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LETTER TO THE EDITOR

THE CASE OF 'NATURE-DEFICIT DISORDER' (NDD) AND ITS COMPLICATIONS IN THE ABSENCE OF A UNIVERSALLY RELIABLE AND VALID SELF-REPORTED TOOL

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Abstract

The present letter to the editors presents the debate over the condition of 'Nature-Deficit Disorder' (NDD) and it aims to communicate to the scientific community the need for the creation of valid and reliable tools that would serve in future studies as measures of the condition.

Keywords: Nature-deficit disorder, environmental psychology, nature and wellbeing, self-reported measures.

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LETTER TO THE EDITOR

To begin with, it is quite likely that in the common mind of researchers, clinicians and the public, nature and wellbeing are strongly correlated, as well as that there is an intriguing interplay between those two. Indeed, some literature supports quite the latter idea. For instance, according to Bratman and colleagues more than 50% of the current world's population lives in urban areas, while it is estimated that by the year 2050 this percentage will increase to 70%.¹ The authors also argued that this increasing urbanization may benefit people by increasing the levels of 'quality of life', however it may in parallel contribute to any increase in the numbers of mental health problems by causing some of those.¹

This consideration is not unknown. In fact, early works of Roger Ulrich that discussed about the connection between the 'outdoors' and 'health', especially in the setting of healthcare environments are still well-known even nowadays. Ulrich's work "*Natural Versus Urban Scenes: Some Psychophysiological Effects*", which was published more than 40 years ago, in 1981, presented the idea that nature has a significant impact on the level of anxiety for individuals, while it was also discussed that urban settings may have played a key role in lessening citizens' overall mental health.²

Years after the initial version of Ulrich's work, in 2008 Richard Louv published a book named "*Last child in the woods*". In that book, it was communicated for the first time the term NDD. This term reflected the impact that the urban areas have on children's health as they lack 'nature'. NDD served as a reminder to parents, guardians, and teachers regarding the value and the impact of outdoor play for young children. In addition, the author wrote about the absence of nature connectedness which -according to her work- has caused many problems in the development of young children including 'Attention Deficit Hyperactivity Disorder' (ADHD), depression, anxiety and obesity.³

At this point, it is noteworthy that NDD has not been under the umbrella of any related -or clustered- condition/s in the latest versions of the 'Diagnostic and Statistical Manual of Mental Disorders' (DSM)⁴ and the 'International Classification of Diseases' (ICD)⁵ systems published by the American Psychiatric Association

(APA) and the World Health Organization (WHO) respectively thus far.

Unfortunately, only in the last 15 years few authors turned some attention to this issue. For instance, a few authors over the last decade argued that a connection to nature is quite likely to improve the level of mental health of people,^{6,7} while in recent meta-analysis Pritchard and colleagues for instance, supported the idea that individuals who are closer to nature may show an increased level of eudaimonic wellbeing and self-growth.⁸

As far as the present point of this letter to the editors is concerned, it should be clearly communicated to the scientific community that modern research in Neuropsychology and Health Psychology has turned much attention in the contribution of food and environment in the development of neurological and neuropsychiatric conditions, while the issue of NDD has almost been neglected. Given the idea that children's interactions with environment are so complex, it is quite challenging to measure the extent of their connectedness, and various connectedness measures invariably capture different facets of connection.

Hence, future studies in Health Psychology and Behavioral Medicine may attempt to make NDD measurable in a quantitative fashion, in order to create new psychological scales that in the foreseeable future may serve in predictive models of wellbeing -including eudemonia, quality of life, resilience, satisfaction with life and biophilia- and not to longitudinal studies regarding the development of neurological and neuropsychiatric conditions.

In conclusion, in the present letter to the editors it is not communicated that NDD should be a new 'mental illness' in the new diagnostic tools published by APA and ICD. Rather, NDD should have a valid and reliable self-reported tool that can be used in studies related to positive psychology, wellbeing, stress-related conditions, environmental psychology, public health and health psychology.

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