Qualitative Content Analysis of Forest Healing Experience in Forest Life

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ABSTRACT

Background and objective: The purpose of this study is to analyze the case of healing experience for lifestyle and environmental diseases through life and activities in the forest from the perspective of critical realism, and how the causal power and mechanism of the healing experience relate to forest healing factors and programs.

Methods: 93 video data of people who started living in the forest for disease treatment were analyzed using a qualitative content analysis method from the perspective of critical realism. Categories for analysis include general categories (age, duration, occupation, disease name), forest therapy categories (climate therapy, plant therapy, water therapy, diet therapy, kinesiotherapy, psychotherapy), and other categories (ecology, learning and management, life tools), etc., and the unit of analysis is the context unit.

Results: 1) The diseases that motivated life in the forest were digestive system diseases, lung diseases, cardiovascular diseases, endocrine system diseases, and various lifestyle-related diseases and environmental diseases in similar proportions. This indicates that forest life does not have specificity to respond to specific diseases, but provides treatment and recovery for all lifestyle and environmental diseases.

2) Among the forest therapies, climate therapy and plant therapy are related to the climatic and residential environment in the forest where 'natural persons' live. And others such as water therapy, diet therapy, kinesiotherapy, psychotherapy indicate the change from the lifestyle that caused the disease to the lifestyle for treatment and recovery.

Conclusion: Life and activities in the forest provide an environment for treatment and recovery in which the healing principles such as aromatherapy, nutritional and dietary therapy, kinesiotherapy, and emotional psychotherapy are integrated in the 'real world'.

Keywords: natural persons, lifestyle diseases, environmental diseases, ecology, critical realism

Introduction

Recently, many people are visiting forests regularly for hiking, trekking, camping, recreation forests, healing forests, and temple stay on a regular basis, or planning to live a nature-friendly life by moving to rural areas. Some are even living full-time in the forests as a 'natural person' (a term used in Korea to refer to people living in the wild). Increasing discussions and public interest in forest therapy

as a method of natural healing is also due to the popularized reflective awareness of lifestyle and environmental diseases. In other words, healing factors and programs presented by forest therapy improve the improper lifestyles and environments of people today that cause diseases, thereby preventing and treating the diseases from the perspective of natural healing (Yoo et al., 2015).

The features of forests that promote health and treat diseases are recently perceived scientifically and receiving full

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attention since there was a study published on the fact that conditions where one can see the natural environment have a positive effect on the recovery of patients that received gallbladder surgery (Ulrich, 1984). Moreover, as a result of showing 120 videos on natural and urban environments and measuring stress recovery, it was found that there was a healing effect just by being in the natural environment (Ulrich et al., 1991). Furthermore, other related studies are proving the physiological effects of forest therapy, such as decrease in stress caused by the declining cortisol levels (Tryvainen et al., 2014) and increase in immunity due to activation of NK cells (Li, 2010) and the psychological effects of forest therapy such as decrease of negative emotions (Morita et al., 2007) and promotion of happiness (Mackerron and Mourato, 2013).

There are also active studies on forest therapy in Korea that cover the physiological, psychological, and social effects on all ages from children to the elderly as well as various disease groups (Oh, 2017), but most are positivist quantitative studies with one-time and short-term measurements (Sung et al., 2015). These quantitative studies merely list the regularity of experiences but fail to determine the mechanism and correlation of physiological, psychological, and social healing of individual patients with certain diseases with forest therapy factors and therapies.

Accordingly, this study will analyze the forest life and activities of natural persons that fully display the natural healing character of forest therapy based on critical realism and explain the healing mechanism and structure using the forest therapy theory. Therefore, the objective of this study is to analyze the media cases of the life of natural persons from the perspective of critical realism and determine the forest therapy experience (empirical domain) in forest life of natural persons, the common grounds in lifestyles of natural persons and forest therapy (actual domain), and the principles of internalizing forest therapy factors in forest life of natural persons (real domain).

Research Methods

Critical realism and qualitative content analysis

This study uses the method of qualitative content analysis

from the perspective of critical realism and analyzes forest therapy experiences in media cases that deal with the lives of natural persons living in the woods.

Qualitative research from the perspective of critical realism is methodologically conducted on specific cases or subjects, but since it explores the causality of phenomena with focus on in-depth structure and mechanism (Lee, 2006), it seems like an adequate perspective for analyzing the experiences and meaning of forest therapy in the forest life of natural persons. Moreover, qualitative content analysis is a research method that systematically and objectively describes and quantifies the phenomenon, as well as a qualitative analysis used to systematically analyze the meanings revealed in media materials. In qualitative content analysis, directive content analysis is a method that deductively analyzes existing theories to validate and expand their concept (Son, 2017). Therefore, it is a useful method to analyze the forest therapy experiences and meaning in forest life of natural persons with the categories of forest therapy factors and programs presented in relevant theories.

Procedures

This study analyzed the data using a deductive approach according to the content analysis procedures of Preparation-Organizing-Reporting by Elo and Kyngäs (2008) as shown in Table 1.

Subjects

The subjects of analysis are cases of forest life in MBN's documentary program 'I Am a Natural Person'. It premiered in August 2012 and has aired 445 episodes so far as of the end of March 2021, but this study analyzed up to Episode 432 aired on December 30, 2020 when the data analysis began. The types of data were 432 episodes of replay VOD service, 432 text previews, over 2,500 posts by viewers, 2 books titled [I Am a Natural Person] published by the production team, and other website and online materials. First, we analyzed the text previews and posts by viewers, after which we selected 93 VOD episodes of natural persons that started forest life motivated by treatment of diseases according to the research objective to analyze the experience and meaning of forest therapy in forest life.

Table 1. Content analysis process

Preparation Phase	<ul style="list-style-type: none"> - Selecting the unit of analysis - Understanding of data and context 	First analysis of 432 broadcast information, 2,500 viewer posts, 2 books of [I am a natural person], homepage and Internet data
Organising Phase	<ul style="list-style-type: none"> - Structured Analysis Mattress Development - Data coding according to categories - Hypothesis verification - Comparison with existing studies 	<p>Selecting-Based on the results of the first analysis, 93 VODs of natural persons who started living in the forest for the purpose of disease healing were selected.</p> <p>Categorization-Determination of analysis categories and context units based on consideration of the theoretical background related to forest life and forest healing</p> <p>Analysis-Secondary analysis of 93 VODs according to categories such as climate therapy, plant therapy, water therapy, diet, exercise therapy, psychotherapy, ecology, etc.</p>
Reporting Phase	<ul style="list-style-type: none"> - Model - Concept system - Concept map 	Based on the analysis results, verification of research problems and comparison with existing studies are performed.

Classification

To analyze forest therapy experiences in forest life of natural persons, we classified forest therapy factors and programs by category.

Forest therapy factors are classified into six categories: visual, auditory, olfactory, gustatory, tactile, and conscious elements. Forest therapy programs are classified into the six major forest therapy programs presented by Korea Forest Service, such as plant therapy, water therapy, diet therapy, kinesiotherapy, climate therapy, and psychotherapy (Korea Forest Service, 2011). In the actual data analysis process, the six forest therapy programs were used as the categories, and forest therapy factors were used as the context unit of related programs.

Unit and aggregate

The unit of analysis is context unit. Context unit is the maximum unit of contents intended for clearer review in the record unit, and it is used in consideration of the whole context when it is difficult to clearly analyze with just record unit (Choi et al., 2016b). When there was a context unit relevant to the content analysis table while watching the VOD, this was used as the unit of analysis and included in the category. The aggregate of this study is based on appearance. When there was anything relevant to forest therapy related to forest therapy factors in the life and activities of natural persons in the VOD, we recorded it in the content analysis table as shown in Fig. 1 and analyzed it.

Reliability and validity of research

Elo et al. (2014), who presented the procedures of qualitative content analysis such as Preparation-Organizing-Reporting, provided a checklist for researchers to increase the reliability of research in each phase. According to this checklist, the Preparation phase must validate the researcher's data collection ability and method, data saturation and sample adequacy. The Organizing phase must validate categorization and abstraction, data interpretation, and data representativeness. The Reporting phase must validate the systematicity and logicity of descriptions, concept and content structure, and use of scientific terminology.

To increase reliability and validity of this study, we checked and assessed the required matters in each phase according to the checklist and tried to understand the context, maintain sensitivity to the category content and data, and improve systematicity and logicity. Finally, to overcome the limitations of qualitative content analysis in content validity, we sent a questionnaire on ethicality, reliability, and validity to the production team of MBN 'I Am a Natural Person' that are the creators of this work, and requested minimum fact check.

Results and Discussion

Analysis results according to general categories

The results of analyzing the general matters including

No.	Period	Age	Occupation	Disease	Climate therapy	Plant therapy	Water therapy	Diet therapy	Kinesiotherapy	Psychotherapy	Ecologism
1	8	54	Bit part actor	Vision loss,	Deep in the	Mugwort scent,	Valley water	Vegetable garden,	Morning exercise,	Candle meditation	Only nature gives
2	15	59	Conglomerate -	Late stage renal	Valley	Relocated Jeonju	Cold-water	Vegetable garden,	Bowing exercise,	Listening to music	Care leads to
3	13	69	Garak Market	Renal cancer -	500 above sea	Rented a deserted		Vegetable garden,	Herbal hike, pine	Journal writing	The ideal spot is
4	43	67	Engineering	Late stage gastric	Penniless,	Log cabin,	Cold bath	Wild edible	Herbal hike, five	1000-day	I'm grateful for the
5	10	59	Bus, fish boat	Falling,	Penniless,	Round hut	Mugwort bath	Vegetable garden,	Herbal hike, rehab	Forest meditation	I'm brought back
6	5	63	Video wholesaler	Gallbladder	700 above sea	Mud house		Water celery	Hiking, dancing,		Natural healing,
7	10	55	Livestock industry	Lung disease such	Penniless, 500	Landscape	Steam massage,	Vegetable garden,	Herbal hike,	Praying in front of	Life of non-
8	34	61	Construction	Falling, porosis -	Penniless, across	Panel house made		Vegetable garden,	Hiking,	Mountain spirit	Assimilation into
9	11	64	Construction	Hepatic cirrhosis,		Tent-vinyl	Cold bath - instead	Vegetable garden,	Hiking, morning	Yoga, scared	To live in the
10	18	74	Clothing factory -	Peritonitis -	Penniless, solitary	House made of		Vegetable garden,	Cleaning,	Lake meditation,	Nature must be
11	5	56	Jewelry factory,	Ulcerative colitis	Valley, hometown,	Old mud house,		Vegetable garden,	Hiking, dance	Landscape	Nature is a side
12	24	75	Army contractor	Stage 4 thymic	valley	Hut made of waste	Mugwort bath	Medicinal herb	Hiking, forest	Valley meditation,	Picking up trash
13	14	66	Bus, taxi - stress	Lung cancer, knee	500 above sea	House		Vegetable garden,	Hiking, bamboo	Happy feeling, my	Emptying the mind,
14	5	56	Karaoke business	Stage 2 bladder	next to a valley	US army bus		Vegetable garden,	Hiking	Conversation with	Assimilated into
15	25	66	Patrol - day and	Late stage	next to a valley	Container, biwak		Fermented liquor,	Hiking every day,	Giving to others	To die in peace
77	4	67	Miner, tunnel const	Accident- parapare	next to a valley	Remodeled contain	Mugwort bath	Shiitake, native hor	Herbal hike, barefo	Love for family	
78	6	58	Craftsmanship - res	Cerebral haemorrh	Seashore	Remodeled container		Fish, pork skin	Herbal hike		
79	15	59	Food material busin	Alcoholic liver dise	Penniless, 900 abo	Red clay wood		Marsh snail, wild ed	Herbal hike		
80	5	68	Recycling company	Rectal cancer	Penniless, 900 abo	Vinyl greenhouse red clay room		Ginseng field, thistl	Herbal hike, sandbag		Self-sufficient
81	5	64	Occupation soldier-	Diabetes complications		Vinyl greenhouse container		Lycium, snail	Herbal hike, sandbag		
82	5	66	Police officer	Cerebral infarction	Penniless, 1000 abo	Panel home			Herbal hike, exercise		Satisfied
83	7	63	Fiber manufacturing	Gastric cancer	Penniless, 600 abo	Panel home		Freshwater shrimp,	Herbal hike, kung f	Divorce/love for child	
84	9	71	Taxi driver	Renal cancer	600 above sea leve	Red clay brick hous	Foot bath	Clavaria, turmeric r	Barefoot hiking	Love for family, no	Satisfied
85	10	58	Nurse	Thyroid cancer, ma	800 above sea leve	Remodeled vinyl greenhouse		Organic tofu, sumac	Hiking	Divorced, daughter, I'm great	
86	7	65	Carpenter, construc	Stage 3 colorectal c	Family gravesite, s	Remodeled container		Fish rice porridge, mushroom water, sh		Love for family	
87	7	68	Dry cleaner's - cha	Pneumonia - moved	slash-and-burn far	Remodeled contain	Mugwort foot bath	Indian potato, ballo	Sandbag, herbal hike		
88	18	70	Boiler facilities	Cardiac infarction	Family gravesite, b	Panel home	Mugwort bath	Garlic, yam powder	Exercise, hiking	Cemetery management, family's health	
89	11	64	Construction	Hyperthyroidism -	hometown, next to	Log cabin		Elm bark, tara vine	Pulley exercise	Love for family	Ash soap
90	9	62	Panel processing b	Parkinson's disease	Penniless, hometow	Panel home			Hiking at night	Loneliness, love for family	
91	3	64	Raw fish restaurant	Pancreatic cancer,	river side, hometown, vinyl greenhouse, container			Angelica, evening p	Herbal hike		
92	6	58	Factory worker, ler	Panic disorder	500 above sea leve	Remodeled contain	Winged euonymus f	Gromwell, goatsbea	Bar exercise, hiking	Satisfied	
93	6	60	Landscaping service	Stroke	Lakeside, hometown			Shiitake, supplejack root			

Fig. 1. Content analysis table compression example.

Table 2. General category analysis summary (Unit-person)

Age	20s	30s	40s	50s	60s	70s	Average		
Current age	-	-	1	35	48	9	62years		
Starting age	2	3	22	51	15	-	52.3years		
Period	Under 10years		10-19years		Over 20years		Average		
	54		33		6		9.8years		
Career	Self Employed	Field labor	Driver	Office worker	Others	Remarks			
	57	13	12	9	2				
Sickness	Diges-tive	Cardio-vascular	Lung	Musculo-skeletal	Liver	Endocrine	Mental	Urinary	Remarks
	17	14	12	12	11	11	8	5	3

age, forest life period, occupation before forest life, and disease that motivated forest life are as shown in Table 2.

Forest therapy experience in forest life

Natural persons that experienced treatment of disease in

forest life all say that ‘the mountains saved me’. They are certain that the forest and nature cure illnesses. They did not give up on forest life even after they were cured and resolved not to return to the city. The forest therapy experience in the forest life of natural persons is explained as follows, and this is the ‘empirical domain’, a set of people’s

experiences on events mentioned in critical realism.

First, there were various diseases that motivated natural persons to live in the forest: digestive disorders such as colorectal cancer, colitis, gastric cancer, rectal cancer, etc.; cardiovascular diseases such as cardiac infarction, valvular disease of the heart, angina, cerebral infarction, hypertension, orthostatic hypotension, etc.; lung diseases such as lung cancer, pneumoconiosis, pneumothorax, asthma, COPD, etc.; musculoskeletal system disorders such as aftereffects of falls and traffic accidents and lumbar disc, etc.; liver diseases such as liver cancer, hepatic cirrhosis, gallbladder cancer, biliary tract cancer, etc.; endocrine disorders such as diabetes, thymic carcinoma, pancreatitis, etc.; mental illnesses such as depression, panic disorder, etc.; urinary disorders such as renal failure, renal cancer, bladder cancer, prostate cancer, etc.; and other illnesses such as brain tumor, vision loss, etc. There were 27 natural persons diagnosed with cancer such as gastric cancer, colorectal cancer, and lung cancer and received surgery or anticancer therapy. This indicates that forest life does not have the specificity to respond to specific diseases but provides treatment and recovery for all lifestyle and environmental diseases.

Second, the autonomy in decision making that appeared in the occupational background of natural persons not only enabled them to decide to live in the forest but also played a positive role in treating their diseases. Most of the occupations they had before forest life required autonomous decision making, such as self-employed in construction, machinery, equipment, restaurant, manufacturing, and retail businesses, workers in construction sites, and bus and taxi drivers. The autonomous decision making of natural persons enabled them to have an active will and make their own treatment plan instead of uncritically accepting the doctor's diagnosis and prescription in a life-or-death situation with a critical illness. This is an important element in relation to the patient's attitude in coping with the disease.

Third, the complete freedom that natural persons feel in forest life is the start of their mental and psychological change as well as healing. Complete freedom is accompanied by severe loneliness, which leads to introspection. Introspection results in ecological thinking, making them

commune with all living organisms in the forest including trees and flowers, which leads to gratitude toward all living things. This progresses into mental and psychological communion beyond physical and chemical communication and communion through the five senses such as the forest landscape, sounds, scents, taste, and touch, thereby starting natural healing that integrates the body and soul.

Fourth, in forest life, natural persons must handle everything necessary in life including food, clothing, and shelter on their own. All kinds of labor for self-sufficiency drive them to constantly think, learn, and move whenever necessary, helping them treat their illnesses. Humans are originally beings that develop their capabilities and fulfill themselves through labor. Through all kinds of labor that require them to commune with nature, natural persons are not only developing their physical and mental capabilities but also learning how to properly build relationships with all others and obtaining emotional stability and peace.

Similarities of the lifestyle of natural persons and forest therapy

Among the six forest therapies, climate therapy and plant therapy are related to the climatic and residential environment of the forests in which the natural persons are living, indicating a transition from the environment of disease to the environment of treatment and recovery. Other therapies such as water therapy, diet therapy, kinesiotherapy, and psychotherapy indicate the change from the lifestyle that caused the illness to the lifestyle for treatment and recovery. In other words, the similarities of forest therapy and the lifestyle of natural persons are in changing the lifestyle and environment that caused the illness to the lifestyle and environment for treatment and recovery. This is the 'actual domain', a set of events that are occurring regardless of people's experiences and will continue to occur in the future.

First, climate therapy is a program that uses the microclimate of the forest as a healing factor, such as sunbath, forest bath, wind bath, air bath, and cold air bath. Climate therapy in forest life of natural persons can be found in the climatic environment of where they live. The place where they live are mid-mountainous areas surrounded by

forests in all four directions, and most have valleys nearby. Climate therapy is a routine for natural persons creating a microclimate by adjusting the temperature and humidity on their own and living in an ecological forest with high oxygen concentrations.

Second, plant therapy is a program that uses forest landscape or phytoncide from plants as healing factors, such as forest bath, aromatic bath, pressed flowers, plant crafts, plant observation, forestry operation, and native grass experience. Plant therapy in forest life of natural persons can be found in the environment of their residence and home. The outdoor activities of natural persons in the forest of a mid-mountainous area are in an environment where forest therapy factors are in full operation such as forest landscape and phytoncide. Their indoor life in eco-friendly homes they built with natural materials such as wood and clay are also an extension of forest bath and aromatic bath. In addition, finding firewood, taking herbal hikes, and tending gardens can also be included in plant therapy.

Third, water therapy is a program that uses water in the forest as a healing factor, such as Kneipp water therapy, cold and warm bath, foot bath, and hot spring bath. Water therapy in forest life of natural persons is a therapy used as a purpose, hoping for a therapeutic effect. Cold and warm baths (including lower-body bathing and cold-water rubbing) are used in various ways by putting in all kinds of medicinal herbs such as mugwort, pine needles, persimmon vinegar, sophora root, loquat, and winged euonymus.

Fourth, diet therapy is a program using medicinal food ingredients such as wild edible greens and medicinal herbs found in the forest as healing factors, such as wild herbs and vegetables, wild green fermented drinks, flower tea, fruits, sap, and forestry product processed foods. Diet therapy in forest life of natural persons includes tending gardens, finding wild edible greens and medicinal herbs in season, using fermented drink and herbal water, enjoying a healthy vegetarian diet, eating little, and a low-salt diet, and consuming high-quality nutrition such as shiitake and honey. In other words, food that natural persons eat on a daily basis in their forest life are oriental medicine food therapy from collecting or growing medicinal herbs approved by oriental medicine for treatment of diseases and mixing them organically with other food ingredients.

Fifth, kinesiotherapy is a program that uses the forest landscape and terrain as healing factors, such as terrain therapy, hiking, trekking, walking barefoot, forest bathing, tree climbing, and orienteering. Kinesiotherapy in forest life of natural persons is a therapy considered essential among all the natural persons. They all have their own exercising method by hiking every day to collect herbs and firewood and meditate. The daily house chores they must do to feed and house themselves naturally increase their physical activities, which also serve as an exercise.

Sixth, psychotherapy is a program that increases psychological stability and relieves stress by meditating in the forest, such as forest meditation, forest yoga, forest writing, forest art, forest music, and self-counseling. Psychotherapy in forest life of natural persons appears in various forms such as landscape meditation, valley meditation, candle meditation, dance meditation, yoga, journal writing, stone tower building, prayers in front of a sacred tree or stone tower, communion with a guardian tree or mountain spirit, and prayers for the family.

The principle of internalizing forest therapy factors in the forest life of natural persons

The perception on the ‘empirical domain’ of forest therapy experience in the forest life of natural persons and the ‘actual domain’ of the similarities with forest therapy has become clear. Then what is the set of mechanisms in the ‘real domain’ that brings therapeutic experiences to natural persons?

First, there is the principle of aromatherapy. Phytoncide is a volatile hydrocarbon compound (CH) produced by plants that affects other living things made of similar carbon skeletons (CHONSP). The theories of aromatherapy have already proved the principles in which phytoncide affect the human body in various ways by being absorbed through the respiratory system and skin (Park et al., 2018). Forest life of natural persons is an environment where they can enjoy the pharmaceutical efficacy of the plant aroma substance without side effects. Moreover, the forest environment in mid-mountainous areas serves as an environment for treatment and recovery due to the oxygen concentrations and climate different from the city.

Second, there is the principle of nutritional and dietary therapy. Our body is in dynamic equilibrium that changes constantly according to the lifestyle and environment, and is not fixed. The food we eat is not completely combusted into energy but remains in our body about 50%. After a year, 98% of the elements of our body are replaced by other elements, indicating that the food we eat turn into a part of our body (Guggenheim, 1991). Natural persons are living in the forest for at least 4 years, and the average length is 10 years. During this period, the food they eat on a daily basis is oriental medicine food therapy from collecting or growing medicinal herbs approved by oriental medicine for treatment of diseases and mixing them organically with other food ingredients (Kim et al., 2019). The illness disappears in a year, replaced by a newly composed body with oriental medicine food therapy.

Third, there is the principle of kinesiotherapy. The typical exercise of natural persons is hiking, such as walking in the forest. Walking in the forest does not bring just a regular exercise effect. The slopes and curves in the woods improve balance and force the use of various muscles, thereby promoting balanced physical development. Natural persons in the forest hike on a daily basis to collect medicinal herbs and firewood or to meditate. Hiking in the forest is a comprehensive forest therapy program to meet and commune with all forest therapy factors, such as phytocide, landscape, sounds, sunlight, and various living things (Choi et al., 2016a).

Fourth, there is the principle of emotional therapy. The existential concerns experienced by facing death with a serious illness, the complete freedom felt in solitary forest life, introspection accompanied by severe solitude, and stability and peace from all kinds of labor in communing with nature are all emotional and psychological changes experienced by natural persons. These changes lead to ecological thinking such as the reciprocal and communal relationship with nature, respect for all living things and coexistence, minimum consumption, and non-possession. By developing into emotional and psychological communion beyond physical and chemical communication with forest therapy factors through the five senses such as forest landscape, sounds, scents, taste, and touch, actual healing that integrates the body and soul begins (Shin et al., 2015).

Conclusion

Forest therapy factors are various natural and environmental elements in the forest that affect the human body and mind, increase immunity, and promote mental and physical health, referring to forest plants and animals, landscapes, sounds, scents, water, light, climate, and terrain. The objective of this study is to explore how these factors are internalized in the healing experience of natural persons and how they serve as the causal power and mechanism of healing.

According to critical realism, the objective existence is structured into three dimensions: ‘empirical domain’ that is the set of experiences of people related to events, ‘actual domain’ that is the set of events that are occurring regardless of people’s experience and will also occur in the future, and ‘real domain’ that is the set of mechanisms that define such events. The healing experience of natural persons is the ‘empirical domain’ that is the set of experiences related to events. This experience is also the ‘actual domain’ that is the set of events that can occur non-specifically to everyone in a forest life in the ecological sense instead of a certain disease or person. And the ‘real domain’ that is the set of mechanisms defining these events is the domain where forest therapy factors affect the human body and mind and induce the healing experience.

As one natural person said, ‘being treated in the mountain is not a miracle but the order of nature,’ forest therapy is not just an individual’s experience. The principles of aromatherapy, nutritional and dietary therapy, kinesiotherapy, and emotional therapy are all operating synthetically in the ‘real domain’, inducing the healing experience. In other words, life and activities in the forest are providing an environment for treatment and recovery with an integrated effect of these principles.

This study determines the principles of forest therapy in the real domain with qualitative content analysis from the perspective of critical realism, but has the following limitations.

First, it is difficult to secure actual content validity because it is based on analysis of media materials. The TV program is filmed and edited according to the production team’s intentions and needs, and thus it may not have fully

reflected the forest life of natural persons. This is the common limitation of all studies using the qualitative content analysis.

Second, this study depends only on recorded data. All the data analyzed are limited to cases that succeeded in treating the disease through forest life. This does not identify cases of forest life that failed to be treated and recovered. It is also necessary to consider that forest environment may be a space for another illness or anxiety such as infection from toxic plants, poisonous insects, and bacteria.

Third, the healing experience of natural persons is not completely by the forest therapy factors. Most natural persons chose to live in the forest to manage their aftereffects and prevent relapse after receiving treatment in modern medicine such as surgery or anticancer therapy, and very few of them refused to receive surgery or anticancer therapy altogether.

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