The Influence of the Forest Program on Depression Level*1
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Abstract

The purpose of this study was to examine the effects of participation in a forest program on the level of depression changes in the participants. Total of 501 university students residing in the middle province of Korea were administered Beck Depression Inventory (BDI). Among them, 32 students were selected as participants of the program based on the scores of the BDI.

A 5-day forest program included climbing, sharing experience with others and so on. Pre and post tests control group research design was employed for this study, with BDI measures taken from each of 32 participants on three time frames: 2 weeks before the program, immediately before participation, and immediately after participation.

BDI scores were expected to decrease as a result of forest program participation. The study results supported this hypothesis.

Key Words: forest program participants, depression changes, BDI

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INTRODUCTION

Forest setting has been described as 'a great health machine' (President's Commission on Americans Outdoors, 1987) and forest activities were cited as providing both preventive and therapeutic health benefits (Green and Anderson, 1986). Under the general health related benefits, Ewert (1986) identified four categories specifically related to forest/wilderness recreation: psychological, sociological, educational, and physical benefits. Another taxonomy, developed by Driver, et al. (1990), classified benefits into personal development, social bonding, therapeutic/healing, and improved physical health. Conclusions reached by Ewert (1986) were essentially the same as those reached by Driver et al. (1990), even though they used different terms. Their conclusions were that tremendous opportunities for health benefits are likely to exist from forest/wilderness experiences.

The therapeutic benefits of forest experience can be considered as a health treatment in a forest setting. It is possible that forest may provide opportunities which foster the establishment of more efficient and active behavior, thereby enhancing mental health and psychological functioning (Hanson, 1977). Many empirical studies (Banaka and Young, 1985; Lee, 1983; Neffinger et al., 1984; Stich, 1983; Stich and Senior, 1984; Thomas, 1981) have examined the therapeutic values of forest/wilderness experience. Most of the studies appraised the values of the forest-related clinical programs in improving the effective performance of delinquents; of in- and outpatients of psychiatric institutions, including emotionally disturbed children; of drug abusers; and of people with other clinical mental-health problems.

Depression is the most common psychological disorder and clinical syndromes (Craighead, et al., 1984). Wong (1996) argued that depression is quite prevalent in the college population. He reported that at any given moment 25% to 30% of college undergraduate students experience depression, and that 45% of those who seek coun-
seling report depression. Oliver, et al. (1976) also have estimated the prevalence of depression in college students by administering the Beck Depression Inventory (Beck, 1970) to a random sample of freshmen and sophomores at four private, medium-sized, coeducational, urban universities. When the criterion for depression was set at a number or intensity of symptoms associated with a diagnosis of depression in a psychiatric population, 23% of the respondents qualified as at least mildly depressed. They argued that the rate of depression may be as much as 50% higher in college students than in American adults between the ages of 18 and 74, in whom the prevalence of depression was cited as 15% in a special report on depression issued by the National Institute of Mental Health (1973).

Depressed person has been described as a loss of interest in pleasurable events. It can be experienced transiently at any given moment and chronically over an extended period of time. Another symptoms associated with major depression include a loss of appetite, insomnia, psychomotor retardation, loss of energy, feelings of worthlessness and guilt, diminished ability to think, poor concentration, restlessness or irritability, and suicidal thought or action (American Psychiatric Association, 1994).

Beck (1976) argued that depression can exert major effects on people's views of themselves. Depression affects self-evaluation and self-esteem (Brown and Mankowski, 1993), self-focused attention (Salovey, 1992), self-efficacy (Kavanagh and Bower, 1985), memory about the self and the ability to process personally relevant information (Ingram, 1984), illusion of control and learned helplessness (Seligman, 1990), and attribution patterns following undesirable events (Peterson, et al., 1983).

Underlying experiential interventions used in the treatment of depression is the assumption that changing persons' view of themselves can impact on levels of depression. One of these experiential interventions is the use of initiative activities associated with forest experiences. Forest experience may include situations in which the participants are exposed to elements of risk, hostile