guidance to families navigating the difficult landscape of funeral and burial services. With this shared trauma, patients and families shared their fears, and I remember thinking that I was afraid, too. COVID-19 forced me to confront many of the same questions my patients and their families were facing. What if I get COVID-19? What if I bring it home to my spouse? News spread of hospital staff dying. I am here, too. In my social work role, I am the person families and patients come to for answers. The pandemic forced me to get comfortable with not having answers.

I remember providing support to a woman whose partner had COVID-19 and died in the hospital overnight. She was sobbing and said repeatedly, “Just don’t tell me that you are putting him in one of those refrigerator trucks.” There had been a lot of negative publicity in the news about decomposing bodies found in a U-Haul rental outside a funeral home in Brooklyn, New York (Feuer et al. 2020), and reports about the overflow of bodies being held in mobile morgues (Feuer and Salcedo 2020). I realized that the patient who died was around the same age as my husband and was just hospitalized the day before. The woman was not able to be with her partner at his end of life. What if my spouse got sick and I couldn’t be with him at his end of life? Would I be thinking about the mobile morgues upon news of his death? How could I talk about the reality of the mobile morgues in that moment? Having 10 years of experience in hospital social work, I have handled many tense and highly emotional situations. This was different. My heart was racing. I had to collect myself before returning her initial call. I provided emotional support and concrete resources during the five phone conversations we had throughout the day. She did have questions about burial services, which I answered to the best of my ability, knowing that funeral homes were facing their own challenges.

Additional negative aspects of the pandemic were increased anxiety and fear about patients going to nursing homes and the process of burial arrangements. Many family members who normally visited patients at nursing homes would relay their
concerns that they didn’t trust the nursing homes and didn’t want the patients to return to residency. Even though the hospital had a strict no-visitation policy, many families had more trust in the hospital than the nursing homes. Eventually, due to the sudden rise in deaths, the funeral homes became overwhelmed. Some family members were worried that their loved ones would end up in a mobile morgue or, even worse, missing.

I felt a tremendous amount of pressure from patients who didn’t have COVID-19 to be discharged from the hospital as soon as possible. Several patients would adamantly express their desire to leave prematurely, concerned about the likelihood of contracting the virus while in the hospital. Many patients were anxious about the number of staff coming in and out of their rooms. Hearing their anxiety and concerns about being in a hospital with so many COVID-positive patients, they were echoing feelings I also had. They just wanted to feel safe. I wanted to feel safe, too.

Throughout the COVID-19 pandemic and my isolation from nature, I have reflected on my own history with the outdoors. It seems to be a tale of two cities. My memories as a kid growing up in suburban Chicago in the 1990s were not rife with an affinity to nature. I did not like going to the beach and getting sandy. Motion sickness hampered my enjoyment of fishing on a boat with my granddad and made long car rides miserable. During these rides, my dad refused to turn on the AC, and my mom kept the windows shut because the breeze from the open windows gave her a stiff neck. The sticky vinyl seats and my younger siblings draped all over me created a hot box. To this day, I need to feel air on my face during car rides. Every summer the family vacation involved camping in a cramped 1964 FAN travel trailer with a family of nine. Just thinking about it makes my temperature rise.

After moving to Manhattan in 2008, there was a greater need to transcend the dense, compact urban sprawl. Planning and taking vacations domestic and abroad to connect to the outdoors became a vital part of my inner balance. It now gives me the feeling of being plugged in to the world around me. Time spent outdoors has proved invaluable in my adult life with its healing and restorative components. Throughout this experience of shared trauma, I noticed that elements of my professional and personal life had shifted. Shared trauma can create a shift in clinical practice with a greater emphasis on self-care (Tosone et al. 2012). My self-care shifted from Broadway shows and gym workouts to time spent in nature. Sitting alone in the Central Park with my floral face mask has served as a way for me to decompress and center myself after working at the hospital. I sit on a blanket, listen to the birds, and watch the swaying trees and pollinating bees in silence. Without a backyard, porch, or even balcony, I resorted to larger green spaces near my home, not feeling comfortable with the risks associated with taking public transportation. Living in a small New York City apartment facing COVID-19 restrictions heightened my interest in ecosocial work.
Conclusion

The pandemic has brought attention to the role of biophilia and deep ecology in our lives. More thoughtful approaches to combat isolation in hospitals are needed, such as access to outdoor spaces and community gardens. There are possibilities in creating more supportive spaces not only for those hospitalized but also for all people facing isolation. More innovation is needed in biophilic design of work environments and the client experience to increase interpersonal and environmental connections. Biophilic design, the use of plants in practice, nature views, walking therapy, animal companionship, and animal-assisted interventions should be explored. Social workers should consider advocating for environmental justice on local, national, and international levels. The social work principle of advocating for social justice must also include environmental justice through individual and collective action (Miller et al. 2012). Social workers are called to be global environmental citizens moving beyond the importance of the individual, nation, or a particular generation to collective engagement (Zapf 2010).

My personal and professional growth flowered this early summer during a short stay in the Catskills after spending months working as a hospital social worker in New York City during the COVID-19 pandemic. Pleasure reading, which is normally a top priority, took a backseat to staring at trees and squirrels, feeling the breeze, and listening to birds. My excursions in the Central Park have turned from an amenity into a necessity. Learning about biophilia and deep ecology has transformed the way I encounter outdoor space. I feel that my recent experiences in the natural world have led to my personal and professional growth. With the COVID-19 pandemic restrictions still in place in parts of the United States, it is more important than ever for social workers to incorporate biophilia and deep ecology into our personal and professional lives. The COVID-19 pandemic has prompted a new paradigm shift of what social work will become.

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