

TAKING THERAPY OUTSIDE - A
NARRATIVE INQUIRY INTO
COUNSELLING AND PSYCHOTHERAPY
IN OUTDOOR NATURAL SPACES

MARTIN JORDAN

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Abstract

Martin Jordan

There is a growing body of literature which advocates the psychological benefits of contact with the natural world. The existing literature on therapy in outdoor contexts (Linden and Grut, 2002; Berger, 2006;2007; Berger and McLeod, 2006; Burns, 1998) offers some insight into the practical and therapeutic issues encountered when moving outdoors and ways of working therapeutically in an outdoor natural space. One of the weaknesses of the literature is a limited discussion of how the therapeutic frame is affected by the move outdoors and a thorough discussion of the practice issues encountered when moving outdoors and how these might link to the therapeutic process and relationship.

The aim of the research is to describe, interpret and explain what happens when counsellors and psychotherapists, who have been trained to work indoors with their therapy clients, take their therapy practice in to outdoor natural spaces. A narrative inquiry is undertaken exploring the narratives of fifteen therapists, collected during semi-structured interviews.

The findings outline why therapists choose to move outdoors and support the literature on the healing and restorative effect of the natural world on the psyche and how the therapists own relationship with the natural world translates into a therapeutic rationale for working with their clients outdoors. The majority of therapists encounter some challenges when moving outdoors, although not all; these challenges are discussed alongside the adaptations therapists make to their practice when outside. Recommendations are made in terms of understanding unique aspects of holding a therapeutic frame outdoors in relation to the weather, timing, confidentiality and location of the therapeutic work. The findings also highlight how the therapeutic relationship between client and therapist is affected in the move and how unique aspects of therapeutic process arise in this new setting. Recommendations are made for the dissemination of these findings and further research to build upon these insights.

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Author's declaration

I declare that the research contained in this thesis, unless otherwise formally indicated within the text, is the original work of the author. The thesis has not been previously submitted to this or any other university for a degree, and does not incorporate any material already submitted for a degree.

Signed:

Date:

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Introduction

Statement of the problem

The 'problem' that led to the volition for pursuing this research originated from my practice as a counsellor and psychotherapist¹, and from my own personal interests in the therapeutic potential of nature. I wanted to start to conduct psychotherapy outdoors, to take my clients into natural spaces such as parks, fields, woods and more mountainous terrain. Counselling and psychotherapy have traditionally been seen as activities that are conducted within an indoor space, normatively within a room with two chairs; very little has been written about counselling and psychotherapy in outdoor natural contexts. The existing literature provides some rationale for taking therapeutic work into nature and descriptions of the therapeutic process in this new setting. As I went out into nature (the term 'nature' is elaborated in chapter two) to practice psychotherapy, I struggled to understand how my training and practice indoors could transfer outdoors. I encountered a range of problems both practical and philosophical, raising big questions about what underpinning knowledge and understanding I could draw upon to inform my psychotherapy practice in the outdoors. I identified that there are gaps in the literature that fail to fully elaborate a way of understanding the process of counselling and psychotherapy in natural environments. In particular the literature did not offer me a clear sense of how to conduct a therapy session outdoors in terms of the practicalities of holding a therapeutic frame in this setting and also I wanted to understand more fully how the therapeutic relationship and aspects of the therapeutic process were affected by the outdoor natural setting.

The literature review outlines some of the central questions guiding the research and the research questions. Green care as an umbrella term covers a range of interventions which utilise the natural world as a space to promote wellbeing and health (Sempik et al, 2010). The thesis sits in relation to this field and the existing literature on outdoor therapy and aims to further understanding of the specific therapeutic practice and process issues

¹ I am aware that there are current debates raging around the difference between counselling and psychotherapy and recent arguments in relation to the Health Professions Council. But for the purpose of this thesis I will use the terms concurrently and interchangeably choosing to see counselling and psychotherapy as a single field of practice.

encountered by counsellors and psychotherapists when moving outdoors. Building upon and contributing towards an understanding of the specific issues encountered when counselling and psychotherapy are taken into outdoor natural spaces.

Purpose of the study

The existing literature on therapy in outdoor contexts (Linden and Grut, 2002; Berger, 2006; 2007; Berger and McLeod, 2006; Burns, 1998) offers some insight into the practical and therapeutic issues encountered when moving outdoors and ways of working therapeutically in an outdoor natural space. One of weaknesses of the literature is a limited discussion of how the therapeutic frame is affected by the move outdoors. Linden and Grut (2002) offer some examples but my aim is to further elaborate understanding in this area and what happens when the therapeutic frame is moved outdoors. Alongside this there is an articulation of the therapeutic process in outdoor natural spaces from differing authors' perspectives. Berger (2006; 2007) offers some useful insights into the use of metaphor and an understanding of how the therapist-client-nature relationship is affected when working in nature, he advocates his own unique approach called 'Nature Therapy', aligning himself with dramatherapy and arts based approaches, but he doesn't elaborate on the practical aspects of holding a therapeutic frame outdoors. Burns (2006) also offers some in-depth understanding of the rationale for using nature in therapy and aspects of how the therapeutic process might work in this setting. But his emphasis is more on a solution focused approach to therapy in nature, not necessarily on the therapeutic relationship itself as a vehicle for emotional change and how this works within a natural setting.

Drawing on the insights these approaches have made in relation to working therapeutically in an outdoor natural context, my aim is to more fully elaborate the issues involved in taking therapy outdoors from the perspective of counselling and psychotherapy. Grounded in a relational approach to counselling and psychotherapy, which foregrounds the therapeutic relationship as a central vehicle in therapeutic change, and placing an emphasis on the therapeutic frame as a central container for the therapeutic work. The purpose of my research is to understand the reason why counsellors and psychotherapists have begun to take their work outdoors and what happens to therapeutic practice and process in this new setting.

Following the literature review and a reflexive engagement in my own experience of taking therapy outdoors, questions emerge which guide both the research and the choice of an appropriate methodology.

Research focus and questions

The aim of the research is to describe, interpret and explain what happens when counsellors and psychotherapists, who are trained to work indoors with their therapy clients, take their therapy practice into outdoor natural spaces. The research questions are:

1. Why do counsellors and psychotherapists take their therapy practice into outdoor natural spaces?
2. What happens for counsellors and psychotherapists who are trained to practice indoors when they take their practice into outdoor natural spaces?
3. How do counsellors and psychotherapists taking their practice into outdoor natural spaces adapt (or not) their practices to suit the new setting?

In addressing these questions what then may emerge are some final issues for the research to address:

- How might the findings contribute to understanding the issues in holding a therapeutic frame in an outdoor natural space and how might therapeutic process be understood in this new space?
- How might taking therapy into outdoor natural spaces contribute to understanding in the wider field of counselling psychology and psychotherapy particularly in relation to existing ideas about therapeutic process and practice?
- How might the findings contribute to an enhanced understanding of aspects of human nature relationships and the therapeutic effect of the natural world including concepts developed within the field of green care?

Map of chapters

Chapter one introduces the field of green care and in particular outdoor, adventure and nature based therapies. The literature in this area highlights aspects of current thinking in relation to therapeutic process and practice. The concept of green care allows for a broad conceptual framework, locating nature as a resource for wellbeing and healthcare. In particular green care advocates the importance of a reconceptualization of mental health, which includes our relationship with the natural world. My own writing leading up to this thesis is elaborated alongside recent writing in counselling about the use of nature as a location for therapeutic work. Specific approaches are explored within nature based therapies, which provide some grounding and backdrop to the research questions. The limitations within this literature are also highlighted, particularly in relation to the practice of counselling and psychotherapy outdoors. The chapter then introduces supporting concepts from the counselling and psychotherapy literature outlining how certain concepts such as the frame, the therapeutic relationship and an understanding of therapeutic space might contribute towards understanding counselling and psychotherapy in a broader context. Counselling and psychotherapy as a field is understood within its current conception and historical antecedents. The chapter highlights the strengths and limitations found in the background literature, supporting a rationale for why this research is needed and why particular research questions need to be addressed.

Chapter two situates the thesis within a wider backdrop of literature beyond outdoor therapy, counselling and psychotherapy, and in particular addresses the question of what is nature? In attempting to define nature I problematise aspects of how nature is understood and positioned at this time in history. I make the case for understanding nature as a concept that is related to how human nature has articulated itself throughout history, in different places and at different times, these differing definitions span paleolithic, ancient, modern and postmodern and are inevitably linked to the evolving nature of human existence (Oelschlaeger, 1991). I make the case for nature at present as an 'emerging post-nature' (Anderson 2009) and the importance of the concept of 'space' in understanding nature, not as a distinct thing over there, but a space in relation to other spaces. I do this by placing nature within a philosophical context, outlining the tensions between subjects and objects.

Foregrounding the concept of vitalism I explore some of the ideas around how nature, as a form of vibrant materiality, affects our psychology and recent writing linking vitalism and psychotherapy. This chapter concludes by critically exploring the concept of re-connective psychological process which aims to restore health, mind and nature communications and develop what some have termed an 'ecological self'.

Chapter three explores the underpinning methodology and methods that drive the thesis. I discuss and outline my methodology which is narrative inquiry. I describe some of the key debates and tensions within narrative inquiry using Bruner (1991) as my focus point, elaborating my approach to narrative inquiry research within psychology, counselling and psychotherapy and justifying the choices I make in approaching my understanding of the data and the process of analysing and presenting it. Practical issues in conducting the research are outlined, including issues in participant selection, inclusion and exclusion criteria, and a description of participants. I then go on to talk about ethical issues which I encountered and explored during the research process, alongside issues in conducting interviews and my own reflexive position in relation to these, including issues encountered in conducting the research 'in the field'. Then I discuss the process of data analysis, describing what I did and how I understood the data itself. I highlight how I use pictures in the research and issues involved in representing findings in this way. Finally I state how I approach the re-presentation of my findings given my stated methodological position and reflexive concerns throughout the process of conducting the research.

Chapter four represents the findings as they relate to the research questions. In particular this chapter explores the narrative meanings given by therapists in order to understand their rationale for going outside into natural spaces. What emerges from the findings is just how central the connection and therapeutic effect of the natural world is on the therapist, and how central their own therapeutic relationship with the natural world is in their decision to take their therapeutic practice outdoors. Therapists discuss the importance of being a client of outdoor therapeutic experiences and how this influenced their decision to go outdoors and ways of working with clients in this setting. What also emerges is the articulation of a therapeutic rationale for working with clients in an outdoor as opposed to indoor setting. This process is driven by individual clients themselves in seeking out therapy

in outdoor natural spaces and also jointly between the therapist and client in deciding the course and purpose of the therapeutic work. The next section in this chapter explores what challenges the therapists experience in going outside, such as breaking the rules, issues of safety and containment, holding boundaries and how to negotiate moving between different spaces in the work – therapeutic and social. Finally I look at how therapists discuss getting support in engaging in this process in the form of supervision. The chapter concludes by exploring when going outside isn't a challenge for some therapists, looking at the ways in which making the transition is not as problematic as I had first positioned it. This seems to be particularly so for therapists trained in Gestalt approaches and within creative arts therapy modalities. This chapter sets the scene for the next chapter where I explore the adaptations therapists make to their practice in moving outdoors and how they understand therapeutic processes in this new setting.

Chapter five then looks at how therapists understand and narrate the process of setting up the therapeutic frame in an outdoor, natural space and how the process of counselling and psychotherapy works in this new setting. I explore the main narrative themes which emerge including: how to set up and hold the therapeutic frame, the importance of contracts and how to hold and contain the space, particularly in relation to time boundaries and confidentiality. Issues in relation to the weather are examined, and finally this section concludes by looking at the frame as dependent on the psychological state of the therapist. The next part of this chapter explores how therapists understand therapeutic processes in the outdoors, in particular setting up therapeutic space(s). This section looks at beginnings and endings of sessions, use of natural and living metaphors, the importance of nonverbal processes, the importance of setting up sacred space and the relationship between geographic space and affect, looking at how emotions can be provoked and explored in particular locations.

Chapter six seeks to understand and explain the setting and the role that nature plays in the therapeutic process. I start by looking at a range of therapeutic processes which are explored as articulated by the therapists as they come into play in the outdoor natural space. These include: the relationship between the inside and outside, how interior processes link to external environments and vice versa. I then look at how this links to the

relationship between therapist, client and nature and the effect of working outside on the therapeutic relationship, including issues of transference and counter transference. The relationship between living process and creative and embodied factors is explored through the therapist's account. This chapter concludes by exploring the question, as posed by some of the therapists interviewed: are we moving beyond traditional forms of counselling and psychotherapy, particularly as it is understood within an indoor setting?

Chapter seven starts with a discussion of the findings; this is done in relation to the implication they have for understanding both therapeutic practice in the outdoor setting and how therapeutic processes can be understood in this new setting. These findings are then placed in the wider context of counselling and psychotherapy at this time and what implications the findings have for the wider field of green care and for furthering understanding in taking counselling and psychotherapy into natural spaces. I then discuss my own story through the research and where I am now. Finally I outline the limitations of the thesis and make recommendations for further research and how the findings might contribute to supporting the practice and process of counselling and psychotherapy in an outdoor natural space.

Contextualising the researcher

My story leading up to the research

I came at the research driven by questions around the theoretical and practical aspects of conducting counselling in an outdoor environment, in particular how therapists have adapted their practice in this new setting. When I initially started to think about moving outside of the therapy room I encountered a range of practical issues, these included the weather, terrain and the physical safety of both myself and my clients. Alongside this I also encountered frame-based tensions of confidentiality, timing and conducting the process of therapy outside the confines of two chairs in a room. Concurrently to this I was wrestling with theoretical issues around how to understand the role the outside environment, particularly the natural world, played in the therapeutic process. I struggled to understand how the developmental and relational nature of psychological distress, as presented to me

in narrative form and understood through processes such as transference and counter transference within the confines of the therapy room, translated to a natural outdoor space.

My own relationship to the outdoors and the natural world developed over a number of years. From a young age I would go out into nature in the fields around my home in Essex to feel at peace and to escape tensions at home with my parents. I spent a lot of time alone on my bike cycling round the country lanes, going out to marshland and visiting the estuaries and rivers near where I lived. I also spent time with friends lighting fires and climbing trees and this all seemed natural as a child. I can't say I felt a spiritual connection to the natural world, but it was definitely a backdrop to a lot of my childhood play. As a teenager I spent less time in nature but really enjoyed being outdoors working on building sites and engaging in the physicality of work, like digging holes and lifting and carrying building materials. At university I became interested in indigenous forms of healing and was lucky to be able to encounter a course on shamanism taught by Brian Bates at the University of Sussex (Bates 1984) and this fuelled my interest in Native American cosmology and healing practices. When I worked in a day centre with adults with learning disabilities I was very involved in a project growing vegetables and working on the land where we had an allotment. As I trained as a therapist I concurrently engaged in a men's group who met in woodland and used sweat lodges and other practices of connection to nature. Due to this experience and my interest in Native American ideas I trained as a vision fast facilitator at the School of Lost Borders (see- <http://www.schooloflostborders.org/content/month-long-training-1>). I have also written about this experience (Jordan 2005) which had a powerful psychological effect on me, not wholly positive. All of these experiences grew into a personal process of inquiry whereby I sought to attempt to bring these interests to bear on my therapy training and practice. In 2007 I started to take both individual clients and groups outdoors into natural spaces in order to begin to try and work therapeutically with them.

In terms of moving outdoors there was a distinction between three types of therapy that I practised. One was a traditional one to one set up conducted on a weekly basis at a regular time and at the same place. The other work I engaged in was over long weekends (from Friday to Sunday) with a group of up to ten participants, where we camped, ate and slept in the same vicinity. The context of these weekends varied from remote mountains in North

Wales, to hill walking in the peak district, to woodlands in the East Sussex countryside. I co-ran these workshops with another therapist. Finally I ran one day workshops exploring the therapeutic potential of the natural world which I called 'ecotherapy'. Both the weekends and day workshops predominantly used experiential exercises and group reflections to facilitate participants' connections and emotional experiences in relation to the natural spaces we were in.

When I moved outside in my one to one therapy I experienced a range of challenges. These were initially focused around the practicalities: I worried about confidentiality, particularly in public outdoor spaces such as a parks; this was less of an issue in more remote terrain such as hills and mountains but still a possibility. To resolve this issue I found an outdoor space which mirrored the indoor space, a willow dome situated within a managed wild garden space (Figure 1) with an entrance and somewhere I could set up two chairs and have some control over who entered the space by putting up signs saying 'workshop in progress do not disturb'. This allowed me to relax more and be able to focus on the therapy without fear of interruption, although this was not failsafe, and at times I had to intervene when someone ignored the signs and entered the location anyway. Through this process of trial and error I learnt I had to rethink the therapeutic contract, which needed to account for some of the issues in working in an outdoor terrain. These included things such as what to do if it rains (sit under umbrellas or tarpaulin), is too cold (regularly check with client levels of comfort) or if someone interrupts the work. I managed to account for this in both written form (see appendix 1 Nature therapy contract) and also verbally agree what to do in certain contingencies such as interruptions: in this instance I would get up and engage the person before they entered the willow dome and head them off.

When I went outdoors initially to conduct counselling I felt overwhelmed by the sensory overload of the moving space we encountered. As it felt things were much more fluid, compared to the static space of the indoor room, which took some getting used to. Initially I lost the clear threads of transference and counter transference that seemed easier to tune into within the indoor room space.



Figure 1 The willow dome space where I practice one to one work (Photo: Author)

In my one to one therapy work I dealt with this issue by remaining more static in two chairs, in a more controlled space. This mimicked to some extent the room space I was used to and for me some of the troubling aspects of the inability to fully focus lessened. However at the same time I felt a growing incongruence with being in the outdoor space – if it was so like the indoor space, why go outdoors? If I wasn't foregrounding the natural world as an intrinsic part of the process what was the point? Some of these issues have lessened as I have continued to work one to one in this outdoor space. One client has continued to stay with the process over subsequent years and as part of our work we have questioned and continued to discuss 'why be outdoors?' What has always felt important for the counselling work I do is verbally exploring the client's inner object relational world. When I questioned my client how sitting in the context was working for them, the client responded that they found the context of nature relaxing and healing. What has happened in this one to one work is that the client has also been able to choose where to sit in the wild garden space around the dome. These choices and movements have mirrored the client's own inner emotions and have allowed us more freedom than we would have had in an indoor space. My own practice in this context has helped me understand the work on different levels. Rather than a therapeutic nature 'out there' to be connected to, there has been a much more subtle movement between inner and outer worlds that has enhanced the work and

allowed me to think beyond the confines of just focusing on inner subjective feelings or on the outside space as the sole vehicle for the therapy. In this sense, and through my theoretical reading, I became very interested in the space between subjectivity and objectivity and how this can be understood in outdoor therapy experiences, both as a space, be it therapeutic, natural or potential, and also the process of therapy as movement, and how this movement is understood as both an interior and exterior process.

When I conducted the group work over long weekends I struggled in different ways. A range of challenges came to the fore as part of working therapeutically outdoors in a wider range of contexts. Certain environments presented physical risks such as rough terrain and steep ground with the potential for exposure to more hazardous weather. If I had been operating within an adventure therapy process then these issues would have become challenges that clients could overcome mirroring internal difficulties that needed to be addressed, and at times, for example camping in high winds, things became quite challenging. However the process of these weekends was much more relational and the difficult weather became a relational phenomenon that mirrored internal relational models and provoked emotional processes within participants. The idea that 'you can't control the weather' mirrored the process that we cannot always control the emotional weather of our lives and relationships. Other natural phenomenon provoked existential concerns about seeing ourselves as a small part in a wider evolving universe. However the most challenging aspect for me of these weekends was managing both the therapeutic process of the group alongside the physical issues of camping in difficult terrain: I felt I had to wear two hats, sometimes at odds with one another. On one weekend we were using a chemical toilet as no toilet facilities existed and at the end of the weekend I had to literally deal with the group's shit! I found these physical as well as emotional aspects of the weekend exhausting. By being with the group over a long weekend I also found my own role shifted and changed as well as the affective spaces the group inhabited. At times we were in designated therapeutic spaces, sharing experiences in a circle, while at other times we were in social spaces eating and talking socially. I struggled with how to negotiate these spaces and what role I had at different times in relation to the group: as therapist, guide, first aider, 'waste manager', cook etc. Different geographical contexts also felt different: woods and

mountains have the capacity to evoke different affective processes, where space had the capacity to mobilise different affects in relation to internal worlds; for example woodland environments can feel more holding and containing.

The ecotherapy days allowed me to focus specifically on the therapeutic effects of contact with the natural world. Alongside presenting issues of confidentiality, weather, physical comfort etc., I began to question 'what is nature?' as the space we were in (I used the willow dome for the majority of these workshops) was more of a hybrid version, with paths, managed woodland and parks, fences, allotments and horticultural projects, all of which did not evoke a 'pure' natural context. Hence I started to research around this area and developed, through my reading, the concept of an 'emerging post-nature' (Anderson 2009), which seemed to fit much more with what I was experiencing. These reflective experiences, coupled with the theoretical readings and challenges I encountered, all contribute to the interpretive lens I bring to the data analysis and my interviews, and are also a major contribution to the heuristic process of understanding my data. Next I will discuss the literature that informs my research and research questions.

Chapter one

Literature Review

The literature review will be in two main parts – the first part will locate the research within the broader framework of green care and explore current practice in the field of nature based therapies. I explore some of the key writing which has influenced the research and research questions. I explore the contributions and limitations of these approaches to my research. I then go on to outline and define counselling and psychotherapy, locating it historically and placing the importance of the frame and the therapeutic relationship as central to my understanding of counselling and psychotherapy practice. I then explore concepts such as aesthetics and emotional space, which seem to be important theoretical concepts in contributing to how therapeutic processes might be understood in an outdoor natural space.

The green care movement

Taking counselling and psychotherapy outdoors can be located in a broad movement that has been growing over the past decades. This movement seeks to enlist the context and processes of the natural world in order to promote physical and psychological wellbeing, as well as recovery from physical and mental ill health. The ‘green care movement’ includes a number of interventions such as therapeutic horticulture, animal assisted therapy, care farming, green exercise and wilderness therapy. Some of these activities have been brought together under the banner of ‘ecotherapy’, a term encompassing a broad range of therapy interventions aimed at intervening in mental health issues and promoting good mental health through contact with nature. A recent report ‘Green Care: A Conceptual Framework’ (Sempik et al, 2010) defines green care as a useful phrase summarising a wide range of both self-help and therapy programmes. The document aims to map out the different aspects of the potential for green care. The natural world is the framework within which green care takes place and is in this sense the common denominator amongst a wide variety of approaches and interventions. In their report Sempik et al (2010) make a distinction

between the active components of the majority of green care approaches like horticultural therapy and the 'passive' experiencing of nature, which may not necessarily be green care. The report highlights the fact that there is plenty of research evidence to demonstrate correlations between wellbeing in green care settings but a lack of research to demonstrate actual cause and effect relationships between green care interventions and health and wellbeing.

This research situates itself within this broad movement seeking to further understand the therapeutic potential of nature, but at the same time locates counselling and psychotherapy as a unique therapeutic intervention within nature. Green care encompasses a broad range of 'care' interventions, and while these approaches are valuable in themselves to health and wellbeing, they don't necessarily foreground aspects of the therapeutic frame and therapeutic relationship in the same way that occurs in counselling and psychotherapy. My aim is to further understand the practice and therapeutic process of counselling and psychotherapy outdoors, exploring how important dimensions of the therapeutic frame, therapeutic process and therapeutic relationship shift when taking therapy outdoors. In this sense I aim to contribute to the area of green care referred to in the report as 'nature therapy', drawing from particular models of mind and forms of professional practice which are especially relevant to conducting therapy in nature. At the same time it is important to acknowledge the common factors highlighted in the green care movement, not to position counselling and psychotherapy in nature as an exclusive activity. It is clear that many common factors may also be present for both client and therapist working in nature, not least of which are the plants, animals and landscapes (Sempik et al 2010). Alongside this there is the solace that nature gives both parties, contributing to enhanced positive effects in areas of wellbeing, psychological states, spirituality, a sense of peace and of physical health. The report also highlights the multifaceted nature of green care, that the benefits of the natural environment on health and wellbeing are mediated by a number of different mechanisms which do not sit in isolation from one another. Sempik et al (2010) propose that these mechanisms may be operating simultaneously and/or sequentially, a multidimensionality which poses a challenge to research processes, especially if they are seeking to isolate contributing variables and factors.

One of the important strands of the concept of green care outlined in the report is the redefinition of health and wellbeing which is not solely based on the absence of disease or illness. Introducing the relative model of health (Downie et al, 2000), which takes into account the importance of the multidimensional and subjective processes inherent in understanding individual wellbeing and ill-health, Sempik et al (2010) position health as a dynamic interactive and unfolding process. These processes are interconnected through physical, mental and social factors. According to the relative model of health the perceived state of health is a dynamic process affected by individual subjectivity. Green care also advocates a more radical position calling for a paradigm shift in medical and psychiatric care, prioritising the environment, context and importance of relationships and meaning in recovery and health (Sempik et al, 2010; Haigh, 2012).

The field of nature based therapies

There is no one overarching definition of outdoor therapy or a comprehensive model in terms of how to practice therapy in outdoor natural spaces. Over a number of years a 'field' of practice has developed in taking therapeutic work into the outdoors. Some of this field has a long history, particularly in the United States in the form of adventure and wilderness therapy, and I will review aspects of this literature in terms of how theory and practice is understood. There are also more recent developments in the form of nature therapy and ecotherapy, which draw upon ideas from ecopsychology (Roszak et al, 1995) and from the concepts of green care (Sempik et al, 2010). Ecopsychology attempts to develop epistemological arguments around the nature of self and relationships to nature which have largely been ignored or under-theorised in psychology, and it is these ideas which inform aspects of ecotherapy (Buzzell and Chalquist, 2009) and some versions of counselling and psychotherapy in natural environments .

The most written about form of therapy in the outdoors is adventure therapy (Richards and Peel, 2005; Gass et al, 2012). But a plethora of terms exist which attempt to articulate what therapeutic practice in the outdoors might be: wilderness therapy (Berman and Berman, 1994), ecotherapy (Clinebell, 1996; MIND, 2007; 2013), nature therapy (Berger, 2007), nature guided therapy (Burns, 1998), relational therapy in the outdoors (Santostefano,

2004). There is a lot of work that defines itself as therapeutic but is not clearly counselling or psychotherapy as I would understand it, and so in reviewing the literature I question critically what clearly has a grounding in counselling and psychotherapy practice and ideas.

The starting place for a review of the literature in relation to the use of nature for therapy is the recently published 'An Introduction to Counselling 5th edition' by John McLeod (McLeod, 2013). In the book McLeod dedicates a whole chapter entitled 'Therapy in nature: using the outdoor environment' outlining different approaches to therapeutic work in natural settings. The chapter represents a milestone for the position of the emerging field of nature based therapies, outlining the different strands of this emerging field. McLeod entitles one section of his chapter 'Taking ordinary counselling outdoors' (2013:350) and makes reference to published work that I undertook with a colleague which discusses what happens to the therapeutic frame when counselling is moved outdoors (Jordan and Marshall, 2010 see appendix 6 for copy). I start the review with a discussion of this work as it represents a backdrop to this thesis and part of the rationale for undertaking it. I then go on to outline three main approaches which have some grounding in counselling and psychotherapy and will point the way forward in terms of what has already been articulated about therapeutic practice outdoors and some of the gaps that this research attempts to address. In particular I address issues in understanding therapeutic practice outdoors, and what happens when something that has traditionally been conducted indoors moves outdoors, for example how to hold a therapeutic frame outdoors and different aspects of therapeutic process and relationship as they apply to this new setting.

Taking counselling and psychotherapy outdoors

In our article Jordan and Marshall (2010), I and a colleague who also works outdoors with her clients, decided after lengthy discussions about our therapeutic work in peer supervision, to write about our initial thoughts and experiences of taking our therapy clients into outdoor natural spaces. We drew upon some case study material and from our own experience, and research that I undertook as part of this thesis. Locating ourselves within a relational psychotherapeutic approach we look at how the move outdoors affects issues of

power and mutuality in the therapy, finding (after Berger, 2006) that nature represents a more democratic space for therapy because nobody owns or controls the space of therapy as such, and that because of this there is the potential for more mutuality between therapist and client in the therapy encounter. We go on to say that the move outdoors also affects the frame in practical terms around issues of confidentiality, boundaries and things such as the weather, we advocate this all needs to be taken into account when contracting with a client for outdoor work. The article outlines how the move outdoors is not a criticism of indoor therapy but another way of doing therapy, but that in moving outdoors therapists need to take into account and contract for the shift in the dynamics of the frame outdoors, which we feel becomes more fluid in the new setting.

This work was published while I was collating my findings from the research interviews and beginning to think about what the findings might have to say about practice outdoors. I did not include any of this material in the article but it interweaves with my thinking and personal experience of taking my own therapy practice outdoors. The article represents an important contribution to the emerging field of therapy in nature, and the thesis aims to build upon this and contribute to understanding around the therapeutic frame and process outdoors. My thinking has also moved forwards since this publication, due to the research process, and there are also some limitations and potential criticisms which this thesis also aims to address in understanding counselling and psychotherapy in outdoor natural contexts. Next I will look at three approaches which have been central to my thinking and contextualising the research questions.

The natural growth project – psychotherapy within a gardening context

The natural growth project represents a comprehensive attempt to write about the process of conducting psychotherapy in natural contexts, in particular within allotments and gardens. In attempting to write about the project Jenny Grut (Linden and Grut, 2002) states that even after 10 years of working in nature with the victims of torture, it is very difficult to articulate the subtle healing effects of nature upon the human psyche.

In the project nature is seen as a medium for communication and a source of healing within the therapeutic work. Nature is regarded as an ideal medium for therapeutic work largely due to the demographic of the client group with whom the Medical Foundation for the Care and Victims of Torture works. The client group is made up of those seeking refuge from their country of origin due to persecution for either political or social activities, having been subject to forms of imprisonment and torture resulting in psychological trauma. English is not the first language of the majority of the client group and psychotherapy as it is predominantly practised in Europe (i.e. in a room, using language and psychological constructs to effect change) is an anathema to the majority of participants. In this context the outdoors feels safe and the fact that language is not the primary medium for the therapeutic work is an important part in engaging people in the therapy in a non-threatening and supportive way. In this sense a room space is not always conducive to therapy for particular client groups.

In adopting a definition for the work that is defined as psychotherapy in a garden context, the approach relates to horticultural therapy but focuses predominantly not on gardening as a therapeutic occupation, but as a medium through which trauma can be understood and worked through. In working in a garden context clients are asked to create things from the past to help them come to terms with aspects of the trauma they experience. Trauma is re-encountered in the safe space of the garden and the role of the psychotherapist in this process is to reflect experiences back to the client via contact with nature. Therapeutic work is carried out in a garden context and an allotment space, both containing rich material to work with.

Examples of this process consist of the use of nature as a metaphor for the human condition. In this sense the natural space is used 'projectively' in that the inner world is reflected back and encountered in metaphors that directly relate to client experience and can be worked with at a safe distance. For example, the relationship with plants and what they signify, particularly in relation to the client's country of origin, is used in the psychotherapeutic process to explore what has been lost from the clients' lives. The client's idealisations about the past and fears for the future are explored through the metaphor of growth and how things may develop differently in their new country.

The physical and aesthetic aspects of nature are important, in that smell and touch, sensate connection to the elements such as sun and rain, alongside the physical work of gardening, are all seen as part of a broad milieu of therapy. Linden and Grut (2002) give examples of this, where the physical work of weeding an allotment overrun with couch grass becomes for one client a process akin to pulling out the weeds he feels have grown in his mind and the rage he struggles to contain arising from his past traumatic experience. In methodically and patiently weeding his plot the client engages with his rage and trauma and learns patience as part of this process. At the same time the client is weeding and repairing the damage he has done to his relationships, which is explored with the psychotherapist who works alongside the clients and engages in conversation as part of the practical and therapeutic work. By working in this way we can see how therapeutic work in nature has the potential to become more multifaceted with different forms of relationship coming into play between inner and outer reality. The therapist is not in one 'role' exclusively, but may be gardening alongside clients, whilst at the same time exploring feelings and thoughts in conversations which move between the therapeutic and the social. The psychotherapist loses the physical containment of the room space; therefore more emphasis is placed on psychological boundaries that are essential to good psychotherapeutic work, and the maturity of the therapist in understanding and negotiating different relationships and spaces. Linden and Grut (ibid) describe how the therapist may be having tea and biscuits with clients and engaging in 'chit-chat' around therapeutic sessions. The therapeutic session may not be so clearly demarcated and may not last for the exact fifty minute hour common to counselling and psychotherapy practice.

Nature therapy

Another attempt to bring therapeutic models to bear in relation to nature is Ronen Berger's 'Nature Therapy' (Berger, 2006). Nature Therapy is a pluralistic approach to therapy, drawing upon a broad range of models such as art and drama therapy, gestalt and shamanism, to articulate his model. In his model nature is seen as a live and dynamic partner in the therapeutic work, a third party in the process of therapy in the outdoors: nature as a co-therapist (Berger, 2006:268). Nature has a central role to play in instigating

and mediating the therapeutic process, and is the therapeutic setting for the work and therefore holds a central role in the relational dynamic of therapy (Berger and McLeod 2006). In contrasting this to a room environment, a space usually owned and controlled by the therapist for the purpose of therapy, nature therapy represents a more democratic space for the therapeutic work to unfold and therefore has an impact on the therapist-client relationship. Berger's research highlights how nature promotes a more democratic relationship in therapy, including the therapeutic alliance, hierarchy, authority and the therapeutic contract (Berger, 2007).

Berger (2007) gives a clinical example of allowing a client to take ownership over the physical location of the therapy, in order to 'build a home in nature'; allowing the client autonomy is the process of how and in which ways he might build his home. The client constructs a therapeutic space that is very personal, using the natural materials they find in the here and now. This is then explored in relation to the client's current issues. By developing a three-way relationship between client-therapist-nature, specific relational standpoints can be taken up by the therapist in relation to the work. The therapist may take a central role, as in traditional psychotherapeutic approaches, relating to nature as a backdrop or tool for the work. Equally they may take a role in the background of the therapeutic process which allows the client to work more directly with nature, as such the therapist acts as human witness, mediator and container for the work (Berger, 2007:6). Recent writing by Berger and Lahad (2013) develops these ideas into working with traumatised children.

In linking the Nature Therapy to art and drama therapy, the use of metaphor and symbolism are central to the therapeutic process. Similarly to the natural growth project both metaphor and nature's processes, e.g. a rain storm, provide rich material for analogies with life's challenges and existential dilemmas (Berger, 2007:7). Berger also positions nature as a sacred space for the therapy and in this we can see links to shamanism and ritual which are central to his approach. This allows for the creation of a qualitatively different space than the mundane space of the client's life. This introduction of sacred and ritualised space allows for the client to explore facets of themselves not available in other areas of their life (Berger, 2006; Berger and McLeod, 2006).

Nature Therapy outlines some important aspects of how, by incorporating nature into therapeutic practice, the 'space' of traditional therapy is changed. The relationship between therapist and client shifts in its power locus and becomes more democratic. Berger outlines some important aspects of nature's role in the therapeutic process and the dynamic relationship between therapist–client–nature, suggesting aspects of the therapist's stance within this. Some of the limitations of the approach are that Berger fails to articulate a meaningful discussion of practice issues, such as how to hold a secure therapeutic frame for nature therapy, and how to hold a therapeutic frame in a natural context.

Nature guided therapy

In his approach, 'Nature-Guided Therapy' (Burns, 1998), George Burns draws on the work of Milton Erickson, foregrounding a more holistic idea of health at both a psychological and physical level, prioritising contact with the natural world to facilitate quick and effective changes. Erickson's approach pioneers behaviourally oriented approaches to psychotherapy, alongside other forms of intervention such as brief therapy and solution focused strategies. Erickson often assigns his clients tasks which involve interaction with nature (which has links with indigenous and traditional forms of healing, see Coggins, 1990). These tasks involve the facilitation of the client's sensual awareness through contact with the natural world. For example, someone suffering from mild agoraphobia is told to focus on a 'flash of colour' when outside. She reports seeing a redheaded woodpecker fly past an evergreen tree and this facilitates looking for further flashes of colour and the lessening of her agoraphobia (Rosen, 1982, cited in Burns, 1998:15).

Burns says our senses provide us with contact with the natural world, and it is via this sensate experience that emotional experience can be triggered. He sees the sensory experience not purely as a form of knowing, but as a way of experiencing the therapeutic effects of nature via the senses. Burns sees the importance of multimodal sensual experiences as part of the therapy process: the stimuli that is offered by natural environments is very different from indoor man-made rooms. He sees sensual awareness in this multimodal form as part of a process of being with nature, experiencing a holistic

biological and emotional fit. This approach focuses on brief behavioural strategies which Burns says are solution oriented, client focused and pragmatic, enhancing motivation and focusing on wellness, encouraging choice and empowerment (Burns, 1998:22).

Burns sees nature as providing two central processes that can be utilised for therapy. The first of these is through the stimulation that nature provides via its ever changing myriad forms, for example no two sunsets are ever the same. In watching a sunset we discover a range of emotional responses which can be brought back and worked with in the therapy. Alongside this, the engagement of our senses via nature is of fundamental therapeutic value and nature can provide a range of pleasurable sensations. Burns (drawing from Erickson's example) directs clients in forms of contact with nature, administering a therapist-initiated sensual awareness directive. An example is given of one depressed client struggling with relationships, who is directed that when her alarm goes off she is to go down to the river bank, watch a sunrise and focus on visual stimuli. She reports back feeling better having watched several sunsets. Burns says these sensual contact directives move clients from an inner directed symptom focus to more pleasurable techniques that can facilitate vital life nourishing energies, assisting towards peak experiences and promoting a sense of health (Burns, 1998:73).

In positioning the sensual as an important part of therapeutic engagement with the natural world alongside psychological engagement, Burns highlights some arguments that are around, particularly in the ecopsychology literature, that point towards modernity's emotionally deadening effect on the psyche and the senses. This 'deadening' effect may be at the root of some mental health problems (Kidner, 2007). Burn's understanding of nature guided therapy takes psychotherapy into a more multidimensional process of sensate connection to the natural world. By positioning this as a central part in the therapy process Burns contributes to an enhanced understanding of a multidimensional therapeutic process in nature. Burns offers a way forward in expanding notions of how counselling and psychotherapy might engage with the therapeutic benefits of living natural processes on an aesthetic and sensory level, and in this way foreground psychotherapeutic processes in nature which are more multifaceted and holistic. Burn's ideas are also supported by recent research by Corazon et al (2011) into nature based therapy; they propose that bodily

experience and explicit forms of learning need to be semantically related. Such connections, they say, can be established through the use of nature-related stories and metaphors that explicitly integrate sensory-motor stimulation, thus deliberately linking embodiment with insight, thus supporting the idea of watching a sunset as a therapeutic intervention.

Adventure and wilderness therapy

Adventure therapy² focuses on the challenge of contact with outdoors and is normally carried out in association with some form of activity such as, canoeing, rock climbing, high ropes work or some other form of adventurous activity, which becomes the medium for therapeutic work (Richards and Peel, 2005). Traditional forms of adventure therapy have tended to work with 'at risk' youth and more treatment resistant groups. Ringer (2008) sees a difference between the sorts of client groups most adventure and wilderness treatment programmes cater for (i.e. those with antisocial behaviour problems) rather than clients traditionally seen for group based psychotherapy.

Outdoor therapies, such as adventure and wilderness therapy, are predominantly carried out with young people and some of the main therapeutic aims are to improve the 'self concept' of the person participating. In this sense the predominant focus is on psychological issues and the approach draws heavily upon concepts from psychology such as improving self-efficacy (Schoel et al, 1988). The focus on the psychological interiority of the person participating, independent of particular contexts, shares common factors with wilderness therapy (Berman and Berman, 1994; Moore and Russell, 2002), and outdoor behavioural healthcare (Russell and Hendee, 2000), an approach helping adolescents overcome emotional, adjustment, addiction and other psychological problems. Ringer (2008) errs on the side of flexibility, ambiguity and generativity in defining adventure therapy, seeing it as defying definition with various forms found in adventure therapy programmes. He sees a number of key elements which programmes need to contain, which then means they coalesce around the label 'adventure therapy'. These include: the setting for the work either outdoor or wilderness, adventure activities, spiritual cultural elements, psychotherapeutic

² The terms adventure and wilderness therapy are often used interchangeably in the literature.

approaches and group and relationship dynamics. This broad definition has led to the development of a burgeoning field but also to a lot of confusion between what constitutes 'therapy' in these programmes and what the role of the natural world might be. Indeed the 'wilderness therapy' is often considered to be a distinct form of adventure therapy, where 'at risk' youth are placed in remote areas and physically challenged in terms of self-care and group process as a way of re-socialising them back into urban environments (Ringer, 2008; Davis-Berman and Berman, 2009). The similarity between these approaches has led to a lot of confusion between terms, purpose and activity, leading to a lack of clarity as to the focus of programmes as therapeutic, educational or developmental. For the purpose of my research, how the therapists foreground the inner world of the participants and how this relates to the outer world is an important aspect of therapeutic work that needs to be taken into account when exploring therapeutic change and how counselling and psychotherapy might work in the outdoors. However, the idea of nature as a therapeutic space is under theorised and accounted for in these programmes, whereby nature is seen as a place to be utilised, not as another meaningful relationship central to the therapeutic process. This has led some authors to criticise approaches such as adventure therapy as failing to account for the therapeutic dimensions of nature contact in and of itself, arguing that because of the dominant paradigm of psychology, the healing effects of nature are under recognised and under incorporated into theories (Beringer, 1999).

Greenway (1995) points out what he sees as the considerable confusion in the use of wilderness for therapy and the difficulty the field has in articulating what might be 'the wilderness effect'. Indeed, Greenway asks if, in most forms of wilderness and adventure therapy, interior psychological change (independent of the natural context) is the goal, why go out into natural areas in the first place? This form of psychological change could possibly be best served in urban environments. Greenway (2009) argues the central 'disease' of our late modern culture is the problem of the human nature relationship and it is this that should be the central focus of any psychotherapy. Philosophically the field of adventure and wilderness therapy seems to be caught in a split between mind and nature and where both might sit within dominant cultural and knowledge frameworks. It is my contention that this split reflects problems in the theoretical and knowledge bases underpinning adventure and

wilderness therapy. The literature also fails to meaningfully discuss any issues of the 'frame' or boundaries which I see as central to counselling and psychotherapy practice, assuming these are an unproblematic part of the therapeutic work.

Horticultural therapy

Drawing upon research in environmental psychology that positions nature as important for psychological restoration and stress reduction (Kaplan and Kaplan, 1989; Ulrich, 2000), horticultural therapy places contact with plants and nature as beneficial to emotional and psychological health, reducing the stress of urban living (Ulrich and Parsons, 1990).

A definition of horticultural therapy and therapeutic horticulture is given by Growth Point:

'Horticultural therapy is the use of plants by a trained professional as a medium through which certain clinically defined goals may be met'

'Therapeutic horticulture is the process by which individuals may develop wellbeing using plants and horticulture. This is achieved by active or passive involvement (Growth Point 1999:4)

As anecdotal evidence points out and research identifies (Ulrich and Parsons, 1990), passive experiencing of plants enhances wellbeing and health, reduces stress and negative thoughts and it may be that this passive natural backdrop to therapy outdoors provides a beneficial context for therapy to be conducted.

A more active engagement with plants through horticultural activities shares a lot of common features with the goals of occupational therapy, i.e. therapy through occupation (Palsdottir et al, 2013). Horticultural therapy has more in common with occupational therapy than with counselling and psychotherapy. However the natural growth project (Linden and Grut, 2002) represents a clear example of where the theories and practice of psychotherapy are applied to horticulture and activities both within a garden and allotment context. Next I will explore a growing body of research and practice originating from Scandinavia which explores the therapeutic potential of gardens as spaces for rehabilitation

and therapy, and which has made significant inroads into linking psychotherapy theories and ideas to working with mental health conditions in a natural context.

Scandinavian Healing and Rehabilitation Gardens

In Sweden in the 1990s a growing number of the population were succumbing to the effects of work-related stress and what was termed 'burn out disease' due to changes in the labour market. Interestingly Stigsdotter and Grahn (2003) refer to 'burn out disease' as a form of existential life crisis where people lose touch with themselves and their abilities to cope. Specially designed gardens were developed with structured and unstructured elements, staffed by multidisciplinary teams comprising of a gardener and occupational and psychotherapist, alongside a psychiatrist in order to aid people in their recovery from stress related disorders (Sahlin et al, 2012). The model originates from a specially designed health garden on the campus of the Swedish University of Agricultural Sciences in Alnarp, Sweden. The two-hectare garden is designed according to theories on restorative and supportive environments with a focus on holistic interventions. The garden is divided into different areas with various characteristics and structures, in order to meet the emerging needs and moods of participants during their rehabilitation. As part of the programme participants can use the garden freely according to their own needs and desires, supporting their rehabilitation process, which could be in the form of active and more passive experiences of nature (Stigsdotter and Grahn, 2003).

Further work and research has developed in Denmark at the Danish Centre for Forest, Landscape and Planning at the University of Copenhagen developing a research project called 'The Healing Forest Garden Nacadia'. The aims of which are to develop and practice 'nature-based therapy' in a specially designed healing garden and to conduct longitudinal effect studies (Corazon et al, 2010). Corazon et al (2012) propose a model of Nature Based Therapy which incorporates aspects of mindfulness and acceptance and commitment therapy (ACT) within a permaculture framework, bringing together both activities of psychotherapy and gardening. Nature-based metaphors are implemented as a therapeutic tool in relation to activities and experiences, for example issues of embodiment and

concepts of self in relationships, as well as being in the present moment are all incorporated into garden activities and processes. The Scandinavian healing gardens represent practice based interventions supported by ongoing research which takes forward our understanding of nature based therapies, contributing to further understanding of how counselling and psychotherapy might be conducted outdoors.

Ecotherapy and Ecopsychology

In some senses ecotherapy and ecopsychology are central to aspects of understanding psychotherapy in nature, as they speak to the idea of a reciprocal relationship with nature that is central to mental health. Ecopsychology's core hypothesis is that the movement away from the natural world due to the conditions of industrialisation is at the root of human psychological distress and this distancing is at the heart of the rampant ecological destruction inflicted by man upon the natural world. Roszack (1992) argues that a psychological theory that does not address itself to this irrationality on such a grand scale is deeply flawed. Particularly in the United States, ecotherapy draws on ideas from ecopsychology that propose therapeutic practice to heal this split (Buzzell and Chalquist, 2009). The conceptual model for green care (Sempik et al, 2010) doesn't draw upon ideas from ecopsychology and could be further strengthened by making clearer and explicit reference to this literature base.

Ecopsychology's fundamental contribution to the underpinning theory of counselling and psychotherapy in the outdoors is to place the split between psyche and the natural world as central to human wellbeing and subsequent distress. How the concept of the 'split' between mind and nature is theorised and understood is by no means unproblematic, especially in the way it presents nature and the natural, and also the complex relationship of where ecology sits in relation to psychology (I will explore some of these concepts in more detail in chapter 2).

Clinebell (1996) first coins the term ecotherapy, positing a form of 'ecological spirituality' whereby our holistic relationship with nature encompasses both nature's ability to nurture us, through our contact with natural places and spaces, and our ability to reciprocate this

healing connection through our ability to nurture nature. In this sense ecotherapy has always shared a close relationship to ecopsychology (Roszak, Gomes and Kanner, 1995), placing human nature relationships within a reciprocal healing (and disconnected and destructive) relationship with nature. Clinebell (1996: xxi) makes a distinction, preferring to use the term ecotherapy over ecopsychology, stating that ecopsychology is about the psyche and the 'greening of psychology', whereas ecotherapy focuses on the total mind-body-spirit-relationship organism. Recent developments, particularly in America, have placed ecotherapy in the role of 'practising clinician', viewing ecotherapy as "applied" or clinical ecopsychology, just as psychotherapy can be described as applied or clinical psychology (Jordan, 2009b). Ecotherapy is positioned as healing the human-nature relationship, and includes a range of therapeutic and re-connective practices such as horticultural therapy, 'green' exercise, animal-assisted therapy, wilderness therapy, natural lifestyle therapy, eco-dreamwork, community ecotherapy, dealing with eco-anxiety and eco-grief and much more (Buzzell and Chalquist, 2009). The charity MIND's reports on ecotherapy (MIND, 2007; 2013a), demonstrate that people's mental health significantly improves after activities in nature. The MIND report highlights a range of definitions of ecotherapy, referring to horticultural development programmes supervised by a therapist or a simple walk in the park; this encompasses differing versions of what ecotherapy might or could be. A recent information booklet published by MIND (2013b) defines ecotherapy:

'(in its strict sense) is about building a relationship with nature, so that personal wellbeing is considered equally alongside the health of the environment. Sessions usually include some type of formal therapy such as cognitive behaviour therapy (CBT) or counselling.' (MIND, 2013b:5)

The recent book 'Ecotherapy: Healing With Nature in Mind' (Buzzell and Chalquist, 2009) forms a challenge to the traditional ideas of psychotherapy as conducted within an indoor environment abstracted from the context of nature and the outside world. 'Ecotherapy' is used as an umbrella term for nature-based methods of physical and psychological healing. Buzzell and Chalquist (2009) argue it represents a new form of psychotherapy that acknowledges the vital role of nature and addresses the human nature relationship. Ecotherapy gives permission to talk about a wider matrix of relationships that are important

in a client's life, for example the importance of animals and plants in their psychological life. Traditional therapy approaches have not tended to see these relationships with the more-than-human world (i.e. nature and living things such as animals) as an important part of how the client's story and healing intertwine (Hegarty, 2010).

Hasbach (2012) writes about some of the confusions surrounding the term ecotherapy. In the UK the term has come to be linked with green exercise and horticultural activities (MIND, 2007), not necessarily anything to do with psychotherapy. However she disagrees with the notion that by just going out into nature for a walk we are engaged in ecotherapy. Hasbach defines ecotherapy as a new modality of therapy that enlarges the traditional scope of treatment to include the human-nature relationship (Hasbach, 2012:116).

In this manner ecotherapy fails to fully answer fundamental questions I have about the human-to-human dimensions of distress, how these interweave with human and nature relationships and the subsequent distress caused by these relationships. The idea that urbanised, industrial society and its dominance and distance from the natural world is at the heart of our distress, does not fully and meaningfully account for the developmental and relational processes that I experience in my psychotherapy practice. It is the human-to-human problems that seem to cause aspects of my client's difficulties. It is also interesting to note that suicide rates amongst farmers and others who live rurally are not significantly lower than those in urban areas, and in fact may be higher in comparison (Judd et al, 2006). So it can be argued that the relationship between internal and external worlds, between geographical location and mental health is more complex than perhaps ecotherapy might have us believe. This leaves me with some questions: how might ideas from contemporary psychotherapy theory and practice interweave with ideas from the emerging fields of ecopsychology and ecotherapy? How might some of the practicalities of taking people into natural environments, which are utilised in forms of adventure and wilderness therapy, translate into psychotherapy practices which hold the fifty minute session in a room as sacrosanct? Overall, how might we articulate the therapeutic effects of the natural world and our relationships to it? The existing literature goes some way in answering some aspects of therapeutic process in natural settings but is more limited in its contribution to understanding therapeutic practice in natural settings. I have written about these areas

(Jordan,2009a, 2009b, 2009c, Jordan and Marshall, 2010) but want to undertake research that will provide me with greater understanding of these relationships and the questions that emerge for me as a psychotherapist. Next I will elaborate my position on counselling and psychotherapy.

Practice issues in moving counselling and psychotherapy outdoors

In this next part of the literature review I explore my definition of counselling and psychotherapy and start to pick up on issues of therapeutic practice and process, especially as this relates to how therapy is normally conducted and understood within an indoor context and how this might shift when it moves outdoors. One of the central concerns of the thesis is what happens when counselling and psychotherapy moves into outdoor natural spaces? I also see therapeutic practice and process within counselling and psychotherapy as interdependent and not always distinct, both feed into and fold back on one another. Therefore I take a relational position in understanding this, as in one sense practice becomes therapeutic process and therapeutic process becomes essential to practice. Indeed, there are those in the field who have argued that practice itself is central to the evidence base of counselling and psychotherapy (Barkham and Mellor-Clarke, 2003).

Historicising counselling and psychotherapy as a field

What constitutes counselling and psychotherapy? Is there one definition of therapeutic process? Or are there several which are based on different ideas of knowledge in the form of models of mind and distress? I explore what constitutes psychotherapy in terms of knowledge, how I understand this, how it is represented in my practice and how this shifts as I take my practice outdoors into natural environments.

The etymology of the word psychotherapy comes from the ancient Greek 'psyche' meaning soul or spirit and 'therapy' to nurse or cure. The aim of counselling and psychotherapy from this definition is healing for the soul, reflecting what it might mean to heal or cure somebody. Rogers (1957) focuses on the conditions necessary for therapeutic personality

change, positing the idea of a 'core self' as central to the psyche. Freud (1912) also talks about personality change when he states 'where id was ego shall be', placing a structural model of mind that interacts and is a contributing factor in the client's difficulties. Both theories rely on modernist notions of a bounded, stable and static interiority, which exists predominantly independently of others and the contexts it exists within. Whilst both approaches posit seeds of a relational self which is further developed in the theories of relational psychotherapy (which I will explore later), I believe they both still rely on modernist foundational premises of a core decontextualised, a historical self. Recent developments in the growth of Cognitive Behavioural Therapy, especially as it is positioned in the NHS, would support this idea of a rationalised, decontextualised understanding of distress, whereby mental functioning is deemed the sole domain of a person's interior psychological world, independent of any social or cultural factors.

Recent post-modern attempts to re-imagine therapeutic practice have focused on a self that is dialogic and socially constructed, placing emphasis on the narrative construction of problems and distress (White and Epston, 1990; McLeod, 1997; Brown and Scott, 2007). Postmodern therapies have also attempted to democratise the power dynamics between therapist and client by attempting to involve the client much more fully in understanding the nature of the construction of their problem (Anderson and Goolisham, 1992), challenging the expert status of the therapist. There are also echoes of these ideas in Ronen Berger's work on Nature Therapy (Berger, 2006; Berger and McLeod, 2006) whereby nature shifts the power dynamics between therapist and client providing a more democratic space for therapy.

Counselling and psychotherapy have grown at this particular point in history and cannot be separated from the wider socio-political arena within which they operate. Cushman (1990) argues that psychology has struggled to develop an historically situated perspective on its discourse and practices. Many researchers treat self-contained individualism as an unquestioned value, and the current concept of self, the bounded masterful self, as an unchangeable trans-historical entity. In opposition to a decontextualised self, Cushman argues that cultural conceptualisations and configuration of self are formed by the economies and politics of their respective eras. Cushman proposes that psychotherapy

appears to be less a 'scientific' cure and more a covert vehicle for cultural guidance and transmission. Individuals in the postmodern era without a cohesive community are struggling to find sense and meaning in a confusing world.

Counselling and psychotherapy cannot fully alleviate the symptoms unless it can treat the cause (the political and historical constellations that shape the era) and yet that cause is the exact subject psychology is not allowed to address. In this sense we can see how the critiques put forward by ecopsychology and ecotherapy, of dominant social norms which are inherently destructive to the environment and also destructive to the human race, are attempting to place counselling and psychotherapy within a wider cultural and political sphere where nature and the environment play a central role in mental health and wellbeing.

In terms of positioning dominant epistemic foundations for counselling and psychotherapy, it is impossible to arrive at one definitive description of counselling and psychotherapy within all the different modalities and models of mind which drive theory and practice in the field. This leads some to advocate a pluralistic model for counselling and psychotherapy (Cooper and McLeod, 2007; 2010). I will outline the central components of what I mean by counselling and psychotherapy and then go on to explore these in more depth. I see the boundaries of counselling and psychotherapy, otherwise termed as the 'frame', as central to good counselling and psychotherapy practice. I also see the therapeutic relationship as central to the process and effectiveness of counselling and psychotherapy, and that the method of helping the client is related to the client's unique story and narrative. I also see a 'relational' understanding of counselling and psychotherapy process as central to bringing some of these issues together. Finally I see the therapist's own reflexive emotional understanding as central to the process, and the importance of supervision in helping the therapist understand what is happening in the course of the work with the client. I will turn to the frame of counselling and psychotherapy first.

Frame based counselling and psychotherapy

The 'frame' of practice identifies counselling and psychotherapy as being a unique practice of therapy in contrast with 'occupational therapy', 'retail therapy' or 'sports therapy', as the word therapy can be applied to lots of different activities in lots of different contexts. What makes counselling and psychotherapy unique is the concept of boundaries and the frame³. The frame of psychotherapy feeds both into the practice, identity of the therapist and therefore the idea of counselling and psychotherapy as a professional practice and the notion of the psychotherapist as a competent professional.

The frame of psychotherapy relates to the professional and ethical conduct of the psychotherapist, and contributes to the safety of the endeavour for both therapist and client. Langs (1979; 1982), writing about the issue of the contractual issues in psychotherapy, states that all people universally require, albeit unconsciously, stable ground rules. This links into the idea that providing a relationship which is unambiguous, consistent and reliable may be considered as a key facet of the healing force of psychotherapy. The communicative school of psychotherapy that Langs founded places the idea of the therapeutic frame as central to aspects of why and how therapy becomes therapeutic for both client and therapist. However, from a communicative perspective the boundary conditions of the therapeutic setting offer both parties a dilemma. On the one hand, there is a safe containing stable space; however this is counterbalanced by a deep existential sense of the limiting and restricting nature of the therapeutic environment which mimics the finiteness and vulnerability of life itself (Holmes, 1998). In this way the frame of therapy is said to be holding for both parties, but also has the potential to be immensely anxiety provoking. The communicative school argues that the frame is central to the therapeutic process in psychotherapy and forms the main focus for emotions expressed both consciously and unconsciously in relation to it.

Langs (1982) sees the frame as providing the ground rules that define the space and the manner in which the therapy is conducted. Langs states that psychotherapy should be carried out in a soundproof consulting room in a private office in a professional building. He

³ I will use these terms interchangeably to signify the unique aspects of the practice of counselling and psychotherapy.

goes on to say that there must be set positions for therapist and client, total confidentiality, a one to one relationship and absence of physical contact. Langs refers to the 'deviant' frame whereby the therapist fails to set up the ground rules and context of therapy work: the deviant frame results in absence of the proper conditions for any psychotherapeutic work to take place.

By focusing on the frame as the definition of psychotherapy I am focusing on an aspect of therapeutic 'environment' within which psychotherapy commonly takes place (Milton, 1993). However, this presents some interesting issues for my research, in that the frame is a shared construction between client and psychotherapist. If the frame is tied into an indoor space as Langs suggests, what happens in relation to it an outdoor environment if it is dependent on the setting of a private room? My research and practice in outdoor natural spaces, challenges the notion of the frame as 'held' within an indoor environment. By conducting psychotherapy outside of the traditional confines of an office it can be seen by other psychotherapists and professionals as a 'transgression' of the traditional boundaries of therapy. Zur (2001) in discussing out of office contact with clients, states that interacting with clients out of the office has traditionally been placed under the broad umbrella of dual relationships. A dual relationship in psychotherapy occurs when the therapist, in addition to his or her therapeutic role, is in another relationship with his or her client. However Zur argues that stepping outside of the office can be very therapeutic for clients as long as it is part of an articulated and thought out treatment plan. Bridges (1999) proposes that in talking about the meaning and construction of the boundaries, they become the therapeutic vehicle for deepening the therapeutic work and relationship. In challenging the idea of the frame as held statically, Hermansson (1997) proposes that boundary management is a dynamic process where the therapist is continually applying professional judgement in the complex terrain of human relationships and emotions.

The holding of clear and consistent boundaries in counselling and psychotherapy is also linked to the professional integrity of the therapist. As therapists are dealing with difficult and sensitive emotions, the fiduciary nature of the contract between the parties afford that the therapist acts in ways that protect the vulnerability of the client and do not lead to abuses of power and trust (Haug, 1999). This issue of professionalism is very important to

my research and the investment I have in maintaining the professional identity and focus of any counselling and psychotherapy work that is taken outside. I am also aware of how this work is seen by other counsellors and psychotherapists and I feel it is important for it to be seen to be conducted in a safe, professional and ethical manner.

The centrality of the idea of a 'frame' as indicative of safe, professional practice links to the idea that the frame is synonymous with the room. Paradoxically the room is not the frame, but merely a geographical container of the work: the frame is a metaphor, something that is created by the therapist through contracts and boundaries and that the client is then invited to participate in. The frame in this sense is a spatial metaphor that the therapy operates through. Next explore the concept of the therapeutic relationship as a central healing and curative factor in the process of counselling and psychotherapy.

The relational perspective and the therapeutic relationship

My understanding of the therapeutic relationship comes from the ideas of writers such as Kohut (1971), Winnicott (1958), Bowlby (1969) and Stolorow and Atwood (1992), all of whom see the relationship between caregiver and infant as central to healthy emotional development. From this view, development of the 'self' forms in relationship to others in the infant's world and disruptions that occur in this relationship lead to problems in the infant's sense of self (Stern, 1985). Key to helping bring change in these distortions of self is the relationship that can be formed with the therapist. The relational perspective draws upon a variety of ideas that are not purely related to one particular school in counselling and psychotherapy. Central tenants of the approach are the idea that psychological phenomena develop within a broad field of relationships both from the past and in the present and that experience within the therapeutic encounter is continually and mutually shaped by both participants (Bridges, 1999). The approach draws upon ideas from self-psychology, psychodynamic developmental psychology and intersubjectivity theory.

Relational psychotherapy states that wellbeing depends on having satisfying mutual relationships with others, the concept of a reciprocal mutual relationship being important for psychotherapy. The origin of emotional distress is often rooted in patterns of relational

experience, past and present, which have the power to demean and deaden the self. The relational therapist tries to understand the client's unique self-experience in its social/relational context and to respond with empathy and genuine presence. Together, client and therapist create a new in-depth relationship which is supportive, strengthening, and enlivening for the client; Mitchell (1988) sees the end result as the healing of disordered subjectivity. Within this secure relationship, the client can safely re-experience, and then find freedom from, the powerful effects of destructive relationships, past and present.

For relational psychotherapy the meanings given to experience, rather than any underpinning biological drives, become important in understanding the distress that the client is experiencing. The therapeutic process involves both client and therapist negotiating, interacting and co-constructing new experiences in relationship. The approach draws upon ideas from constructivism, arguing that the mind, and its intrapsychic contents, does not exist in isolation, but is embedded in an intersubjective field which creates meaning (Stolorow and Atwood, 1992). Relational psychotherapy seems to find a place to challenge the bifurcation of interiors and exteriors, the ontological position foregrounds relational process as essential to understanding experience meaning and distress. The concept of the therapeutic relationship and the importance of a relational ontology raise the question of where might nature sit in this relationship and what role might it have to play in the therapeutic process. This is something as yet under-theorised in these approaches.

Transference and counter transference

There are some central components of the therapeutic relationship that manifest as a process of the therapeutic encounter. Transference was initially identified by Freud (1912) as a pattern of relating to both the therapist and others in the client's life which originates from early experience with caregivers, predominantly the child's parents. Transference issues manifest in the process of therapy in terms of how the client feels towards the therapist, their needs and conflicts. Often these issues can manifest around the frame of therapy in terms of timing of sessions, whether the client arrives late and finds it difficult to end the therapy, how the client feels about the therapist's breaks and holidays. What also emerges, as the later school of object relations develops and moves away from Freudian

drive theory, is the process of counter transference. This is understood as the therapist's emotional reaction to the client's transference issues (Heimann, 1950). The emotions the therapist experiences during the therapy sessions become central to understanding the emotional material of the client that is sometimes held out of awareness or is unconscious. In this sense the intersubjective space between therapist and client contains the affective material that is central to understanding and conducting counselling and psychotherapy. Gill (1982) emphasises the importance of re-experiencing in the therapeutic process, believing that as the client's problems are caused experientially they will be transformed experientially, and cannot be reasoned away intellectually. Therefore the therapy process becomes one where the client can feel safe and held enough to re-experience some of the initial emotional difficulties that brought them to therapy in the first place.

I see personal therapy, supervision and ongoing reflexive emotional engagement as central to my practice and understanding of counselling and psychotherapy. Personal therapy, which I had for the four years of my psychotherapy training, was central to understanding my own development and emotional world; also to experience 'being a client' allowed me to understand the experience of therapy from both perspectives. Supervision is also part of ethical, professional practice whereby the practitioner explores the emotional impact of the work and explores, with the aid of another peer, the material presented by the client within the therapy and how best to understand and work with this.

I now go on to discuss therapeutic approaches that move beyond a focus on the human to human aspects of therapy and utilise mediums such as art to facilitate the therapeutic process.

Arts therapies: symbols, aesthetics and embodied experience

Arts therapies represent a movement in therapy away from a predominantly verbal dialogue with two people sitting in chairs. Arts therapies see the medium of the art form and expression of creativity as central to the therapeutic and healing effect of therapy. The medium of expression and its symbolic content is of central importance to the therapeutic process. Some forms of art therapy gravitate towards the idea of art as a bridge towards verbal therapy, with others foregrounding the healing power of the art work itself, the

aesthetics of experience and perception. The danger is that these two positions become polarised between the sensibilities of the artist and the psychological focus of the psychotherapist (Robbins, 1994). Aesthetics is understood as the philosophical study of beauty in the form of art, taste, experience and its psychological effects. Robbins (ibid) sees the 'beautiful' as what comes alive, where the inanimate becomes animate. So for Robbins what becomes beautiful in art therapy is in the art work itself or in the transitional space between the client and the therapist.

The land art movement (Tiberghien, 1995; Kastner, 1998) explores the aesthetic and reconnective power of art as it is embedded in the landscape. This kind of art literally makes art out of the raw materials of the natural space where it takes place and can be seen in the works of artists including Andy Goldsworthy (Goldsworthy, 2004). Goldsworthy's work communicates a deep connection and understanding of natural space and place and how art can interweave with nature to represent a narrative of a living space. Art again here represents a pictorial narrative beyond just words and is an attempt to develop a language of human nature relationships embodied in visual forms.

The arts therapies have foregrounded the importance of symbolic content through the medium of art, in the form of creativity, movement, dance, drama and music therapy, and its representation as a vehicle and a process via which both conscious and unconscious material can be understood. In expressive arts therapy 'art' is understood as a broad and plural multiplicity, characterised by any art making and considered fundamental to the human experience (Knill, 1999; Waller, 2005). Use of symbolism and metaphors can be seen in the work of Ronan Berger (Berger, 2006), for example his approach 'building a home in nature' draws heavily from ideas and practices in art and drama therapy, but also importantly introduces nature as a 'third' in the process, an additional presence to the client-therapist dyad (Berger and McLeod, 2006).

This idea of the aesthetics of experience and its psychological and emotional affects, becomes more important in therapy in outdoor natural spaces because another element is introduced into the therapeutic process – the natural environment. In this sense we can see similarities with the arts therapies and how symbol, experience and process in the form of creativity become important as either a medium to access interior psychological material or

on an aesthetic experiential level that is therapeutic in and of itself. The senses and sensory contact become more prominent in outdoor natural spaces in terms of the feel of air, warmth, touch, hearing and smell.

Frizell (2008) argues that creative arts therapies are, by their very nature, concerned with the expression of an inner world which transcends words. Frizell proposes that dance movement therapy leads us into the world of sensory perception, into a physical and spiritual expression through which our emotions flow, and it is through embodied contact that we find connection as dynamic organisms to the diversity of a living world. This sense of an embodied experience beyond words, which connects to wider living dynamic systems, also seems an important part of understanding therapeutic process and how it might link to a wider living matrix and the practice of counselling and psychotherapy in nature.

The importance of the aesthetic and symbolic in arts based psychotherapy foregrounds the importance of the relational space of the therapy and the effect this has on participants. I will next explore the importance of this aesthetic, embodied and representational environment of the emotional life of the person.

The Emotional Space of therapy

Object relations theory, as espoused by writers such as Klein (1997) and Winnicott, can be seen as perhaps the first real attempt to articulate the emotional environment as important in the psychological and emotional development of the individual. Winnicott (1958) articulates the idea of emotional space in early infant development. In his theory of transitional phenomena and transitional objects, he identifies the importance of the growing relationship to interior emotional and exterior emotional spaces for the baby. This process, undertaken in relation to the mother and the outer world, is where the baby is attempting to negotiate the relationship between the 'me' and the 'not me'. Winnicott sees the transitional phenomena that the baby is using as a way of the infant making sense of objects that are not part of the infant's body, yet are not fully recognised as belonging to

external reality. He introduces that idea of the 'transitional space', a space between the dyad of inner and outer:

"there is the third part of the life of a human being, a part that we cannot ignore, an intermediate area of experiencing, to which inner reality and external life both contribute. It is an area which is not challenged, because no claim is made on its behalf except that it shall exist a resting- place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related" (Winnicott, 1951:230)

Winnicott introduces the idea of the space between the objective and subjective world of the infant; in fact the transitional space is a way of aiding the infant to negotiate this sense of the subjective and objective. He sees play as the vehicle through which the transitional space functions to both join and separate the baby and the mother. Winnicott falls back onto the interior of the infant, stating how external objects are appropriated and used in the service of emotional development, and used in the defence against anxiety and depressive states. Transitional objects in their symbolic form represent the 'external' breast – the good enough 'mother', who makes active adaption to the infant's needs, and helps the infant to negotiate the emotional upheavals of early emotional development (Winnicott, 1951).

Counselling and psychotherapy from a psychodynamic perspective have always foregrounded the holding environment as the space within which affect can be understood and contained (Bion, 1970). The holding environment and containment of the client's emotional states have become synonymous with the room: the indoor, comfortable, safe and warm space. This in turn has become synonymous with safe, ethical counselling and psychotherapy practice (Casement, 1992).

The importance of the transitional space that Winnicott (Winnicott, 1951) posits, allows for the concept of emotional space which can exist between the internal and external, the subjective and objective, the mother and the infant. This helps us to start to imagine other forms of emotionality which can exist within and between geographical and relational 'spaces', and between mind and nature.

Emotional Geography

In recent years geography has taken an 'emotional turn' (Bondi et al, 2005; Smith et al, 2009), locating the importance of emotions in relation to places and spaces and how affect positions the perceiver and place in a reciprocal feedback loop. Bondi et al (2005) state that the importance of places and their symbolic importance stems from their emotional associations and the resultant feelings they inspire. Emotional geography attempts to understand emotion as experiential and conceptual, and how it is mediated and articulated in a socio-spatial way, rather than as a purely interiorised subjective mental state. Bondi et al (ibid) argue for a non-objectifying view of emotions as relational flows, fluxes or currents, in between people and places rather than 'things' or 'objects'; in doing this they want to position emotions 'spatially'. This relationship between affect and space is an important aspect of understanding the rationale for taking therapeutic work outdoors and why for some people specific natural spaces have a particular emotional effect. This was one aspect of what was happening therapeutically outdoors that I hoped the research might illuminate further.

Bondi and Fewell (2003) see counselling as working at a 'spatial temporal' interface which transgresses normal boundaries of care, in particular issues of confidentiality and ethical boundaries are re-imagined simultaneously as being both concrete and specific, fluid and illusory. This dualism between what is real, material concrete space and what is imagined, fantasy symbolic space is played out in the counselling relationship via the contradictory positions of counsellor and client attempting to maintain what Bondi and Fewell call a non-hierarchical and relational practice, whilst at the same time engaging with the positioning of their clients which are neither fixed nor easy to change. In relation to boundaries, counselling attempts to offer a clearly demarcated time and space which is safe and confidential, protecting clients from relationships with the counsellor outside of the counselling relationships. In this sense Bondi and Fewell argue spatio-temporal boundaries mark a separation between 'ordinary life' and the space of counselling, in which deeply private anxieties and concerns can be addressed. One of the most prominent spatial metaphors of counselling is the space between inside and outside. In their research Bondi and Fewell argue that counsellors conceptualise the interface between client and

practitioner as a dynamic space within which these exteriorisations and interiorisations can be explored, thereby redefining the space and boundary between inner and outer realities (Bondi and Fewell, 2003:540).

Conclusions to the first part of the literature review

The field of nature based therapies is growing and there a number of forms of practice which utilise nature as both a therapeutic medium and backdrop to the work (McLeod, 2013). This sits in relation to wider developments in green care (Sempik et al, 2010) which position relationships to nature as important to mental health and wellbeing, calling for a 'paradigm shift' in our approaches to psychiatric and healthcare. There is existing literature which outlines aspects of how therapeutic work might be conducted outdoors which offers some insight into practical and therapeutic issues encountered when moving outdoors (Linden and Grut, 2002; Berger, 2006; 2007; Berger and McLeod, 2006; Burns, 1998) Existing models of outdoor therapy, such as adventure and wilderness therapy, fail to meaningfully articulate a coherent therapeutic model that captures how the outside environment interacts with the interior subjectivity of the participants. Ecotherapy (Buzzell and Chalquist, 2009) attempts to move us much more into a dynamic reciprocal relationship with the natural world, and advocates a number of forms of therapeutic practice to achieve this.

I position the frame and the therapeutic relationship as central to my understanding of counselling and psychotherapy and locate my position broadly within a relational approach to counselling and psychotherapy (Mitchell, 1988). Both of these processes are affected by the move outdoors, and I focus some of my research questions around understanding what happens to the frame and therapeutic process in the move into outdoor natural spaces.

Theoretical approaches, such as Bondi's emotional geography and Winnicott's transitional space, disrupt the idea of emotions as located within interiors. The notion of mediated, shared and spatially created emotions allows us to start to imagine affect as existing within and between people in outer environments. In taking psychotherapy outdoors we place both psychotherapist and client within the processes and flows of emotions that exist in

geophysical and symbolic emotional forms, and which are communicated not solely verbally, but also via bodies, spaces and symbolic representations, where affect becomes a sensate aesthetic experience, as well as an owned and shared narrated process unique to individuals. This idea that self and place are intrinsically intertwined with each other is central to understanding how outside spaces may become therapeutic. It is the idea that space itself, and a relationship to it, has some therapeutic resonance and effect. The idea is to propose that affect itself becomes more of an ecological phenomenon instead of being totally tied up within interiors and their relationship to exteriors. Affect becomes a much more plural process tied into living environments. Approaches such as Burns nature guided therapy (Burns, 1998) and art therapies utilise the concept of aesthetics and space in the service of therapeutic process with clients.

The second part of the literature review focuses on the issue of 'nature' itself and in articulating my position on what constitutes nature as I see it within the research. Following this I outline some philosophical arguments which allow us to re-position the relationship between subjectivity and objectivity. Finally I explore the literature which articulates different aspects of mind/nature communication, as it bears upon the research, with particular emphasis on why nature might have a therapeutic effect on the human psyche. One weakness within all of the literature on nature based therapies is a fuller and more integrated philosophical position for nature, in terms of understanding its effects on the psyche and a critical engagement which moves us beyond a mechanistic understanding of nature and its effects. I propose vitalism as a way forward in understanding nature as both a material and vibrant relational process, and where this may link more fully to theoretical understanding within psychotherapy (Stern, 2010). This may also support where the vitality of nature is alluded to as important to human wellbeing, particularly in the work of Berger (2006) and Burns (1998).

Chapter two

Human Nature relationships

Defining 'Nature'

Overarching the literature review is the back drop: the environment within which a theory exploring how ecological communication is set up between mind and nature and can be applied to the theory and practice of counselling and psychotherapy. Before we can begin to explore the practice and process of counselling and psychotherapy in natural spaces, we have to examine how the natural environment has separated from psyche (and culture) in the first place. It is important to understand how we positioned ourselves as beings with interiors who view exteriors, and how these exteriors are positioned as something extrinsic to the selves who view them. This position for the psyche has fundamental implications for theories of counselling and psychotherapy, and in some sense forces us, to re-imagine what therapeutic practice and process looks like when we move outdoors.

The first problem is how the natural environment is understood and defined. My definition takes into account the context of where counselling and psychotherapy, as it is practised by participants in the research, takes place. For the purpose of the thesis these are: nearby nature (Kaplan and Kaplan, 1989) and more remote nature in the form of wilderness (Macfarlane, 2007; Marris, 2011). However it is important to note that the concepts of 'nature' and 'wilderness' are quite problematic and how we shift our understanding of these concepts throughout history, especially in relation to culture and technological development. Recent writing contests the idea of nature as a uniform concept, stating it is impossible to situate as a singular entity (Macnaghten and Urry, 1998). Nature emerges historically through its articulation in the natural sciences (Latour, 1993) and through the practices and economic developments of modernity (Blundhorn, 2001).

Soper (1995) says the concept and use of the word 'nature' has become ubiquitous and is employed with such ease and regularity that it defies definition. However, nature becomes a vehicle through which various ideologies and paradigms are at work and in conflict with one another. Soper (1995) says that in recent times it has come to occupy a political place as a

result of the ecological crisis; it has become a concept through which we are asked to re-think the use of resources, relationships to other life forms and our place and responsibilities within a wider ecosystem. Nature exists between the discourses of ecology and recent theory in cultural and critical studies. Soper (ibid) says that this distinction is not neat and clear. In this sense nature is both subject and object and the two are not easily negotiated and separated, quite often overlapping and folding back onto one another.

Therefore nature can be understood as a concept that is related to how human nature has articulated itself throughout history, in different places and at different times, and these differing definitions span paleolithic, ancient, modern and postmodern and are inevitably linked to the evolving nature of human existence (Oelschlaeger, 1991). In terms of my definition of the concept of 'Nature', and given our current historical position, I use Anderson's definition of nature as an 'emerging postnature' (Anderson, 2009). Following from Latour (1993) and Whatmore (1999) Anderson states there has never been an ontological separation between humans and nature, that the idea of 'pure' nature outside of society is a fallacy. He argues that, in a world of merging and emerging ontologies, the concepts nature, culture and mind can never really be positioned as distinct entities, separate from one another. The world and those who move within it, humans, places, natures and cultures all change over time, both immersed in one another and emergent at the same time. In these merging and emerging movements we do not find a distinct 'mind' coming into contact with a distinct 'nature' through a distinct 'culture' (as much as some versions of reality would argue it is). Anderson goes onto to say that:

"Postnature is therefore not simply a locking together of separate entities within a passive context rather it is a convergence of mutual interaction and interference involving humans non-humans and place. The meaning of any human or non-human species in this assemblage can thus only be marginally known if taken in isolation" (Anderson, 2009:123)

As nature and human minds are seen to be separate, how do we resist the urge to constantly split the world into binary forms in order to deal with its otherness, in order to be able to negotiate the interior and exterior domains? There is inevitability to the dualities that we create through thought and feeling that lead to action and the creation of cultural

forms and representations of nature and the environment. How do we find the space in between? Morton offers us 'The Ecological Thought' (Morton, 2010) where reality is devoid of reified, rigid, or conceptual notions of subject and object, inside and outside, so that we exist in an infinite web of mutual interdependence where there is no boundary or centre (Morton, 2007:23). Indeed, says Morton (Ibid) all this conceptual boundary making is part of the problem.

What these ideas point us to is the argument that nature is not just a 'text', that there is something corporeal and material that needs to be accounted for and understood, as part of understanding the complex relationships between humans and nature in a post-natural world. Nature is seen as both a relative and historical concept and as well as a living evolving process, that is interdependent with other systems – natural and man-made. Next I outline certain philosophical strands in order to understand nature as both material and semiotic, concrete and yet a process, vibrant and vital in its capacity to effect the humans who interact with it.

Nature as a process of becoming

Philosophies of becoming link to the idea of process philosopher A.N. Whitehead and the Geophilosophies of Deleuze and Guattari (Deleuze and Guattari 1988;1994) – and more recent attempts to find common ground between both of these theorists in the form of 'becoming' (Faber and Stephenson, 2011; Connolly 2011). Both offer a way to re-imagine human nature relationships as movement and immanent unfolding. This allows us to move beyond the position favoured by Cartesian influenced thinking of a separate mind and a separate nature, which leads us down a path of binary dualities. These spaces of subject and object are at once material and subjective, semiotic and objective. Philosophies of becoming allow us to challenge the idea of subjectivity and nature as fixed locations somehow separate from one another and which need to be re-joined in order to form an ecological self. For those of us who find ourselves at this time in history the notion of subjectivity and nature as fixed points doesn't capture the spatiotemporal flux of both of these positions within modernity, postmodernity and globalisation. Climate change positions us in a

complex web of global inter-relationships, which are biotic, political, scientific, subjective and above all emotional and psychological. An ecological subject has to find their bearings amongst all of these complex flows and relations.

Whitehead's process philosophical position (Whitehead 1920/2004; 1978) presents a relational theory of matter, where the 'object' observed, is the attributes it possesses in relation to space. Whitehead (1920/2004) proposes a revision of the subject-object split into a process philosophy that sees things as existing in relationships within particular forms, which in themselves are context dependent on the perspective of viewer and relationships between attributes of substances, spaces and times. Thus his philosophy is a process theory of relationships between entities in time and space, viewed from the interpretive stance of the observer.

'Accordingly it would seem that every material entity is not really one entity. It is an essential multiplicity of entities. There seems to be no stopping this dissociation of matter into multiplicities short of finding each ultimate entity occupying one individual point' (Whitehead 1920/2004:22)

Sense awareness becomes important in our relations to nature; this is an area both independent of, and related to thoughts about nature. Whitehead believes our sense perception about nature is disclosed as a complex set of entities whose mutual relations are expressible in the heterogeneity of thought and sense awareness. For Whitehead there is a problem of homogeneity in our relations with nature, which through our doctrines of science have caused a bifurcation of nature and mind. Nature is a 'complex of fact' a heterogeneous experience of 'events' in motion. Whitehead (1978) calls these events in motion 'actual occasions', in that there is nothing behind things to make them more real, their reality comes through in the process of the becoming of actual occasions. In this sense nature loses its static material quality as positioned by dominant modes of scientific thought, Isaac Newton, argues Whitehead (ibid), fell into the 'fallacy of misplaced concreteness'. So the physical world becomes bound together not by laws, which Whitehead argues are not always followed clearly anyway, but by a general type of relatedness, a process of becoming, rather than the concrete end point positioned as material reality.

Vitalism: the position of matter and materiality in mind-nature communication

The concept vitalism originated in the 18th and 19th centuries (Fraser et al 2005). Its central premise is that life cannot be explained by the mechanistic processes advocated in certain forms of scientific and biological theorising, in particular Darwinian, Newtonian and Cartesian ideas. Calkins (1919) outlines some of the fundamental differences between mechanism and vitalism. Mechanism she argues, describes the universe in structural terms, vitalism in contrast explains the universe in terms of relations. Because of its emphasis on structure and function mechanism is deterministic, whereas vitalism conceives of an incalculable and unpredictable controlling force or entelechy, moving the organism to some sense of fulfilment. In applying vitalistic ideas to psychology, Calkins challenges the mind as purely material and mechanistic: being psychologically vitalistic it is fundamentally personalistic and understands the universe in terms of relational processes and is conscious in these terms. Consciousness of nature comes in the form of a personal relationship not solely reducible to materiality or mechanistic cause and effect processes.

Hans Driesch's original classic on vitalism 'The History and Theory of Vitalism' (Driesch, 1914) discusses some of the central premises of vitalism, the idea that life has a purposive or teleological drive. Driesch sees a special kind of teleology at work within the realm of organic life, there is some underlying driving force in things. In viewing life in purely mechanistic and material terms we are led through what Driesch refers to as 'static' or 'descriptive' forms of teleology, leaving us with the question of an un-analysable autonomy. As a solution Driesch proposes a dynamic teleology, foregrounding the notion of a vital entelechy we are led to a doctrine of real organic 'becoming'. Driesch states that vitalism explains the essential difference between the 'life' machine which appears as something different from the technical machine. Life is a series of relations moving forwards in an unfolding process of becoming, driven by a life force, which is not reducible to mechanistic or purely material explanations.

Vitalism as a theory, became deeply unfashionable and discredited with mechanistic and material explanations dominating the understanding and explanations of organic matter and the way it functioned (Bennett, 2010). But vitalism has re-emerged in the social sciences in recent decades, driven by a concern to understand ideas such as complexity and

uncertainty, hybridity between organic and machine and the evolving processes of information technology and the worldwide web (Haraway, 1991). Lash (2006) says the notion of 'life' has always favoured 'becoming' over just 'being', action over structure and the flow and flux, vitalism, Lash argues, always presumes an emergent form. In the return to vitalism as an underpinning idea used to explain life, the senses become important, an experiencing based on a sensate connection as a form of knowing. This can especially be seen in David Abram's book the 'Spell of the sensuous' narrating Abram's sensate connection to nature, and other forms of nature writing (Abram, 1996).

Colebrook (2010) says that concepts of life, organic and inorganic matter, systems designed to enhance life (e.g. modern medicine) can often develop into alienating and monstrous forms (e.g. rats with ears growing on them in order to aid medical advancement) leaving us feeling alienated and deadened, cut off from our feelings and senses. Vitalism as an idea is then put forward, Colebrook argues, because it is overwhelmingly organic and committed to a deeper sense of evolving meaning and purpose. I choose to focus on historical and contemporary ideas of vitalism as a conceptual vehicle to allow me to position nature as more than just a set of mechanistic processes, allowing us to begin to think of nature as matter that has some meaning for the humans that encounter it and open up the possibility of a reciprocal interaction between psyche and matter. Bennett (2004) advocates a contemporary form of vitalism proposing that we can account for matter in terms of the affect it has on humans, what she terms 'thing power'. Rather than a dead material space, things acquire power in terms of their ability to hold matter and energy in the spaces between inert matter and vital energy, between animate and inanimate 'and where all things to some degree live on both sides' (Bennett, 2004:352). Bennett (2010) uses assemblage theory to explore the heterogeneous assemblages where humans and things interweave and assemble one another. This one substance doctrine allows us to dissolve the Cartesian legacy of mind independent of nature; the entire universe is conceived of as a single space-time entity, which rather than being composed of discrete parts gives rise to fields which are located within it (Garrett, 2001). The idea that the material world is not separate from those that inhabit it, and both are linked together in an unfolding, interdependent relational process, is picked up in philosophy, and here we can see where

several strands of thought, both in academia and beyond, are attempting to articulate how forms of mind nature relations intrinsically shape one another.

Vitalism and Geophilosophy

Another important development which attempts to disrupt the dualities between mind and nature, is a movement termed geophilosophy (Bonta and Protevi, 2004). This movement focuses on thinking about meaning and our place in the world, that takes into account our relationship with the earth, advocating that thinking and earth are intertwined in a co-evolving process. The idea of a geophilosophical position i.e. a philosophy that relates to and is formed by the earth, can be traced back to the writings of Deleuze and Guattari (1988; 1994) whom I see as post-psychoanalytic theorists, captured in their seminal text 'Anti-Oedipus: Capitalism and Schizophrenia' (Deleuze and Guattari, 1977). Deleuze and Guattari's writings are notoriously difficult to understand and decipher, precisely because they attempt to undermine facets of a concrete material reality as it has been previously represented in much natural and social scientific writing. They challenge notions of representation, instead arguing for production, rather than a transcendent reality where we can sit above concepts, and draw from stable theoretical groundings, they argue for immanence. Their emphasis is on emergent co-involved materiality and subjectivity (Herzogenrath, 2009). Their ideas are not merely clever linguistic musings and metaphorical locations, rather they are an attempt to fully locate thought and earth in intertwined processes of becoming. Indeed, they are important for reimagining the reciprocal relation between humans and nature, because of their emphasis on 'affect', in that an individual entity, be it a subject or a rock, can affect and be affected by other individual entities (Delanda, 2006). Chisholm (2007) proposes that Deleuze and Guattari in 'A Thousand Plateaus' move us toward Bateson's ideas of an 'ecology of mind' (Bateson, 1972). She argues that they are moving us away from philosophical notions of the transcendental, ideas that are deduced above the contingencies of the terrain of the earth. One of the central ideas of immanence is that it is entirely contingent upon the complex processes of earthly life, entirely dependent on the self-ordering capacities of complex systems, not an extra worldly source such as God (Chisholm, 2007; Bonta and Protevi, 2004).

The rhizome (Deleuze and Guattari, 1988) is a way of helping understand two central themes of their project: the notion of multiplicity and that of heterogeneous thought. The rhizome is a concept taken directly from biology. Unlike tap roots which form trees and branches, what Deleuze and Guattari call 'arborescent thought', the rhizome is a subterranean structure which connects every point to every other point:

"it is composed not of units but of dimensions, or rather directions in motion. It has neither beginning nor end, but always a middle (milieu) from which it grows and overflows. It constitutes linear multiplicities with dimensions having neither subject nor object, which can be laid out on a plain of consistency.....Unlike a structure, which is defined by a set of points and positions, with binary relations between the points and biunivocal relationships between positions, the rhizome is made of only lines: lines of segmentarity and stratification as its dimensions, and the line of flight or deterritorialisation as the maximum dimension after which the multiplicity undergoes metamorphosis, changes in nature." (Deleuze and Guattari, 1988:27)

In this sense we see how thought is located in spaces, and is linked to the earth, not via branch-like (linear) thought structures, but via points in a rhizomatic assemblage. Deleuze and Guattari (Ibid) argue that systems of thinking which is linked to Cartesian and Newtonian thought, and which posits a concrete reality, is caught in an arboreal trap, locating subjects and objects, interiors and exteriors within fixed tree-like locations. The intertwined conceptual and biological processes of the rhizome represent an understanding of the multiplicity.

Within the Deleuze and Guattari notion of becoming (Deleuze and Guattari, 1988) we are always arriving, never fully settling. In this sense a critique of process ideas can argue that in this way of thinking we are unable to stop in order to be able to see anything stable. The following section explores the idea of the material as something having some stability but also vibrant. In re-imagining the importance of the natural world for the human psyche, and the potential for its therapeutic use in counselling and psychotherapy, we need to deal with issues of the materiality of the outside natural world and its relationship to human subjectivity. Rather than positioning 'nature' as only discursively constructed, a danger of post-modern relativism, we have to make a methodological space that will enable us to

think about humans and nature as co-existent and interdependent, emergent and emergent in relational processes.

Forms of vitalism in psychotherapy

I conclude this section by talking about recent writing in psychotherapy which foregrounds the notion of vitality as important to mental health and wellbeing. Daniel Stern, who has written some seminal texts on the importance of developing sense of self through infant development and its relationship to psychotherapy (Stern, 1985), writes on the importance of vitality to infant development and psychotherapy. Stern (2010) defines vitality as a manifestation of being alive and is essential to human experience, something distinct from known physical, chemical and mental forces. Drawing from the original ideas of vitalism as a dynamic teleology, a moving unfolding and relational force of becoming, vitality is positioned as a constant sense of movement which maintains our sense of being alive. This idea links to Burn's proposal that rather than a focus on symptoms, the stimulation of nature through the senses can facilitate more vital life nourishing energies which promote a sense of health (Burns, 1998:73). Rather than forms of internal mental representation driving action and thought, action is based on feeling states, sensate connections of relations, and a dynamic unfolding of relationships between internal and external, between humans and between humans and the wider world around them (Ingold, 2011). Stern (2010) proposes that dynamic forms of vitality provide a path for psychotherapy to access non-conscious past experience, including memories, dissociated experiences, phenomenological experience, past implicit experience never verbalised, and what he terms 'implicit relational knowing'- how we implicitly know how 'to be with' a specific other. Stern talks about our dynamic movement signature, the way we walk, talk, reach for things, all unique forms of individual vitality which have evolved from the general to the specific, in the moment-to-moment process of adaption and enactment. These vitality dynamics are crucial for the living organism to fit within its environment. Movement is important to our experience and a primary and fundamental aspect of our animate evolution both individually and as a species, this is of course embodied but also arises out other forms of dynamic movement such as music as 'sound in motion', reading and hearing language,

visual stimuli such as art and film, all of these we can experience as virtual worlds of forces in motion (Stern, 2010:20). Mental movement is also an essential part of thinking and feeling and mental experience is in this sense never static; it traces a small journey in its rising and falling over the contours of its own time, and Stern sees this as a dynamic form of vitality. Stern sees different levels organisation in his concept of forms of vitality, this is the organisation of pure experience into forms of experience and representation. Different sensate experiences such as sound smell, movement and touch need to be organised into knowledge so that they become holistic perceptions. Accordingly the concept of holism brings together differentiated forms into related 'wholes' with constant unfolding dialogues between internal subjectivity and external forms. Foregrounding relations between internal and external processes is an important aspect of nature based therapies.

Stern links 'forms of vitality' to some central concepts in contemporary psychotherapy. 'Affect attunement' and 'affect regulation' where mother and infant come into an understanding of one another's emotional feeling states and where the mother is able then to begin to regulate the emotional subjectivity of her infant, are based on matching and sharing dynamic forms of vitality. This unfolding dynamic is understood within present moment experiences of another. Stern's ideas link to Gestalt thinking, seeing vital forms as a 'Gestalt', a more whole form, rather than separate entities. These are overarching terms which challenge the mechanistic reductionism of certain forms of psychological understanding. He also links vitalism to neuroscientific thinking and in particular theorising about the role of the arousal system which has a crucial role in the formation of unreflected dynamic experience. Stern makes a link to the arousal system and vitality, arousal is seen as a 'fundamental force' for all bodily and mental activity contained within the central nervous system. Forms of vitality are found in forms of music, dance, theatre and cinema which Stern links to our arousal systems, these have an effect on us from moment to moment when listening to music and over longer stretches of time, for example when watching a film.

Stern's ideas allow us to begin to link concepts of vitalism in nature with the importance of vitality forms for human development and wellbeing. Contact with nature as a vital and vibrant space mobilises forms of vitality through contact with sensate, aesthetic and

movement forms encountered in natural settings, these include wind, smell and visual stimuli such as plants and flowers. Linking concepts of vitalism to infant development and the role of nature in psychological development is an important step in expanding notions of trauma to include a wider set of relationships with the more-than-human world and it is here I turn next.

Psychological development and a return to life?

Taking an evolutionary perspective on human nature relationships, Shepard (1982) attempts to historicise human nature disconnection. He sees a form of ontogenetic crippling as evolving with the birth of agriculture – a crucial point at which he believes humans created a false sense of separation from the natural habitat. Recent writing by authors such as Louv (Louv, 2008) posits the idea of ‘Nature Deficit Disorder’, aping criteria from psychiatric diagnosis, he argues children are suffering from a deficit of contact with the natural world.

Searles (1960) proposes that although essential psychodynamic concepts are contained within Freud’s writings he fails, as have subsequent others since, to explicitly acknowledge the significance of the non-human environment in the development of human psychological life. Searles raises the importance of infant development in relation to both the mother and what Searles terms the ‘non-human environment’.

“the human being is engaged, throughout his lifespan, in an unceasing struggle to differentiate himself increasingly fully, not only from his human, but also from his non-human environment, while developing, in proportion as he succeeds in these differentiations, an increasingly meaningful relatedness with the latter environment as well as with his fellow human beings” (Searles, 1960:30)

In this sense we might attempt to set up understanding between the psychodynamic developmental narrative which the client brings to therapy, both conscious and unconscious, and the relational non-human developmental narrative which both Searles (1960) and Shepard (1982) suggest.

In some of my earlier attempts to link psychodynamic understanding to human nature relationships (Jordan, 2009a see appendix 7), I argue that human dependency and its development in relation to the maternal, especially in the form of attachment process and affect regulation, is bound up in a relationship to the wider non-human world and the emotions that we both bring and are invoked within us in our context within natural environments. Whilst I see this as an important facet, and one of a group of potential foundations whereby ecological communication between mind and nature becomes about human dependency and need, i.e. expanding transference and counter transference to include the wider non-human world, I now see this has limitations in the way it always falls back on interiors i.e. human needs. I want to include the notion of emotions as both located within and between, in the form of emotional spaces we inhabit. Barrows (1995) argues that a new theory of child development must be evolved; such a theory must take into consideration that the infant is born into not only a social but an ecological context. It seems that counselling and psychotherapy need to return to a more complex way of understanding development and life as embedded in multifaceted environments, both human and non-human, and this is linked to understanding and treating emotional and psychological distress. Following this, some forms of psychotherapeutic intervention, most notably ecotherapy, as the applied practice of ecopsychology, see reconnective ecological communication, i.e. fostering a reciprocal relationship between person and planet, as the central focus of counselling and psychotherapy.

The restorative power of mind-nature communication

There is a powerful sense of the aesthetic in our contact with the environment and it is this aesthetic that plays a central role in ecological communicative practices. Much has been written by nature writers and poets attempting to capture the sensate feeling of nature.

Environmental psychology posits several empirically based studies in order to demonstrate the restorative and healing aspects of the natural world on the human psyche. The starting point for articulating this relationship is the assertion of the Biophilia Hypothesis (Wilson, 1984). The Biophilia hypothesis is defined as the innate tendency to focus on life and life-like

processes, Wilson believes that we are biologically programmed in terms of genetics to seek kinship with the more than human world. The biophilia hypothesis suggests human identity and personal fulfilment somehow depend on our relationship to nature. The human need for nature is linked not just to the material exploitation of the environment but also to the influence the natural world has on our emotional, cognitive, aesthetic, and even spiritual development. In further elaborating the biophilia hypothesis, Kellert (1993) points to the relationship between the historical development of the self, the natural environment and our genetic evolution as interdependent: this evolutionary connection somehow resides in our genes.

Kaplan and Kaplan (1989) and Kaplan (1995) in their empirical research posit the concept of the restorative effects of the natural environment as the 'attention restoration theory'. Proposing that urban life causes us fatigue and stress, they research how the natural environment affects levels of stress and attention in participants (as supported by the research in Scandinavian healing and rehabilitation gardens: Grahn et al, 2007). For this to occur, certain things need to be present in order for the restorative affects to be felt: being away from everyday work and access to complex ecosystems, trails and paths for exploration. These then provide the psychological effect of fascination in relation to animals, birds, trees, plants and views. The person then partakes in compatible activities such as walking, bird watching and fishing. All of this leads to a feeling of wellbeing and a felt restoration of attention and capacity.

In his classic paper on a view from a hospital window Roger Ulrich (Ulrich, 1984) compares the recovery of patients who have a view of a blank hospital wall with those who can see trees from their hospital beds. Data is analysed over a ten year period on the duration of stay in hospital post operatively for those recovering from gall bladder operations, perhaps unsurprisingly those who have a view of the trees have shorter stays in the hospital. Ulrich (1983) sees the visual properties of natural environments as important, such as complexity and depth, with a number of elements providing stimulation such as arrays of plants. A deflected vista is important, such as open savannah like environments, alongside the presence of water which is important. The environment needs to be appraised as one where threat is absent or negligible. All of these qualities are thought to rapidly evoke automatic

positive affective and parasympathetic physiological responses with associated feelings of calmness, relaxedness, pleasantness and fascination (Ulrich, 1983)

Developing an 'ecological self'

One of the starting points in attempting to understand human nature relationships in the form of ecological communication is the idea of *miscommunication* between humans and nature leading to distress for humans, non-humans and ecological systems. Both fields of scientific ecology and psychological understanding need a meeting place, a space where ecological communication between mind and nature can emerge between disciplinary ideologies. The deep ecology movement originating from the ideas of Arne Naess (Naess, 1973) proposes a move away from a shallow instrumental version of ecology, what Naess refers to as 'man in environment', towards the idea of a 'total field' of relationships. Deep ecology impacts on a lot of ecopsychological theorising (Seed et al, 1993; Macy, 2007). It is this meeting place which serves as the basis for placing humans back within the ecosystem and developing a sense of self in relation to this: what has been termed by some as an ecological self.

One argument put forward by ecopsychology (Roszak et al, 1995) is that human psychopathology increases the more we find ourselves distanced from the environment. The more this ecological miscommunication persists the greater ecological systems seem to be in disarray, as evidenced by growing concerns about climate change and how this may affect (and is affecting) planetary ecological systems. In this manner ecopsychology attempts to position the psyche as both needing to connect to the environment and suffering from the results of this disconnection. Ecopsychology exists at the interface between several different disciplines which themselves have radically different epistemological and ontological foundations. Ecopsychology finds a home within psychology, environmental philosophy, ecology and environmental activism. Although it must be said its relationship to psychology is a complex one, as it sits between a humanistic/transpersonal paradigm (Schroll, 2007; Greenway, 2010; Metzner, 1995; Reser, 1995) and a more experimental paradigm advocated by branches of conservation and

environmental psychology (Reser, 1995; Clayton and Myers, 2009). However, psychology as a field is contested with several competing ideas and paradigms. One of the central tenets of ecopsychology is the articulation and examination of the emotional and psychological relationship to the natural world, and the reciprocal effects of human and natural world interaction. The fundamental challenge that presents itself to ecopsychology is to locate the human 'mind' in some form of relationship with the natural world and to understand this relationship as reciprocal.

There is a long history of articulating the field of ecopsychology from a number of writers (Boston, 1996; Schroll, 2007; Scull, 2009; Greenway, 2010). However I locate ecopsychology within complex systems of thought which emerge at this time in history. Ecopsychology benefits from being understood in relationship to pre-modern, modern and postmodern systems of thought which forge its birth. However finding a 'core' language to represent ecopsychology as a unified discipline is problematic, and it might best be seen as a location for thought, language and practical action that is attempting to articulate the human-nature relationship.

Roszak's initial vision for ecopsychology (Roszak, 1992) seeks to place the psyche back into the context of the earth, 'the physical matrix that makes living intelligence possible' (Roszak, 1992:320). He outlines some of the principles of ecopsychology, arguing that life and mind emerge via evolution within an unfolding sequence of the physical, biological, mental and cultural systems. By proposing that the core of the mind is the ecological unconscious, a place where inherent reciprocity and connection to the natural world exists as the core of our being, and through industrialisation has been repressed, resulting in madness and rampant ecological destruction. Roszak acknowledges the idea is 'speculative', but states no more so than the rest of the field of psychology (Roszak et al, 1995:14). In linking ecopsychology to psychotherapy⁴ Roszak states that:

"Just as it has been the goal of previous therapies to recover the repressed contents of the unconscious, so the goal of ecopsychology is to awaken the inherent sense of environmental reciprocity that lies within the ecological

⁴ I will explore therapeutic practices in the following section 'Reconnective ecological communication'.

unconscious. Other therapies seek to heal the alienation between person and person, person and family, person and society. Ecopsychology seeks to heal the more fundamental alienation between the person and the natural environment” (Roszak, 1992:320)

Reconnective ecological communication

The idea that we can ‘reconnect’ to something we have lost, in terms of our ability to communicate ecologically, is a dominant theme in several writings in the area of ecopsychology and ecotherapy in particular (Buzzell and Chalquist, 2009). It seems to strongly suggest a pre-modern world where a pure and reciprocal ecological communication with nature and the non-human has been lost or disrupted. The idea and image of indigenous peoples living a way of life that is in connection with the natural world becomes an ideal for ecopsychology and positing an ecological self (Roszak et al, 1995).

The ideas underpinning reconnectedness can be traced back to the Romantic Movement. As a reaction to the industrial revolution and the rationalism of the enlightenment, the Romantic Movement, as espoused by writers such as Wordsworth, sought to offer an antidote to what was perceived as the deadening effects of modernity (Bate, 1991). Drawing from these ideas, either implicitly or explicitly, ecopsychology argues that modernity and industrialisation have a deadening effect on the self and a destructive effect on the natural world.

Jung (1989) is convinced that the earth is sentient, a living entity, stating that we are not only upon the world but the earth is within us. Along with many others Jung struggles to find the language to express this connection because of its subtlety. Crediting the idea to Levi-Bruhl (1921/1926), Jung (1921/1971) uses the term ‘participation mystique’ in relation to how indigenous peoples do not distinguish themselves sharply from the environment, feeling that what went on outside also went on inside of the self, as captured in much mythology. Tacey (2009) picks up Jung’s ideas in discussing the ‘sacred’ nature of the earth, identifying three stages in the trajectory of the mind’s disconnection from it. The first stage, Tacey suggests, is pre-modern literalism and supernaturalism: the belief there are spirits of the earth in the form of forces which require the mediation of shamans and priests. This

animistic stage has been represented by modernity as irrational and anthropomorphic; the projections of an irrational mind seeking to understand the mechanisms of the earth that have been thoroughly worked out by the scientific processes of modernity. The second stage, which I will call modernity, and Tacey refers to as modern disbelief and scepticism, sees the animistic paganism of the pre-modern systems of ecological communication as arising from disturbed infantile, unenlightened minds. The last stage in the disconnection from the earth is an attempt at reconnection in the form of the 'post-rational vision'. This stage, argues Tacey, is the most difficult to achieve as we need to move on from our modernist scientific roots which dominate the way we perceive nature. It involves a re-evaluation of fantasy, imagination and projection and, in a very Jungian-dominated move, sorting out the personal from the archetypal, it involves the idea that 'land' in its vibrancy may be affecting us in all sorts of ways that we are unable to articulate.

The idea of 'nature' as animate, containing transpersonal forces mediated through reconnective practices, which break down the duality of mind and nature, can be seen in particular forms of therapeutic process in nature. The work of Foster and Little (1983; 1989; 1993; 1998) focuses on the process of the vision quest as a mechanism of psychological change. Their work draws from rites of passage models known to traditional cultures as ways of negotiating life stages (Van Gennep, 1960). The modern day vision quest advocated by Foster and Little (1983) places the individual within a wilderness environment without food or shelter for a solitary three or four day experience of aloneness. This experience is then shared with others in a group process in order to make meaning and gain a 'vision' or life purpose that is contextualised as part of a process of transition for that individual. I myself participated in an experience such as this (Jordan, 2005) and suffered from a profound depression subsequent to returning from the process. One of the main problems is the cultural context within which this form of experience and process is understood. Something which made sense to the plains Native Americans (Black Elk, 1972), does not contextualise within a late modern culture. Remembering one's connection to the natural world as essential to 'coming home', does not easily translate to urban Brighton. For me, any therapeutic experience in 'nature' needs to be movement between different spaces of an individual's life, not a jarring dislocation between one extreme and another, the urban

and the wilderness environment, in the hope of returning to a pre-modern fantasy of ecological communication. At worst some of these experiences can be a psychological one night stand with nature, not properly contextualised and situated within a person's life and cultural context. However, the need to set up reconnection processes with natural phenomena is arguably vital to both emotional and mental wellbeing and forms a strong thread within reconnection ideas and practice.

Writers such as Metzner (1995) argue that we need to recover our ancient ancestors' capacity to empathise and identify with non-human life, proposing that we need to recover our ancient traditions of initiation and ritual celebration to develop an ecological literacy. What Metzner points to represents a strong strand in ecopsychological thought and practice, the sense of reconnection to something lost; the pre-modern as a place where this perfect connection and reciprocity existed between the natural world and humans, and being what we need to recover. A particular form of ecological communication is advocated which suggests a strong pull to move backwards to a pre-modern form of ecological communication with the natural.

The ecological connection to the earth in the form of reconnection and transpersonal practice points towards one of the central challenges of ecological communication, that contact with nature feels so real and is experienced on several different levels concurrently, yet when we seek to articulate it, 'it' can remain elusive. Tacey (2009:49) says it can be 'felt but not reasoned' and points us towards the nature-mind-experience connection that remains quite elusive if we have to solely rely on thought, language and reason to explain its affect. The problem is attempting to use a modern mind-set to both explain and articulate this connection. We are in danger of romanticising the pre-modern (seen especially in films such as *Avatar* (Cameron, 2009), seeking reconnection to something we have fundamentally lost and are hoping to recover. It seems to reduce the possibility of forms of ecological communication more suited to and understood in late modernity.

Conclusions to this chapter

One weakness within all of the literature on nature based therapies is a fuller and more integrated philosophical position for nature in terms of understanding its effects on the psyche and a critical engagement, which moves us beyond a mechanistic understanding of nature and its effects. Therefore this chapter wrestles with the philosophical problem of 'nature' and where it is positioned in relation to 'mind' in late modernity. Stern's ideas (Stern, 2010) allow us to begin to link concepts of vitalism in nature with the importance of vitality forms for human development and wellbeing. Contact with nature as a vital and vibrant space mobilises forms of vitality through contact with sensate, aesthetic and movement forms encountered in natural settings, these include wind, smell and visual stimuli such as plants and flowers. These ideas are seen in the literature on nature based therapy e.g. Burns (1998).

While it is clear that contact with a 'nature over there' has some real therapeutic and psychological value to a large majority of people, we can see that human-nature relationships and ecological communication is thoroughly mediated. Ecological communicative forms seem to leave us somewhere and nowhere at the same time, in that we can feel a sensate embodied experience that can only ever be in the moment of contact (i.e. that we need to be in nature in order to understand its effects upon us) or we are distanced in ecological communication via a process of thinking, talking and writing that position nature and the natural at a representational distance, which inevitably involves some form of 'loss' (Bondi, 2013). For some postmodernists nature is always a social construction, an imagined nature (Macnaghten and Urry, 1998). However we need to keep sight of the importance of facilitating and understanding ecological communication, and the importance of the restorative and healing effect of natural spaces. Thus, if we couple this with reconnection ecological practices, which offer us models and practices of ecological communication, it can inform counselling and psychotherapy in outdoor natural spaces. However in reconnecting mind with nature we need to move between the different positions nature and the subjectivity have occupied historically. This process is mediated by cultural practices, and if we find ourselves moving backwards and forwards through pre-modern to late and postmodern forms of human nature relationships, there is a danger we

can get stuck in one place, with an idealised and romanticised version nature and the natural.

Late/postmodernity places us somewhere in the 'multiplicity', the non-representational, post-structuralist moment and this is where we are, in this confused present. Human nature relationships and ecological communicative practice are therefore complex and subject to both the desire for and alienation from a 'nature' that is in flux. This moving terrain forms the backdrop within which counselling and psychotherapy in natural spaces attempts to theorise and practice. To advocate for a return to something lost and past seems to me to be problematic, in that we are in danger of perpetuating an 'ecology of phantasy' (Dodds, 2011). At worst reconnective ecological communication is placed in the service of the phantasy of reconnection to the natural, which is jarring to certain cultural and geographical contexts: a psychological one night stand with nature does little for long term therapeutic change. But at the same time there is a real therapeutic power in reconnective practices, especially on an aesthetic level, and nature's restorative effects are well researched and proven. Therefore the ecological communication that counselling and psychotherapy might seek to establish with the natural environment is by no means straightforward. This leads us into the next chapter to explore the methodological ground upon which we stand to 'view' how participants' accounts of their practice in natural contexts is understood and represented.

Chapter three

Methodology chapter

Introduction

In order to address the research aims which sought to describe, interpret and explain the process of taking counselling and psychotherapy outdoors, I explore the experience of counsellors and psychotherapists who are practising in natural environments and ask them to tell me about their experiences of conducting therapy in these environments. My aim is to create a thick and rich description of the phenomena (Geertz 2003), and to contribute to knowledge about practice and therapeutic process in this new and emerging area of counselling and psychotherapy. In my approach to qualitative research I understand the data I collect as narrative. As narrative inquiry situates meaning as 'narrated' (Riessman 2000; Riessman and Speedy 2007), I locate my methodological approach within the field of narrative inquiry. Polkinghorne (1995) discusses the different forms of narrative configuration in qualitative research, outlining how narrative can be seen as a form of prosaic discourse (1995:6), the normative data with which all qualitative researchers work. Narrative can also be seen as 'storied', a linguistic form that preserves the complexity of human experience, experience that is understood as an interrelationship between temporality, motivation, chance happenings and changing interpersonal and environmental contexts. I understand 'experience' as 'narrative', viewing participants in my research as telling me stories which relate to both their professional and personal lives in taking their work outdoors (Clandinin and Connelly, 2000; Etherington, 2008). The narratives elicited in the interviews reveal a profound personal connection to the natural world. This profound connection drives the therapists' work and forms a central part of their identity both professionally and personally. Some participants do not make a clear distinction between their identity, their relationship with the natural world and their professional role as a counsellor or psychotherapist, seeing all of these as fundamentally intertwined. In this sense the narratives mirror other writing about 'personal' stories that inform work of therapists and the lives that they live (White and Hales, 1997).

In the following section I discuss some of the key thinkers who have influenced my understanding of narrative inquiry; I then map out the key debates in the field particularly in relation to the status and origins of narrative. I then discuss how recent writing in narrative inquiry situates it as a methodological approach 'at the borders' (Clandinin, 2007). Locating myself within the field of narrative inquiry, especially as it relates to psychology, counselling and psychotherapy, I outline the specifics of a relational epistemology that drives my approach to narrative, locating myself in narrative inquiry and psychotherapy, which situates itself at the borders of research and therapy.

Narrative ways of knowing

Taking Jerome Bruner as my central reference point, I outline the underpinning epistemology that shapes my understanding of narrative. Alongside this I situate myself within a psychological approach to narrative influenced by other key writers in psychology such as Polkinghorne (1988), Sarbin (1986) and latterly Crossley (2000). Traditionally psychology has been dominated by a rationalistic and empiricist approach to understanding human action and thought. Bruner (1986; 1990) terms this more rationalistic way of knowing the world as paradigmatic cognition, whereby experience can be classified as belonging to a category or concept. Sitting alongside this approach Bruner outlines the importance of narrative ways of knowing the world, which he terms 'narrative cognition' (Polkinghorne, 1995:10). Bruner sees both of these ways of knowing as important for knowledge construction and understanding; he is concerned with the evocation of possible worlds through multiple ways of coming to both know and construct the world. Bruner posits the 'story' and storied meanings as the ways in which humans develop knowledge and understanding of the world around them. Unlike research findings which are generated by logical and scientific procedures, which are then exposed to falsification, narratives can only achieve what Bruner calls "verisimilitude". Their acceptability is governed by conventions which are transmitted culturally and constrained by individual knowledge, mastery, and by a collective of colleagues and mentors (Bruner 1991:4). A psychological approach to narrative ways of knowing sees narrative as a central instrument of mind in the

construction of reality, in this sense the mind creates narrative in order to both understand and create meaning within the world.

Bruner's narrative revision of psychology positions narrative as central to the process of meaning-making and is itself an 'act of meaning' (Bruner, 1986). Narrative becomes the basis upon which we can understand social, psychological and emotional phenomena (Hammack, 2011). From this perspective meaning always has a situated character which is open to negotiability and communicability. Meaning is both found and generated between actors in psychological and social spaces, and therefore has a relational quality which is also situated within communities of practice (Monteagudo, 2011). Therefore I take the position that both I and my participants are actively construing and understanding meaning through narrative forms.

Bruner (1991) outlines some central features of narrative which I will use in order to further elaborate my methodological approach, outlining the influences upon my way of understanding and analysing narratives within the research. 'Narrative diachronicity' (Bruner 1991:6) is central to understanding how narratives are accounts of events unfolding over time and in relationship, a narrative's temporality is central to understanding it. Narrative 'time' is different to clock time. Others have pointed out the relationship between narrative and forms of time, in particular Freeman (1998) with reference to Eliade (1954) discusses how archaic people were more aligned to a mythical sense of time rather than seeing time as a linear process. Polkinghorne (1988) speaking from the position of psychologist and practising psychotherapist supports the view that narrative meaning is a cognitive process that organises human experience into temporally meaningful episodes. This form of meaning making represented in narrative is then amenable to study by research methods such as interviews.

Secondly, Bruner sees narrative as composed hermeneutically, whereby meaning is expressed in narrative form and from which somebody is trying to extract meaning. In the absence of rational empiricism the 'truth' of a text is established at best through providing an intuitively convincing account of the meaning of the text as a whole in relation to the parts that make it up – 'the hermeneutic circle' (Bruner, 1991:7). Of course interpretation plays a part in this process and in this sense knowledge is always processed via

interpretation. This applies to both parties in the process as the background knowledge of both the storyteller and the listener applies to how each interprets the background knowledge of the other (what Giddens (1987) refers to as a double hermeneutic). Freeman (1989) supports the hermeneutic nature of narrative, arguing that narrative is not just limited to sequence and plot, but is part of a project of self-understanding driven by a hermeneutic process in that, by coming to terms with our past, we can only do so in the present, through the act of interpretation; this is a position with which I concur. Life events are experienced as episodes, with parts shaping whole and the whole shaping the parts, a moving process in the creation of meaning. Polkinghorne (1988; 1993; 2000) aligns himself with this idea of narrative in his writing, making explicit links to psychotherapy, which he sees as a narrative process hermeneutically driven, that creates meaning and understanding dialogically. Josselson (2006) also sees narrative research as rooted in interpretive hermeneutics and phenomenology, striving to preserve the complexity of what it means to be human, knowledge is constructed through this process. These are central positions I take up in my approach to narrative inquiry.

Narratives are normative in the sense that they occur across time and cultures but at the same time change with both preoccupations of the age and the circumstances surrounding their production (Bruner, 1991:16). Here we can see how narratives about an emotional and psychological relationship to the natural world, which in some cases convey fears and anxieties about issues such as resource depletion, species extinction and environmental degradation, are preoccupations of our age. Therefore that therapy is concerned about the impact of environment on mental health, both positively and negatively, can be seen as part of an emerging narrative linked to our time in history.

Lastly Bruner sees narratives as 'accruing' and that these accruals eventually create something variously called a 'culture' or a 'history' or loosely a tradition (Bruner, 1991: 18). This is important in relation to the narratives of therapists' experiences outlined in the following chapters. There is no established tradition within counselling and psychotherapy for conducting therapy outside (Freud's early sojourns with his patients were quickly curtailed and it became custom and practice to situate therapy inside of a room environment, see Jordan and Marshall, 2010). Therefore the narratives elicited from

interviews in my research attempt to build upon existing traditions within the field, but they also seek to branch out and begin to attempt to articulate newer forms of practice. In doing this both I and participants are creating and constituting practice in the process of narrating it in interview conversations, as a relational hermeneutic act of meaning. I see the narratives as an early attempt to start to articulate therapeutic practice and process outdoors, and in this sense they are 'beginning' narratives. They should be read as early attempts to articulate forms of practice related to existing knowledge within counselling and psychotherapy, but alongside this they attempt to move beyond what is known in the field in tentative and uncertain ways.

The narrative turn in the social sciences has a number of underpinning methodological trends and hence has given rise to considerable variation in understanding the origin and status of narrative. Riessman (2000) proposes there are some commonalities within the broad field of narrative inquiry (as do others such as McLeod, 1998, Riessman and Speedy, 2007) taking the position that 'data' manifest as story, containing metaphor, poetry and aspects of autobiography, all of which is both explicit and buried in the text. So, for example, we can see in accounts where my participants articulate their relationship to nature (Chapter 4, P119-123), and how they both use metaphor and aspects of their own historical relationship with nature to articulate why they choose to move their therapeutic work outdoors. There are several possible readings of any particular text depending on the position of the reader, leading to tensions in how we understand the origin and status of narrative, and it is here I turn next.

Tensions in the status and origin of narrative

Narrative truth versus falsification

Although there are some commonalities in the understanding of narrative, considerable tensions arise around the status and origins of the narrative itself. These tensions overlap and infiltrate one another. One of the central questions in utilising narrative within research is its relationship to 'truth'. Freeman (1998) points out that in utilising narratives as a way of understanding human experience, we are at the same time 'imposing' a storied form on

something that is potentially formless. From this perspective narratives could therefore be seen as falsifications of human experience, which is inherently plural, chaotic, messy and resistant to understanding. Therefore narratives are not acts of meaning, but illusory, and some argue we must approach narrative with the hermeneutic of suspicion as the narrator is not fully conscious or aware of the way in which they are taking up a position within narrative (Ricoeur, 1991). Josselson (2004; 2006) takes up this challenge to the status of narrative, particularly in relation to the privileging of voice within research. Does the researcher read beneath the participant text seeing buried meaning that is hidden, approaching the narrative with the hermeneutics of suspicion? Or do we, as Josselson (2004:4) suggests privilege the voice of the participant trying to render meanings as presented in the interview, approach the narrative with a hermeneutics of faith? I take this hermeneutic approach to my data, approaching participant narratives in good faith, as attempts to narrate meaning about therapeutic practice and process as best they can, in a relational co-construction with my narrative and research agenda.

Spence (1982) argues from the perspective of dynamic psychotherapy, that by revisiting the past in the present, we form 'narrative truths' rather than historical truth. He sees psychotherapy as a dialogic meaning-making process that does not so much uncover truths but create meaning in the understanding of the past. In this sense (similarly to psychotherapy) research can be seen as a co-constructed meaning-making process. Polkinghorne (2003) argues that practitioners do not tend to draw upon generalised research findings in determining what they do with clients. Instead, their actions draw upon their own experiences, their discussions with other practitioners and clinically based literature. Therefore all truth is relative to a particular point of view. What is proposed is a movement away from the discovery of truth, to an enquiry about the conditions that give rise to accounts that describe a person's own version of reality and experience: the focus is on people's accounts as narrative statements of meaning-making and this becomes central to research focus.

The question of the accuracy of narrative, referring to a particular point in history, is one that cannot be resolved; that in forming a 'plot' (i.e. a narrative that seeks to narrate accurately events remembered in the recounting) temporal complexity may be lost.

However as Freeman (1998) argues in a statement which supports Bruner's central hypothesis, narrativity thus becomes an inroad into formulating a conception of time that is more in keeping with the lived nature of our historical existence (Freeman, 1998:42). Bruner (1991:13) states that narrative truth should be judged by its verisimilitude rather than its verifiability, therefore rather than referring to reality, narrative is in fact creating and constituting it.

Individual and social understanding of narratives

Other tensions exist within the field of narrative inquiry, particularly in relation to the individual, as the site for both the generation and understanding of narrative and what this says about identity. I explore some of these tensions next. If we start with the individual and take a psychological approach to narrative, narratives originate from processes internal to the individual, the psychological precedes social expression. Gergen and Gergen (2011) see Bruner's early work (Bruner, 1986) as representative of this, where narrative is seen as the result of brain function and cognition. The mental world becomes the locus of meaning and action. This leads to the potential of seeing narratives as having some underlying structure which can be located in empirical research. The early work of Labov (Labov and Waletzky, 1967; Labov, 1972) seeks to locate narrative structure. This structural approach to narratives has the potential to position narrative as offering a window into interior truths and meanings, and this places narrative within the area of neo-realism: the idea that foundational truths and understandings can be uncovered through close and methodical examination of narratives themselves. What this gives rise to is research that exposes narratives to rigorous and methodical procedures (Rennie, 2001; Strauss and Corbin, 1994), even falling back on statistically based methods of analysing narratives to obtain more 'truthful data' (Hermans and Hermans-Jansen, 1995).

The alternative to this is a narrative identity that is socially situated and socially constructed. From this perspective self becomes a multiplicity, and at times incoherent, and narratives may become contradictory, instead of placing emphasis on underlying order, verbal actions are seen as fluid and unpredictable (Gergen and Gergen, 2011:376). Narrative is constitutive

of the social space that produces it; stories originate from social interaction and are formed by it. The social perspective sees narrative as an unfolding situated process. This raises ethical questions about the reliability of the speaker and the relativity of narratives themselves and what they refer to (Gergern and Gergen, 2011:378), leading us back to the issue of narrative 'truth'.

The final tension that arises out of the binary opposition between individualised and socially organised understandings of narrative is the tension between the significance of personal experience and meaning and a discursively organised and textually understood approach to narrative. By focusing on the significance of personal experience in narratives (see Clandinin and Connelly, 2000) voice is given to the experience of participants in the service of greater social understanding. Freeman (1998) takes up this position in his writing claiming the importance of understanding life as an experience which actually creates meaning through the process of living it, rather than having some meaning imposed from the outside. What this means is that narrative is a fundamental part of existence, via which meaning and knowledge are revealed and constructed within temporal and sequential forms. From this perspective narrative is fundamentally about the lived experience, and moves forward in a circular rather than a linear fashion.

The other approach is the origin of narrative as 'text', here the focus turns from experience to the discourses which situate the speaker within historical or political contexts (Gergen and Gergen, 2011:377). Rather than focusing on experience, attention turns to see what is being achieved by the narrator telling it this way. Approaching narratives as discourse allows a textual analysis enabling us to critique the power positions and cultural and social forces at work within the narrative exposition of selves. The discursive constitution of selves via a textual reading of narrative is put forward by a number of writers, some of whom understand narratives as locations for the expositions of power and subjectification. For example, writers like Foucault (1971; 1980) ask how is knowledge produced and for what purposes, within psychotherapy? Parker et al (1995) deconstruct discourses at work within mental health institutions.

The problem arising from this tension is that research prioritising one over the other becomes mutually exclusive, leaving the strong potential for gaps within each position as to

either the social or psychological origin of narrative (Crossley, 2000). By focusing on the individual and positioning narrative as a product of psychological interiority, people can be seen to understand themselves in terms of a coherent, unified story originating from a core integrated self (see page 88 for my methodological approach in relation to this).

The importance of the relational in narrative inquiry

In the literature review I touch upon relational thinking in psychotherapy and the challenge to the psychological idea of an 'isolated mind' (Stolorow and Atwood, 1992; Gergen, 2009). In foregrounding relational processes as central to understanding meaning we can break down notions of mind and nature as somehow separate from one another and independent in their formation. As is highlighted in the literature review, attachment to and intersubjective relationships with, the natural world are central to understanding psychological development and emotional wellbeing. The turn towards the relational has shifted epistemological understanding in that we can see how selves and narratives are formed in relational encounters (Gergen, 2009), which include relationships with the natural alongside the human world. The turn towards the relational also has an ontological and ethical commitment, as a movement away from an individualistic, atomised and fragmented understanding of ourselves. Freeman (1998) sees this relational understanding of narratives as central to the project of avoiding further alienation from each other, and if put through the lens of ecopsychology, psychological and emotional alienation from the natural world. This ethical commitment to understanding narratives as relational acts of meaning-making feels very important to me and profoundly influences the ways in which I interpret and present aspects of my participant's narratives in the thesis (for example I include myself in dialogue with participants as a sense making process, see Chapter 5 Elizabeth P.178) This also gives space for understanding narratives as relational spirals of remembrance and return, not impositions to create order out of flux and chaos (Freeman, 1998:47). Etherington (2007) supports this relational view of narratives seeing the researcher as actively involved in the co-construction of previously untold stories. By asking curious questions the researcher helps to thicken and deepen existing stories, Etherington sees a

complex web woven between story teller and audience and between knower and what is known (Etherington, 2007:600).

Returning to the tensions outlined in the previous section and with a focus on the 'relational', we are left with a more complex position for the understanding of narrative. Tensions exist between individual agency and self-knowledge as opposed to a socially situated and constructed self, to take one over the other is not a satisfactory position for me and therefore we face an epistemological challenge (Striano, 2012). Diaute (2011) says narrating is a tool for individual and social sense making. Narrative becomes a psychosocial process neither wholly inside or wholly outside the individual but negotiated, constructed and produced dialogically in relationship. What is important is to focus on the interactive moment. Lannamann and McNamee (2011) propose attention to the moments of interaction and the construction of relational meaning, through this it is possible to have an integrated approach to narrative, something echoed by Gergen and Gergen (2011). Narrative cannot be analysed apart from the context and situations in which it is constructed and apart from the ongoing process of narrative construction itself. It opens up new ways of being in relationship with others and new ways to move forward (Lannaman and McNamee, 2011). This approach to narrative requires a more plural epistemology and a strong openness to different interpretations of narrative from different fields.

Gergen and Gergen (2011) see the tensions that exist with narrative inquiry as an important part of a dynamic and vibrant field, but rather than fragmentation they call for integration around the concept of relational constructionism. From this position they argue that all sense making arises from relationships. Narration is a central means of generating temporally based intelligibility. I see this relational view of knowledge construction as central to the process of counselling and psychotherapy and recent theorising about the process of attachment, neuroscience and intersubjectivity (e.g Mitchell, 1988; Stern, 1995; 2010). This gives rise to a relational understanding of an individual within a social sphere where one cannot function or arise without the other.

A narrative process which actively creates meaning is fundamentally a relational process (Caine and Estefan, 2011). In the research when I talk to participants about their personal practice knowledge, I am negotiating our 'narrative unities', these I see as forms of

relational understanding generated through the methodology of narrative inquiry (Connelly and Clandinin, 1988), narrative researchers are therefore situated by profoundly relational ontological commitments and concerns with their participants (Clandinin and Murphy, 2009). Therefore I see knowledge construction as a fundamentally relational process, no more so than when therapists engage in dialogue in order to understand practice issues about how therapy might work in the natural world. This is why I choose interviews as my main method of inquiry (I say more about this in a later section on interviews P102).

Lastly I turn to where narrative inquiry meets psychotherapy, I see this as a borderland place where the personal, experiential, psychological and social nature of narratives meets the therapeutic, ethical, emotional, autobiographical and reflexive within narrative inquiry, a meeting place that Speedy (2007) sees as both creative and liminal with the potential to generate new forms of knowledge.

Narrative inquiry at the borders with psychotherapy

Recent writing in the field of research has advocated that both psychotherapy and qualitative research are projects of meaning making (Bondi, 2013; Speedy, 2013; Wyatt and Tamas, 2013). In her approach to narrative inquiry and psychotherapy Speedy (2007) situates herself at the 'borders' of research and therapy, arts and literature: she is particularly interested in the creative aspects of narrative inquiry and how it can create liminal spaces in order to understand meaning in people's lives. Speedy (2007) argues for a fundamentally therapeutic and ethical commitment within research to make meaning which itself makes a difference to people's lives. In this sense my ethical commitment is to the emerging field of counselling and psychotherapy outdoors. My aim is to further elaborate and illuminate aspects of therapeutic practice and process outdoors, staying as close as possible to the perspective of the practitioners themselves and the meanings they attach to this process and how this situates itself in relation to my own experience and to the literature.

Riessman and Speedy (2007) explore why narrative inquiry is a methodological approach particularly suited to the psychotherapy professions. In reviewing the research literature on

the use of narrative inquiry within psychotherapy they find that the vast majority of papers are practice oriented, specifically clinical, reflecting a privileging of conversation and relationships. They go on to say narrative inquiry allows for the production of multi-layered texts, interviews, conversations, personal evocative accounts and auto ethnographic positioning, all of this included in the foreground and backdrop to the research as it evolves. They propose that approaching the text as a narrative has a great deal to offer the psychotherapy professions, by showing how knowledge is constructed in everyday worlds through ordinary communicative action. Riessman and Speedy (ibid) see considerable overlap between narrative research and narrative practice within psychotherapy. In this sense a narrative way of knowing has considerable therapeutic and ethical potential for transformation of traditional power dynamics and ways of understanding distress and is strongly linked to the work of practitioners within narrative therapy such as White and Epston (1990), McLeod (1997) and Brown and Scott (2007). There are also approaches to narrative therapy driven by a commitment to therapy as a narrative process of relational, dialogical meaning making (Botella and Herrero, 2000).

Kim Etherington has also written a lot in relation to narrative inquiry research within psychotherapy (Etherington, 2004; 2007; 2008; 2011) Etherington's fundamental commitment is to reflexivity within research (Etherington, 2004; 2007), she sees reflexivity as a tool which makes transparent the values and beliefs which influence research processes and outcomes. Throughout the thesis I attempt to be explicit about my positioning and concerns, following from Etherington I include my own voice alongside those of my participants when I seek to elicit further meaning from my participants and where we engage in a relational co-construction of the findings (see chapter 5, Harriet P.162-163 for an example).

Narratives that emerge between psychotherapy professionals about their practice concerns are inherently co-constructed relational texts. In mapping the various strands of narrative inquiry I arrive at a place where I can align myself with a relational approach to narrative inquiry suited to the therapeutic commitments I bring as part of my research agenda and consummate with other forms of narrative inquiry within psychotherapy research. In finding

my methodological position in relation to these strands I privilege the approach to narrative inquiry advocated by Polkinghorne (1988; 1993; 2000; 2003) my methodological stance and methods draw upon these ideas. In trying to understand what it is psychotherapists do Polkinghorne argues that psychotherapy practitioners do not tend to draw upon generalised research findings in determining what they do with clients. Instead, their actions draw upon their own experiences, their discussions with other practitioners and clinically based literature. My approach to understanding the phenomenon of counselling and psychotherapy outdoors is to conduct interviews with professional peers, this is with the predominant aim of sharing of experiences among colleagues (see later section on interviews P.103). The analysis of the interviews is conducted by making reference to my own experience, theoretical issues in relation to the field of outdoor therapies, counselling and psychotherapy as it has been traditionally understood and practised and a contextualisation of the role of nature in health and wellbeing, in particular its links to therapeutic process.

Narrative inquiry situated at methodological borders

Narrative inquiry represents a move away from a singular monolithic conception of social science research towards more multiple and plural forms of representation, moving from facts to meanings, from master narratives to more local understandings (Bochner, 2001). This move away from a clear methodological process positions narrative inquiry at the borders. Narrative meaning is generated through acts that are fundamentally situated, that we construct and reconstruct ourselves to meet the needs of a situation (Montegagudo, 2011; Bruner, 1990). Narrative inquiry is itself situated at the borders of different approaches to research inquiry: as I outline, there are epistemological tensions around the origins and status of narratives and around the focus of research. In the absence of one clear definition of what narrative is (Riessman and Speedy, 2007) and the absence of a clear methodological foundation, or a secure base (Pinnegar and Daynes, 2007), the researcher is called upon to reflect upon and continuously recreate one's own foundations throughout the research. Brown and Stenner (2009) articulate aspects of this position which reflect my own. Rather than being 'anti-foundationalist', they want to explore the paradoxical sense in

which we must continually create our foundations, precisely because we lack them. They argue that anti-foundationalism proceeds negatively, smashing claims to truth, relativising notions of value and ironising ideals of progress. Brown and Stenner propose a 'reflexive or creative foundationalism', which by contrast risks the proposition that we must create our own realities and live out our own values. They state that our environments, our bodies, our minds, our relationships and our societies are never static or singular and can never be dissociated from value.

"Reflexive or creative foundationalism refuses the distinction between the natural and the social sciences and insists that we are hybrid creatures with multiple forms of heritage: creatures of biochemistry, creatures of consciousness, creatures of communication" (Brown and Stenner, 2009:6)

Brown and Stenner foreground the importance of ontologies, proposing that beyond epistemology we place relationships and processes as central to realities. In relation to these arguments I will outline my position next.

My methodological approach

I situate myself in a more complex methodological space, one that is between paradigmatic and narrative ways of knowing. My methodological space is at the borders of modernist and post-modernist forms of knowing, in the complex present. I approach my research according to the reflexive and creative principles outlined by others in the narrative inquiry approach to psychotherapy research (Polkinghorne, 1988; 1995; Speedy, 2007; Ethrington, 2004) and within psychology (Brown and Stenner, 2009). I take the position that research like therapy (Bondi, 2013; Speedy, 2013; Wyatt and Tamas, 2013), is a meaning making process that constructs knowledge in the process of inquiry. In arriving at the borders it becomes important to be as transparent as possible about the way in which I approach my research and questions. In negotiating the tensions in the field of narrative inquiry I tend to fall more to one side than the other. I take a more relational experiential approach, than a social or textual approach to narrative. In terms of 'truth' I situate myself in relation to the narrative

turn within psychology, seeing stories as having the potential to create meaning about life and experience. I approach narrative as an act of meaning, seeing existence as lived, experienced and interpreted by individuals within relationships. This experience is fundamentally temporal, situated within and across time, narrative time is not exclusively linear, but cyclical, constructed in a hermeneutic process (Freeman, 1998), it is both relational and dialogic (Gergen and Gergen, 2011). Therefore human experience and psychology is understood as essentially narrative in structure (Sarbin, 1986; Bruner, 1986; 1990; 1991; Polkinghorne, 1995; Crossley, 2000).

Narrative and the hermeneutics of faith

In the findings chapters I privilege the personal experience of my participants and how this situates itself in relation to my own experience and to the literature. I approach the narratives with the hermeneutics of faith, rather than the hermeneutics of suspicion (Josselson, 2004). My aim is to give 'voice' to my participants and the issues they struggled and engaged with in going outdoors, their voice is situated alongside my own voice and interpretations. The narratives often speak directly to my own experience of the process. I believe what my participants are telling me, as best they are able in the process of remembering and retelling their subjective experience and meaning-making process in taking their therapeutic practice outdoors (Josselson, 2004). In adopting this stance I can be accused of a form of naïve realism, in failing to adopt a more critical analytic stance to the narratives in the discussion chapters and the potential meanings hidden within them (for example discourses of class, gender, power and race). This critical position situates the researcher as somehow inhabiting the vantage point of lucid and vigilant thinker whilst not according the same critical capacities to their research participants (Felski, 2012). Put simply I believe that my research participants are actively engaged in forms of critical reflection leading up to, during and beyond the interviews themselves and where appropriate I represent these critical reflections and my analysis of them in the findings and discussion.

I take a relational, personal, therapeutic and ethical position to narrative research. This 'personal' position is favoured within counselling and psychotherapy research (Speedy,

2007). Bochner (2001) proposes that there is a strong moral and ethical dimension in narrative inquiry which carries for some researchers a deep personal commitment. The questions we ask what we see and what we hear all come from the deeply personal commitments of the researcher tied up with the autobiography of the researcher. My own commitments within the research are to take the emerging field of outdoor therapy forward at this delicate stage in its history. I hope to find commonalities and to make sense of some of my own therapeutic experiences in nature and how these apply to the understanding of therapeutic work in outdoor natural spaces. My participants are caught up in several dilemmas, about understanding their practice and whether it works, why they are doing it and what impact it has on their client work. The dialogic nature of my research encounters continually holds up a mirror to my own practice concerns and struggles. Drawing from autoethnographic influences within narrative inquiry (Bochner, 2001) I assume the posture of a feeling, embodied and vulnerable researcher. I understand my participants with the ontological commitment of relationality, an insider, their struggles mirror my own, I empathise with their struggles to narrate and understand facets of their therapeutic practice in outdoor contexts. At times we join together in a narrative co-construction of meaning in the interviews. Where appropriate I place my voice alongside them to represent the relational approach to narrative meaning construction. There is a fundamental personal bias in this approach, an ethical and relational commitment to furthering the field. Consistent with a hermeneutic approach to narrative I draw upon Gadamer (1976) who, rather than seeing preconceptions as 'bias' that hinder understanding, argues they provide a necessary frame of reference. My interpretations and analysis are based on my own experience of the phenomena, they are 'provisional' perspectives from which more informed understandings of the phenomena of taking therapy outdoors can be developed (Thompson et al, 1994). They do not represent an end point in knowledge. I remain open to the unusual and unexpected in the research in order to find some balance, but such personal commitments are bound to be there in a subject so close to my heart and to those of my participants. Next I outline the methods with which I approach and address the research questions.

Methods

Accessing my sample

The sample is taken from contacts I already have in the field of counsellors and psychotherapists working in the outdoor environments. Participants are recruited from already established networks of counsellors and psychotherapists working in the outdoors of which I am a member. I outline some of the details and background to these groups below

Counselling and Psychotherapy Outdoors (CAPO) (www.outdoorthrapy.org.uk), this group was set up in order to develop the field of counselling and psychotherapy in outdoor contexts. I am part of the initial group that founded CAPO. The group's aims are to develop peer support and practice in the area, and it meets annually, normally camping together. CAPO is a professional members' organisation whose aim is to support counsellors and psychotherapists, arts therapists, and psychologists in taking their therapy practice outdoors. The group also promotes, develops, and researches the practice of counselling and psychotherapy in the outdoors.

Ecopsychology UK (www.ecopsychology.org.uk), this group was set up by a group of interested people who wanted to develop the field of ecopsychology in the United Kingdom. The initial group that set this up (of which I am a part) consisted of a mixture of therapists of different persuasions, from psychotherapists through to craniosacral therapists, academics and others interested in developing the field of ecopsychology. Those involved see ecopsychology as an emerging discipline/art-form/practice, which makes bridges between professions, between ways of thinking, between head, heart and hands.

Outdoor Therapists Peer Group (OTPG) (<http://outdoorthrapy.ning.com>), this group is set up as a social network for people interested in working therapeutically outdoors, has a broad range of participants and mixture of outdoor professionals and counsellors and therapists. Historically meets as a group annually, but at the time of writing the group is largely inactive.

I see these groups as representing communities of practice (Wenger 1998; Wenger et al 2002). A community of practice is seen as a group of interested practitioners who come

together to develop learning about an area in which they are involved. The group shares a common passion and can learn to do something better by meeting regularly (face-to-face or online) in order to better understand the phenomenon. As I indicate in the literature review there are overlaps between the interest in therapy in outdoor natural contexts and the emerging field of ecopsychology. The nature of these specific interests which members bring, such as personal, professional and practical concerns, make these groups unique in their concern for 'practice'. Practice is either therapeutically oriented to or psychologically focused on environmental concerns and personal and psychological concerns and the relationships between these, hence they represent a community of practice.

Interviewees are recruited by invitation and subsequently through personal contacts within these groups and within the wider outdoor therapy community. It is inevitable due to the small population of therapists practising in this area, that some participants are known to me via contact at professional forums such as conferences and interest groups. This raises ethical issues about the possibility of coercion on my part as researcher: due to pre-existing relationships, participants can possibly feel obliged to participate. I address this issue by sending out an invitation to participate in the study to all members of relevant groups, clearly stating inclusion criteria and issues involved in participation. It states that no prejudice will result from non-participation in the study.

Arber (1993) states that while most small scale qualitative research studies sample purposively from populations, they are not probability samples from which inferences can be made about the characteristics of a population. My sampling strategy is purposive in that I have clear and distinct criteria for participation. I am not seeking a representative sample from a population, but those who are able to discuss the process of working therapeutically in natural spaces. So in this sense my research interviews lead to contacts with others in the field, some of whom are known to me previously, some who are not. These background and contextual issues are part of the analytic process of understanding the narratives of the participants.

At times a prior intimacy with and knowledge of my participants allows for a richer depth of understanding to be elicited in the interviews, in that we may have had previous contact at workshops and conferences relating to the field of outdoor therapy and ecopsychology.

In conducting the interviews we can draw upon a shared understanding of the content of our discussions. Although the interviews follow a schedule, quite often due to my relationship with my participants as peers within the field of outdoor therapy, the interview becomes more of a conversation. This fits with my methodological understanding of the hermeneutic and relational nature of narrative meaning and the way discussions evolve through the interviews. At times both my participants and I are co-constructing theoretical ideas and debating them in the interviews, so that the interview itself is a process of reflexive and dialogic knowledge construction (Mishler, 1986). (I say more about the rationale to use interviews as a method on page 102).

Participants

Inclusion criteria

The participants that are recruited in the research process have to meet these inclusion criteria: they need to be male and female adults (over the age of 18 years) all of whom are qualified or in training as counsellors, psychotherapists, arts therapists and practising clinical/counselling psychologists. Counsellors, psychotherapists, arts therapists and psychologists are defined and identified as those who are registered or members of professional bodies in the United Kingdom such as the British Association for Counselling and Psychotherapy (BACP) , the United Kingdom Council for Psychotherapy (UKCP) and the Health Professions Council (HPC) or those who are working towards registration with these bodies. All of the participants need to have some experience of working therapeutically with clients in natural outdoor environments. The duration of this experience needs to be a minimum of six months of either working with individuals or groups in a natural outdoor setting, within a process defined as either counselling or psychotherapy or having some significant elements of a psychotherapeutic process. This might include a focus on 'personal healing and personal relationship with the natural world' (Key and Kerr, 2011) whereby some personal transformative process is the goal of the work in the natural world. Counselling or psychotherapy is understood as corresponding to professional practice and codes of ethics set by the above organisations.

Exclusion criteria

Participants who might be deemed to be from vulnerable groups such as those experiencing moderate to severe mental health issues, younger adults and those with disabilities both physical and mental are excluded from participating in the research. Due to these exclusion criteria I choose not to interview clients of outdoor therapy experiences. However through the interviews it does emerge that there is some crossover between the therapist as both practitioner and client of outdoor therapy experiences, resulting in the therapist's own experience of outdoor therapy as a client coming through in the interviews. As in all therapy training the therapist's own therapy is central to understanding their work, but for this research I do not interview clients of mental health services and other private therapy clients. I see this as a possible limitation in the study as it stands, and would hope to conduct further research post-doctorally, as a way of elaborating and understanding, theory and practice in this area. Some therapists do use examples from their practice in order to illustrate the points they are making and I will discuss this in more detail in issues to do with confidentiality.

The nature of my criteria for inclusion means that my sample size is quite small. The number of practitioners identifying themselves as practising in outdoor contexts doing counselling and psychotherapy is about 40-50 people. From this limited sample size I then had to find people willing to be interviewed. Some people who meet the criteria do not respond to my requests even after repeated attempts, and this left me with a sample of 15 participants who both meet the criteria and are willing to be interviewed. The following section will briefly describe the age, type of therapist (counsellor, art therapist etc.), theoretical orientation/training (if different) and context of their work (client group, type of outdoor natural space). Pseudonyms are used to ensure anonymity.

Participant vignettes

Bob – 37 year old male counsellor, member of BACP and CAPO, describes his theoretical training and orientation as person centred and existential. Working mainly privately in his counselling role but alongside this works therapeutically with rough sleepers and homeless.

The context of his work is varied taking place in parks, woodland and more mountainous terrain.

Karl – 57 year old male counsellor, member of BACP and CAPO, describes his training as person centred and play therapy, describes his orientation as being influenced by this and Transactional Analysis theory and ideas and practices from shamanism. The context of his outdoor work is in woodland and beaches and predominantly near to his indoor therapy space.

Harriet – 48 year old female psychotherapist, member of UKCP and CAPO, describes her training as in Transactional Analysis. The context of her outdoor work is in private practice working one to one in woodland and moorland settings, and also working with groups on therapeutic wilderness trips extending over five days or more.

Elizabeth – 53 year old female counsellor, member of BACP and CAPO, describes her training as person centred and is currently involved in a Buddhist based training programme. Her outdoor work is with groups as part of a counselling organisation with people experiencing both bereavement and life change issues. Also participates extensively as a client of outdoor therapy programmes

Nigel – 42 year old male, member of Outdoor Therapists Peer Group, describes himself as in training and having an orientation towards Transactional Analysis. Has a long history of training and experience working as an instructor in the outdoor field. Works in private practice therapeutically both one to one and with groups in more wilderness terrains such as mountains, utilising kayaks and climbing equipment.

Delia – 56 year old female psychotherapist, member of UKCP and CAPO, describes her training as creative arts therapy and has also trained as a nurse and holistic therapist: works mainly with groups, with someone to one, in private practice. Her group work is with organisations in a residential and day centre, working with adults in palliative care, predominantly in woodland settings.

Maria – 52 year old female psychotherapist, member of ecopsychology UK and UKCP, describes her training as arts therapy and Jungian analytical psychotherapy. Works in private

practice one to one and also works therapeutically with groups around ecopsychological change issues: works in nearby nature in local woodlands and in more remote wilderness terrain with groups.

Ali – 44 year old female psychologist, member of Ecopsychology UK, describes her training in clinical psychology and herbalism. She works mainly with adults and children in one to one settings. The context of her work is in nearby coastal settings on beaches and marshes.

George – 54 year old male counsellor, member of CAPO and BACP, describes his training as humanistic and had also completed training in wilderness therapy. Works mainly in private practice one to one, and also has been involved in training other therapists using outdoor therapy processes. The context of his work is both in nearby nature and in more wilderness settings such as mountains.

Maisy – 42 year old female psychotherapist, member of ecopsychology UK and UKCP, describes her training as integrative encompassing elements of humanistic, psychodynamic, transpersonal and CBT approaches. Her work is with groups therapeutically exploring personal and social change issues to do with sustainability. The context of her work is in more wilderness terrains, such as mountains.

Justine – 46 year old female psychotherapist, member of CAPO and UKCP, describes her training as humanistic and integrative and has also studied to be an ecologist. She works in private practice one to one with clients. The context of her work is in nearby natural settings such as parks and fields.

Peter – 41 year old male counsellor, member of CAPO and BACP, describes his training as in Gestalt therapy. He works in private practice one to one and with groups exploring therapeutic issues with personal change processes. The context of his work is in foreign wilderness regions including deserts and arid terrains.

Doug - 42 year old male, member of Ecopsychology UK, training as a psychotherapist within a psychodynamic modality. Had also extensive experience and training as an outdoor pursuits instructor and climber. His work consists of working therapeutically with groups on

personal and professional change issues in relation to sustainability. The context of his work is in more wilderness and remote terrains such as mountains.

Lou – 56 year old male counsellor, member of CAPO and BACP, describes his training as in integrative counselling and play therapy. Works as a counsellor in private practice one to one, and for organisations working therapeutically with families experiencing problems. The context of his work is in nearby nature in parks and local woodlands.

Victoria – 49 year old female, member of CAPO and HPC, describes her training as arts therapy. She works as an arts therapist within the NHS and in private practice. The context of her work is with adult mental health patients in both inpatient and outpatient settings and she has set up arts therapy groups in the outdoors utilising natural locations.

Ethical issues

I adhere to the codes of research ethics outlined by the British Psychological Society (BPS, 2009) and the codes of ethics of the United Kingdom Council for Psychotherapy (UKCP, 2009). I take the position that ethics is a matter of relational process (Ellis, 2007), whereby continued engagement in research becomes a relational co-construct between participants and researcher. It follows that the researcher holds an ethical responsibility to check, pause or terminate the interview if he/she feels the participant is becoming too distressed by the material being discussed. I also recognise this puts the researcher in a powerful position to define those in distress and that it is important for the participants themselves to be able to define and monitor their own levels of distress within an atmosphere that supports this. The participants are made fully aware that they have the right to withdraw participation at any stage if they feel at all uncomfortable and will be encouraged to do so by the researcher (Bond, 2004) (see participant information sheet attached Appendix 2).

Care is taken to ensure any research undertaken and questions I ask will have the potential to be beneficial to the participants and consistent with the integrity of the research. As my research offers a reflective space for therapists to feed back on their experience of conducting therapy in outdoor and natural environments, this has the potential to enhance

the positive effects of participating, provoking greater clarification of the therapist's experience. This is the case in several of my interviews, which have a hermeneutic - interpretive quality, whereby we (rather like peer supervision) are able to discuss and process ideas that the therapist/participant⁵ has about the work they are engaged in.

The impact of any possible 'dual' relationship with the researcher is carefully monitored (i.e. any therapists who have participated in workshops, conferences or are involved in groups with myself exploring the area of counselling and psychotherapy in the natural world) and as discussed this has both positive and negative effects on the research process. Ellis (2007) sees ethical conduct as positioned in a relationship that evolves throughout the research process themes of collaboration and mutual respect. If a participating therapist reveals an issue of malpractice then I would be ethically bound by the codes of their professional bodies (BACP, UKCP, BPS) to enquire further and report to these professional bodies (if the participant is also a member) any issues that may be construed as malpractice. Participants at the time of consenting are informed that this is a possibility. In reality this does not happen, which is interesting considering that we are at the borders of normal therapeutic discourse and practice. However the issue of therapeutic transgression within certain modalities does come up in the interviews and forms part of a broader contextualisation and understanding of this sort of work.

These issues highlight the tension between procedural and relational ethics and how this sits in relationship between participants and researcher. Where present these issues need to be foregrounded and discussed both as part of the research interview and overall process of the research. Consent to participate is not a one-off event but an ongoing process throughout the research interview process and in the involvement of participants in feeding back on research findings, termed 'process consent' (Bond, 2004). It is very important to me that participants do not feel in any way coerced into participating on the basis of their relationship with me as the researcher (see appendix 3 for consent form).

Confidentiality of participants is maintained through the use of pseudonyms. Tensions arise in the research in relation to maintaining the confidentiality of my participants. Because of

⁵ I will use the terms therapist and participant interchangeably throughout the research when talking about research participants

the small nature of this new and emerging field and that I seek out practitioners who play a central role in its development, some people may be identifiable in the accounts. This is especially so when I send transcripts out for participants to read. One participant in particular points out that by giving her background details and her unique identity that it is possible she can be identified. We discuss her interview narrative at length and she makes editorial changes to aspects of the content she feels are too revealing and she feels uncomfortable with. At the end of this process she is happy for the interview narrative to be used in the research and to potentially be in the public domain. It is inevitable that, for some therapists discussing working outdoors, and for this then to be discussed in the research, could potentially mean they were breaking the rules of their therapeutic peer group or extending the bounds of practice. Interestingly others are not bothered by their anonymity and do not mind being identified as part of an emerging field. I decide that confidentiality will be maintained for all participants and that in an emerging field certain participants can be identified and this is a tension that cannot be entirely eliminated without seriously compromising some of the data. I discuss this issue with participants, respecting their wishes for any identifiable information to be omitted. Confidentiality and security of data is maintained by storing tapes and disks in a locked filing cabinet. Hard drive information is password protected and only accessible by the researcher.

No current or past clients of the researcher or those interviewed are involved in the study. This is a potential limitation of the study and can be addressed in any future post-doctoral research, which could explore clients' experiences in more depth. Where therapists make reference to their work in the interviews, some discussion of client work does compromise part of the research interview (it is common practice for counsellors and psychotherapists to discuss client material as part of reflecting on practice and to anonymise such material during these discussions, indeed it would have been impossible for counsellors to illustrate aspects of their work without some reference to client work). When client material is used to illustrate a point made by the therapist and this is included in the research, it is only in instances where the therapist has sought permission from the client to discuss material as part of the research process, or the client material is heavily disguised and no identifying features of the client such as name, location (any locations referred to in findings are

abbreviated) or specific details of the client's presenting problems and narrative are included in the findings of the research.

Multi-media interview processes - Skype, telephone and face to face in outdoor contexts

Interviews take place in a variety of settings. For participants who live some geographical distance from me I use Skype as a way of conducting and recording the interviews. Skype is a relatively new tool for the conducting of qualitative research interviews and presents both advantages and disadvantages for the researcher (Cater, 2011). The advantages of using Skype are that it helps overcome prohibitive geographical distances between myself and participants e.g. someone living in Scotland can be 'met' virtually and we can talk face to face via the medium of technology, this allows me to access participants whom I do not have had the time or finances to visit. As Skype is an audio visual medium it also allows some of the nonverbal cues which are not present in telephone interviews to feed into the interviews. However the disadvantages of Skype are that it is still a medium through which the interview is conducted and has an impact on the immediacy of face to face conversation. Alongside this the technology is unreliable and contact can break down via a failed link, and therefore the contingency plan of a backup telephone contact is always a possibility. This happens in one interview but we are able quite quickly to re-establish contact, with a contingency plan if it fails again (i.e. to continue over the telephone). The Skype conversations are recorded digitally and then converted to MP3 format and transcribed to a Word document.

Some interviews take place over the telephone and are recorded digitally and then transcribed. Telephone interviews are my least favoured mode of interviewing. As they rely solely on voice and again are used where geographical distances are prohibitive, they are a way of accessing participants whom I am not able to interview otherwise. Unlike Skype the visual clues in telephone interviews are not present and therefore there is another added potential of misreading and not hearing correctly in the unfolding process of the interviews, as some of the sound quality is not as good. This means contextual factors around the telephone interview are also limited in terms of positioning each other within a three

dimensional space. Where they are employed due to necessity it is with participants with whom I already have some pre-existing relationship with and know, through CAPO for example. This in some senses compensates for the inhibited intimacy through the phone.

Other interviews take place in outdoor natural spaces such as woodland and parks. This is my preferred way of interviewing, as we can talk in the context of the work and in this sense some of the quality of the context feeds into the discussion of the material under investigation. For example some participants are able to make direct reference to the contexts within which they practise, illustrating some of the points they are making, especially in relation to space and place, whilst we are actually sitting in the place where they practice. In terms of issues of confidentiality in natural spaces, I thought a lot about how to maintain a safe space outdoors in terms of my own therapy practice and quite often we are able to negotiate where to sit to be undisturbed, and if interruptions happen they do not become too disruptive to the process. These conversations are recorded on a digital recorder, converted to MP3 file and transcribed to a Word document. Due to the nature of the context they often contain background noise such as bird song and the rustling of trees, sometimes this enhances my transcribing experience as the aesthetics are quite soothing, at others it gets in the way of being able to hear clearly aspects of the conversation and I often have to listen repeatedly to what is being said in order to transcribe it accurately.

Reflections on the use of interviews as a research method

In understanding narrative as an act of meaning making (Bruner 1986; 1990; 1991) I take the position of Holstein and Gubrium (2003) who see all interviews as an active meaning making venture within research. The interview is seen as a social encounter which is neither neutral nor biased but an 'active' space, it is also a space that is fundamentally reflexive (Etherington, 2004). From this perspective participants are not so much repositories of knowledge as they are constructors of knowledge in collaboration with interviewers. The joint participation of interviewer and interviewee in a meaning making process positions the interview as a site for both knowledge production and analysis (Gubrium and Holstein, 2003:68). The theorisation of interviews as 'active' sees the interviewer as contributing

towards the co-construction of interview content, the interview is a site for social interaction and therefore a place of relational dialogic meaning making (Mann, 2011). I choose interviews as my main method of inquiry as they are the best way to understand meaning as narrated by the participants in response to the questions. At the same time interviews also allow a relational space where both I and my participants can construe meaning in dialogue with one another, allowing us both to gain access to meaning and knowledge which I do not believe we would have access to in another way. Some interviews clearly show this dialogical, relational, meaning-making process, with participants thinking in the moment and in dialogue with me, I include examples of these where relevant.

As an insider I belong to the community of practitioners attempting to take their practice outside and in this sense am a 'native' of the community of practice I am researching (Davies, 2007). There is a danger, due to these relationships and friendships, that I can be blinded to certain things and complacent in my understanding (Watson, 2009). As I outline in my methodological approach I privilege the personal and the therapeutic, my relational ethics I believe allows me to access more information in the interviews than I might have, had I been a more detached outsider in the research. These relationships allow me a much greater empathy in the interviews. Speedy (2007) sees therapy and research interviewing as overlapping, supporting the idea of a more collaborative approach to research interviewing and inquiry (2007:64). Mallozi (2009) sees empathy as part of a relational connection in the interview process and in this sense I am aiming to achieve an atmosphere of understanding and cooperation in the interviews. The reflexivity of both parties is central in this active interviewing process and I feel sharing myself and my own experience is important in creating an active, mutual and collaborative interview space. Etherington (2004) proposes that in interviewing we can use a reflexive method whereby the interviewer, alongside asking questions as part of the usual format, also notices and shares personal experience on the topic and comments on the unfolding dialogue between the two parties. In this sense research interviewing becomes a more relational, ongoing and dialogic process which unfolds through the sharing of experience and emotions. By adopting this stance towards my interviews I am attempting to make the interview a more 'mutual' space, where my own

reflexivity can sit alongside that of my participants, thus their research stories and my story are intertwined (Ellis, 2007; Ellis and Berger, 2003).

The interviews are about knowledge and practice and have a peer supervisory quality. I do not take the position of authoritative outsider but a questioning and responding insider. Taking a collaborative and relational approach means the interviews are active in their focus on meaning generation, focusing on experience as a way of understanding. From the interviews and through transcription and analysis I construct and organise the narratives into meaningful episodes that illuminate aspects of therapeutic practice and process. This approach to interviews understands the research interview as a knowledge constructing process in action, a hermeneutic endeavour which in the act of inquiring creates knowledge through the interview process (Mishler, 1986; Polkinghorne, 1995).

Criticisms of research interviews have come predominantly from post-structural and feminist positions. Scheurich (1995) sees interviews as post-positivist, a stance which positions the interviewer as somehow detached and unbiased, a catalyst through which the interviewee delivers information. Scheurich critiques revisions to the interview process such as Mishler's (Mishler, 1986) as they still have embedded within them a modernist assumption about knowledge (Scheurich, 1995). Scheurich's (1995) post-structuralist critique of interviewing outlines some of the problems in interviews as a method of inquiry and I address each of these criticisms in relation to my own stance. He and others influenced by feminist critiques of the research interview (e.g. Richardson, 1997) argue there are inherent asymmetries of power within the interview situation, driven by the researcher's agenda and questions; the interviewee is under the spotlight whilst the research remains hidden. Feminist researchers attempt to address these issues by adopting a commitment to transparency within the interview situation (Bloom, 1998) and rather than seeing the interview as a 'one off' situation, they favour extended responsibilities to participants beyond interviews into 'chat', and beyond research into 'life' (Speedy, 2007:63). In relation to these points I see the interview as a site for meaning generation therefore transparency is of central importance, hence I try to use reflexivity in order to be as transparent as is possible, whilst at the same time acknowledging my agenda in the research and bringing this to the interviews. I do not hide myself or become detached in the

interview process. However much I seek mutuality in the interview process inherent asymmetries are always present in some form (mirroring some of the inherent asymmetries in therapy e.g. Aron, 2002). As an 'insider', my responsibility to the community of practice involved in this research is strong and I relate to my participants as peers and colleagues in furthering the field of outdoor and nature based therapy. These relationships exist beyond the research interview itself (a conference is being organised at Brighton University for June 2014).

In line with a post-structural view, interviews are inherently constructive spaces where communication is neither stable nor unambiguous, interview texts are not de-contextualised but fundamentally situated. Reflexivity and an active approach to interviews and meaning construction acknowledge the interview as a constructive space which has the potential to create meaning. Scheurich sees the interview situation as fundamentally indeterminate, the complex processes defy capture in categorisation, no stable reality or meaning can be represented. Bochner (2007 Cited in Trahar, 2009) proposes that one of the problems of the interview is that what we see as true today may not be true at the time the actions we describe are being performed. However this retrospective recall of events may be the only possible way in which we can make sense of them (Polkinghorne, 1995 cited in Trahar, 2009). I take the position that it is possible to represent meaning from interviews, not necessarily 'truth' but forms of meaning generation, captured in narrative episodes that allow us to further come to understand a phenomenon such as taking counselling and psychotherapy outside.

I therefore see interviews as a viable research method aligned with my methodological stance that allows me to both understand meaning as revealed in individual experiences and at the same time construct meaning via a dialogic meaning making process within the interview encounter itself.

Transcribing

Transcribing is not a neutral process, but involves listening to and presenting the interview conversation in particular forms for particular purposes. Riessman (1993) argues that it is

partial, incomplete and selective as with all levels of the research process. The way I arrange and represent the text has implications for the way in which the text is understood and read. Mishler (1991) points out that the way in which narrative is re-presented in the transcription process is problematic due to the relationship between reality and representation. My aim in transcribing is to accurately capture the interview conversation in order to provide material for analysis, however this is not a true representation of the interview conversation but an interpretation according to concerns which I bring to the research and my agenda, an agenda to take forward understanding of therapeutic practice and process in outdoor therapy. Therefore my transcription captures episodes of talk which is then used in the following chapters in order to further illustrate and elaborate the research questions.

The data is collected during semi-structured interview conversations with participants which take place between September 2010 and July 2011. Data from these interviews is recorded digitally, converted to MP3 file and this is used to write transcripts of the interview. Data from my research diary is collected on a continual basis throughout the research (examples of questions are in appendix 4). I usually start the interview with an 'opener question' which is aimed to help us relax into the interview but also serves as very useful narrative information. The question usually consists of asking the participant to describe their therapeutic relationship with the natural world, which also allows us to return to some of these descriptions as a way of contextualising examples given by the therapist in terms of how they conduct therapy in natural contexts.

As the research interviews progress I am able to transcribe and start to analyse the research interviews. This iterative process then has an effect on subsequent interviews, where particular themes that emerge in my reading and re-reading and further reflections are able to be followed up in later interviews with other participants. For example, I start to wonder about the intensity, duration and location of the therapeutic experiences in outdoor natural contexts and the effect this has on the therapeutic process. I am able to pursue this line of inquiry more directly in subsequent interviews, and in using an interview schedule particular themes become more important and can be explored and further elaborated in subsequent interviews. Field (1989) proposes, in the situation where the researcher has personal

experience that it is possible to become one's own expert informant, being able to focus on what is happening in one's own response. Therefore my research journal and reflections upon the ideas generated from participating in the research are an essential part of my understanding of the research.

By utilising my own reflexivity coupled with semi-structured interview conversations with therapists conducting psychotherapy outdoors, the data collection remains true to my stated methodological position that knowledge is created through interactions with partners in the research process and is therefore fundamentally reflexive and relational. As Koch (1996:178) states: 'I participate in making data', and by this use of reflexivity in data collection, the researcher's thoughts and feelings are not bracketed off but inform the data collection, particularly where the researcher's and participants' stories interweave and connect.

Field notes and data memos – iterations and processes in the field of research

Throughout the research I am involved in a constant process of making notes that feed into every stage and process of the evolving thesis. I initially struggle to think about 'being in the field' (Van Maanen, 2011), as I do not see my research as an ethnography. But as the struggles, methodological, ethical, representational, theoretical, relational (at all levels really including my supervision) unfold through the research journey, I realise the research is having a profound effect on my thinking and practice, my relationships and my professional work, as well as the way in which I approach my interviews, transcriptions and analysis. I engage in a constant iterative process of writing memos, where any thoughts or links or difficulties that arise in my thinking, reading and writing in the research process are logged. These memos act as sign-posts in my thinking, development of ideas and struggles throughout the research. Boeije (2010) proposes that theoretical memos reflect how findings are derived from the data and are a step between analysing the data, coding and finally reporting the findings of the research.

When I am out in the field (literally a field with grass and trees) I take notes predominantly at Counselling and Psychotherapy Outdoors meetings. These meetings (some of which I

organise), are camping within fields and woodland spaces and normally include some workshops given by others in the group. Other parts of the meeting are to reflect upon the direction and identity of the organisation and represent the ongoing evolution of the emergent process of counselling and psychotherapy in outdoor natural spaces, and the struggles with identity and practice we are all encountering at different levels. I sit around a fire area with others and talk and listen to the evolving conversations about working in the outdoors and some of the therapists' own struggles to understand and start to work outside of the therapy room space. These become useful contextual backdrops to the interviews, placing them in a wider community of practice within the larger professional spheres of counselling and psychotherapy. This sits alongside some of the struggles which psychologists and art therapists bring around working within NHS settings, such as negotiating outcomes, measures, health and safety and evidence-based practice.

Analysis of Narrative and Narrative Analysis

Similarly to differences that exist within the field of narrative inquiry as to the status and truth of narrative, narrative approaches to analysis outline different approaches according to disciplinary positions. This includes such factors as the situation of both researcher and participants and goals of the research in terms of audience and impact. Lieblich's typology of narrative analysis (Lieblich et al, 1998) places analysis within narrative inquiry on an axis. One part of the axis situates narratives on a holistic versus categorical spectrum and the other on content versus form. In the first instance a story can be read as 'whole' linked to Riessman's approach (Riessman, 1993), this means focusing on plot structure across a life span and is suited to in-depth study of individuals. At the other end of this axis a more categorical approach to narrative seeks to establish themes within and across a range of narratives which can be used for comparative purposes. Riessman (2000) discusses typologies of narrative analysis stating that taking a more categorical and code driven approach to narratives is useful for theorising across a number of cases, finding common elements; this is established by focusing on what is said and its meaning. As my focus is across a number of cases (counsellors and psychotherapists working in natural spaces) and their experiences, which I seek to locate in relation to existing forms of practice and

knowledge within counselling and psychotherapy, I take a categorical approach to the analysis of narratives.

Polkinghorne (1995) makes a distinction between two different types of approach to analysis within narrative inquiry; paradigmatic and narrative. Both, he says, share the general principles of qualitative research such as working with data as natural language and use non-computational analytic procedures. Both approaches are concerned with stories. A paradigmatic approach to narrative and to analysis seeks to locate common themes or conceptual manifestations among stories collected as data. This approach looks at several stories focusing on notions which appear across stories and this uses paradigmatic reasoning to produce knowledge of concepts (Polkinghorne, 1995:21). A narrative type approach produces storied accounts and knowledge of particular situations. Polkinghorne (1995) states that both types of approach to narrative inquiry can make important contributions to social science knowledge. In relation to this typology I take an approach which situates me within a more paradigmatic type of analysis, what Polkinghorne terms 'analysis of narrative'. This more realist approach to the re-presentation of narratives as forms of coded data, situates me within my methodological stance at the borders of modernist and post-modernist positions within qualitative research and narrative inquiry.

There is no specific form of data analysis that outlines this way of creating meaning so I adapt existing models and ways to my own purposes. These need to be consistent with my methodological framework and my own concerns about representation within the research. Sandelowski (1998) highlights the importance of balance in representing all aspects of the research story including the 'data'. She argues there is no 'one size fits all' approach and supports my own idiosyncratic position about methods and data analysis – the importance of hybridity.

Analysis of Narrative – what is said and its relationship to the research focus and questions

In terms of a systematic process of identifying meaning in terms of the 'what' (i.e. the actual content of the narratives in terms of what participants were saying), I utilise Kvale's (1996)

method of meaning generation. Initially I structure the material from the interviews in the form of transcriptions. This process, although arduous and time consuming, (which leads to upper back problems sitting hunched over the computer) also allows me to get a real sense of the interview and some of the contextual elements that come into play throughout the interviews. I send all transcripts to participants to check for accuracy. Participants respond in various ways to this invitation, some edit their answers adding little bits here and there to further elaborate what they are trying to say in the interview. One participant also requests that some sensitive material, relating to someone known within the field and who has also participated in the research, be omitted from any final discussion of the material, a request which I respect. I then spend a number of months immersing myself in these transcripts reading and re-reading them for emergent meanings and moving backwards and forwards between my field notes and memos and the continual theoretical reading I am doing. This material also reflexively filters through my own experience and struggles of practising therapy in outdoor spaces.

Kvale (ibid) states this analysis is a process of developing the meaning of interviews, bringing the participants' own understandings into the light as well as providing new perspectives from the researcher on the phenomena. These meanings are formed in response to my questions about the frame and the process of conducting therapy in outdoor spaces. Although this process is unique, due to the researcher's interests and the participants' accounts, the process can be seen as roughly similar to Strauss and Corbin grounded theory approach (Strauss and Corbin, 1994) and what Rennie (2001) terms as a kind of methodical hermeneutics. I make notes in the margins of the transcripts identifying codes, these codes are then developed into a set of tentative thematic meanings when codes seem to echo through different transcripts. For example, the importance of the natural world for the therapist emerges across a variety of scripts and repeated readings, I am then able to identify related meanings such as 'restorative' which emerge as important for therapists in taking their practice outside. And although this means that meaning is 'grounded' in the data, my own theoretical sensibilities guide some of the analysis. So, for example, as I am reading the scripts with a background concern which looks to identify a rationale for going outside and I am also sensitised to issues in relation to the therapeutic frame and the

therapeutic process. This implicitly guides the way I code and see narrative meanings emerging across the transcripts. Kvale (1996) then says another step is to re-interview where necessary, and I do this with one participant (Harriet), this is because I feel my interview skills in this initial interview are perhaps not as focussed as in later interviews. Throughout the research my identity shifts as a researcher. In some of the initial interviews I am struggling with and trying to understand both my own role in the process and my relationship to participants, which on reflection and in exploration of some of the transcripts is reflected in the 'chatty' nature of some interviews. In later interviews, and this particularly relates to Harriet, I am able to sit back and allow my participants to speak more freely without having to respond and I feel I elicit fuller and more comprehensive narratives. Table 1 gives examples of how this process is undertaken.

Table 1. Example of meaning generation from transcripts:

Next Page:

Verbatim transcript	Codes	Thematic Meaning
(Peter Page 3) <i>There are some times when I standing alone in a glade and I can feel almost moved to tears by the something beautiful about it, but not just by that, there's a deeper feeling I don't know what that is but that's just ... just something to with I don't know what it is... I don't know er maybe I could try and put words to it but I don't think that would be adequate, there is the beauty, there is the marvel, but I don't think that would be adequate'</i>	Nature as a therapeutic resource for therapist	Rationale for going outside for the therapist: A deep and personal connection to the natural world Importance of aesthetics and feelings beyond words
(Justine Page 2) <i>'It is at different levels really I think: it can actually feel – I can</i>	Healing resource	Rational for going

<p><i>actually notice if I pay attention that I am actually physically breathing more fully. But there is the sense also of feeling more relaxed, more at ease. And that is one side of it. There is also the side of perhaps feeling really energised. And for instance I am looking out at the garden as I am talking to you, at the wind blowing, and that kind of energy ... and perhaps if you were walking along by a very active sea that can then pick up a more energetic pace in myself. So there will be a kind of resonance there'</i></p>	<p>Nature as a 'process' and event in motion</p>	<p>outside/Therapeutic process: Nature as a restorative and relaxing space Therapeutic process: Context of the natural world as a reflective mirror of internal processes</p>
<p><i>(Peter Page 6) 'You're talking about a continuum of work aren't you, you're talking about personal development work and this continuum through to a particular kind of therapy or part of a therapeutic programme and I think it must just depend on the project, because I have found I have been able to be more myself in those informal times there is an awful lot more seems to happen because I am also part of that process and if I keep myself out of that process then I don't know, it just doesn't seem</i></p>	<p>Multifaceted therapy processes Formal/informal therapeutic space Identity issues Professional background</p>	<p>Moving beyond psychotherapy? Psychotherapy, personal development on a continuum Negotiating different therapeutic space: Relationship between therapeutic and informal space and the potential of this Multifaceted skills: Role and identity of the therapist</p>

The use of pictures in supporting research findings

I face a dilemma in constructing the findings chapters, which emerges from the beginning of the research process, a dilemma about representation. The challenge I face is how to represent the spaces and places of practice and process in relation to my participants' narratives. The written thesis is essentially a two dimensional representation of the findings of the research and I feel I really want to represent some of my findings in a pictorial narrative form in order to elaborate the text and to link to the idea of a three dimensional inquiry space (Clandinin and Connelly, 2000). Methodologically, the use of pictures is consummate with my stance to describe, interpret and explain the practice and process of counselling and psychotherapy in outdoor natural contexts. Banks (2001) discusses some of the methodological dilemmas of visual research methods: is this an attempt at a 'realist' representation of findings? How is the picture related to wider meanings and discourses? The picture will be read according to the interpretive and cultural meanings ascribed by the reader and the author cannot control this process. In a sense, these methodological dilemmas relate to my previously stated position, in that I see the pictures as another form of narrative representation (Bach, 2007), which is filtered through my own interpretive and reflexive processes. The pictures are taken by me, or sent in by some of my participants to illustrate aspects of the points we are discussing (this is indicated in the descriptions attached to the pictures). They are an attempt by me to elaborate the verbal narrative and to illustrate spaces and places of practice. They are essentially my own interpretation, as I take the pictures it is a process which attempts to illustrate some of the narratives in the thesis. There is also an attempt by my participants to do this, however it is my choice at the end of the day to use certain pictures sent to me and discard others (in reality only four of my participants send pictures), this is an act of interpretation on my behalf. In the same way the participants narratives are not 'fixed' but represent the contingent and processual nature of reality, so do the pictures: they are not statements of fact but constructed, interpreted representations, open to a number of readings and meanings dependent on the stance of the reader/observer.

Lastly I use pictures as narrative forms of representation (Bach, 2007). These allow me to represent the three dimensional space of narrative in a different and complementary way to

the research. The pictures represent spaces of practice and how therapists adapt their practice in the outdoors; both narrative and pictures interweave to tell a narrative about therapy practice in the outdoors, and hopefully allow the two dimensionality of a written thesis to become more three dimensional in its representation. The pictures were taken by me of the places and spaces of practice in the outdoors and also by participants who send me pictures to illustrate aspects of where they practise illuminating what they were discussing in the interviews.

Issues of validity and rigour in the research process

Polkinghorne (2007) argues that narrative research, as the telling of stories, can serve to issue knowledge about neglected but significant areas of human life. Narrative research does not claim to test a hypothesis through rigorous scientific processes and therefore stake a claim to valid and true knowledge obtained via replicable methods. The aim of narrative research is to stake a claim to validity through a rigorous process of representing how people come to understand situations, others and themselves (Polkinghorne, 2007:472).

Denzin and Lincoln (2003) see the qualitative researcher as operating in the complex post paradigmatic moment, where certainties have evolved into cross disciplinary merging and emergent processes. They argue that the interpretive bricoleur produces a bricolage, that is a pieced together set of methodological choices that endeavour to answer the complexity of the situation (2003:5). Deleuze and Guattari (1988) discuss the bricoleur as one who is both producer and product, there is no distinction between the way something is produced from its mode of production, both are immanent and unfolding within one another (Deleuze and Guattari, 1988:8-9). Kincheloe (2001) states that bricolage is not only concerned with divergent methods of inquiry, but also with diverse philosophical understandings of the various elements that are encountered in research.

Taking the position that there is a crisis of representation in research (Denzin and Lincoln, 2000) traditional forms of representation and claims to truth crumble in the current post-paradigmatic moment. My research endeavours to be transparent in its findings via an

ongoing process of representing the findings and voices of my research participants and by reflexively positioning myself throughout the research in implicit and explicit ways.

Concluding comments and 'Re'-presenting findings

I conclude the methodology chapter with a discussion of the way in which I represent my findings. In discussing my methodological approach I outline some of the different positions within narrative inquiry. Using Bruner (1991) as my central reference point I see narratives as a way in which people create meaning within their lives and understand the world around them, seeing this as both found and created between actors in situations. By exploring the tensions around the origins of narrative as both internally and socially created and the way in which this locates notions of truth and reality, I take a reflexive and relational stance towards narratives. I foreground personal meaning in relationship as central to my methodological understanding of narratives and narrative inquiry. Drawing from writers in the field of counselling and psychotherapy and narrative inquiry, such as Speedy (2007) and Etherington (2007), who propose narrative inquiry is an approach particularly suited to psychotherapy research, I take a personal and ethical approach to narrative as a relational co-construction between participants, attempting to stay as close to the lived experience of my participants as possible within this co-construction. Given this personal, ethical relational commitment, I approach participants' accounts with the hermeneutic of faith, rather than the hermeneutics of suspicion (Josselson, 2004). I explain why given this stance, interviews are my chosen method of inquiry for understanding participants' experience of the process of taking therapy outside. Finally in my analysis of the narratives I take a more realist approach grounded in a pragmatic need to find common meaning in the accounts and concepts which might describe the process of taking therapy into natural spaces. I see this as a way of making an important contribution to knowledge in this area.

I conclude with a statement about the interpretations and representations I make in doing this. Riessman (1993) says there is an inevitable gap between the experience itself and the telling of it, shifting in the process of interaction, both parties situated within certain interpretive practices which they bring to the encounter. Therefore it is impossible to get a

'pure' truth, this gap between telling and experience for some inevitably involves a loss (Bondi, 2013). Riessman (1993) argues that shaping stories creates a form of false documentation and I touch upon this issue in outlining tensions within approaches to narrative truth. I respect the position as outlined by Riessman (1993) that research is a process of documenting something, an inevitable re-telling and re-presentation of events, however I see it as a valid way of retelling certain events. Even though I take a psychological approach to narratives, holding a middle position at the borders of narrative inquiry, seeing narratives as originating from individual lived experiences, I recognise these are shaped and formed within the process of asking and telling, then writing and representing within research. The best I can do is to be as reflexive and transparent as I can about my situatedness and interpretive concerns and approaches, outlining my commitments in writing the research.

If we take the position that Riessman (1993) outlines (after Geertz, 2003) that all research re-presentation is a form of 'faction', then there are several possible truths and readings of the text according to the different positions in relation to it. Re-presentation of research findings is always partial (Mishler, 1986). We can see how both I and my participants are situated as therapists who are struggling to understand new aspects of our practice. In doing this we attempt to locate and create meanings from our experiences. The psychological process underpinning this is to create narrative order out of memories of events which themselves change and shift through the process of ordering them and telling them. Because both I and the participants are located in a knowledge constructing process, you can see how we create order from the experiences in order to make them intelligible and to fit with understandings located in a wider social and professional sphere. I think on the whole we want these processes understood and orderly. I then engage in a second order reading and organising of the stories in order to make them intelligible to a wider audience, whom I assume will be other therapists in the main. I also feel an ethical responsibility to make things intelligible to another audience, largely silent, who are the clients of the therapeutic experience in nature. This audience has a temporal quality in that the therapists are speaking of past clients, present clients and those they may be working

with in the future. I feel I need to make the process intelligible in order to speak to the future audience of clients who may want to engage in this process of therapy.

There is an ambivalent relationship coming through in the narratives in relation to this wider audience, in particular the wider therapeutic community which comes in for some critical appraisal, demonstrating that some therapists themselves have a conflicted relationship to the process and professionalization of therapy. Reading the narratives from this angle would have produced a different story. There are references to criticisms and how the wider therapeutic community sees this work and may understand it, particularly when the therapists feel they are 'breaking the rules' in taking their therapeutic practice outside. It is been my position in relation to the research questions, the research methods, interviews and writing up the findings, to order and make as clear as I can the process of taking therapy outside. To present it as an activity that has a growing form of competence and intelligibility to it, the way I frame the questions, conduct the interview processes and analysis, is all towards this aim. However the stories are not fabrications or plot lines deliberately directed, rather I see them as creative acts of meaning in the best sense that narratives can be and that Bruner (1991) intends for the narrative turn in psychology and social sciences. My epistemic commitment is to create forms of contingent and local knowledge in this way, my ontological commitment is to the relationships within the research process and to wider professional audiences and client audiences who may benefit from and want to engage in this form of work. The following chapters outline the findings in relation to the research questions and background literature review.

Chapter Four

Why go outside?

This chapter will begin to outline the findings and in particular will address the first research question which was ‘Why do counsellors and psychotherapists take their therapy practice into outdoor natural spaces?’ The findings in this chapter represent responses to this question. From my own experience and background literature review I am interested in the rationale the therapists gave for their decision to move outside of the confines of the therapy room. Understanding the therapeutic rationale I believe will be useful and interesting for others in the wider therapeutic community. It is also important to understand the decision-making involved in taking therapeutic practice outdoors into natural spaces. I want to understand how it had been thought through and whether there was a clear therapeutic rationale.

Therapists talk about a pre-existing relationship with the natural world which is central to their own emotional and psychological wellbeing, which they are attempting to marry with their therapeutic training and experience. Some therapists articulate a deep and spiritual connection to the natural world. Some therapists are influenced by environmental concerns and the emotional impact of this: central to this is taking people outside to support the development of an ecological self. Staying close to the stated research aims to describe, interpret and explain the practice and the process of taking therapy outside, I begin with an explication of the narratives’ meanings based on my initial research questions – starting with the initial decision to go outside. The responses to the question: ‘why go outside?’ emerge in five main narrative meanings (with related sub meanings). These meanings are: the importance of the natural world for the therapist; the therapist’s own experience of being a client of outdoor therapy; client-led decisions to go outside; as part of therapeutic work with individual clients; and, finally, helping clients to develop an ecological identity. In discussing the rationale for taking their therapeutic work outdoors therapists talk about the challenges they face in going outside, these include: challenges to their professional identity; containing the work; holding boundaries; negotiating different spaces; and, finally, getting support and the use of peer supervision. This then leads into an explication of how

for some therapists going outdoors isn't experienced as a challenge. I explore these findings below expanding upon them with sub meanings and verbatim quotes from participants. I also remain true to my methodological position by including my role in the narrative co-construction of the meanings in the interviews; I do this by including my voice in some of the verbatim quotes, to give a sense of how the narrative evolves in relation to my questioning. My voice is to the right and is not in italics (See Appendix 5 for table of participants with short descriptions).

Importance of the natural world for the therapist

One of the predominant themes to emerge for the therapist when articulating their rationale for going outside is their own therapeutic experience of the natural world. 'Nature' is a space in which the therapist finds healing and holding, a place where they experience restoration from the stresses encountered in their daily lives. This experience is often long felt and an important part of the therapist's autobiography:

A deep connection

Nigel P.1

So erm yeah it's a very deep connection I have really and I've been very fortunate to have that connection right from birth really, I have not had to create a new relationship with the outdoor...

Peter P.3

...there are some times when I'm standing alone in a glade and I can feel almost moved to tears by the something beautiful about it, but not just by that there's a deeper feeling, I don't know what that is, but that's just, just something to do with I don't know what it is... I don't know er maybe I could try and put words to it but I don't think that would be adequate, there is the beauty, there is the marvel, but I don't think that would be adequate.

Restorative space

Therapists articulate nature as a restorative space. There is a lot of research and anecdotal evidence that natural environments do provide restorative experiences for a stressed psyche, and this would seem to support research in environmental psychology which points towards the importance of environmental factors in helping recovery and psychological wellbeing (Ulrich 1984; Ulrich and Parsons, 1990; Ulrich, 2000). It is clear that the therapists are using the natural world as a space for themselves in order to restore and revive both from the therapeutic work itself but also as an important part of their history and the way that they cope. Peter's response echoes the struggle that some participants have in trying to articulate what is therapeutic about the natural world, as something difficult to put into words, but very much felt. Kaplan's thesis that nature is restorative psychologically (Kaplan, 1990) is supported in the rationale that therapists give for the importance of nature in allowing them to recharge and revive themselves. Peter explains:

Peter P.3

For me personally I do get... I kind of recharge my batteries in nature on all sorts of levels you know I can get quite a good physical work out but I can also feel quite deeply touched by the experience for just being in a wild place, you know I often go out into the wilderness on my own for the experience of solitude in a wild place...

Justine P.2

It is at different levels really I think: it can actually feel – I can actually notice if I pay attention that I am actually physically breathing more fully. But there is the sense also of feeling more relaxed, more at ease. And that is one side of it. There is also the side of perhaps feeling really energised. And for instance I am looking out at the garden as I am talking to you, at the wind blowing, and that kind of energy ... and perhaps if you were walking along by a very active sea that can then pick up a more energetic pace in myself. So there will be a kind of resonance there.

Justine's response demonstrates the importance of a context for the interview and draws on the natural world directly outside her window as a way of trying to articulate its effect on her. What also emerges from the therapist's own therapeutic relationship to the natural world, is the importance of feeling held and contained in the work by the natural space itself. In this sense we could understand nature as a holding space for the therapist (and client). This would seem to link to object relations theorists and in particular Winnicott (1951), who proposes the importance of the maternal space, the space between mother and infant, as a safe space within which the infant can negotiate the complex psychological and emotional transactions occurring in its world. It would also seem that therapists feel contained within particular outdoor spaces and this would point towards the importance posited by Bion (1970) of the therapeutic relationship as a safe container for feelings and emotions: some therapists accord nature this role as a containing space. Delia also sees the natural world as a resource for her:

As a resource for the therapist

Delia P.14

I have noticed a huge, and I ... and I am not ashamed of this, but I have really picked this place to work for me. Because having worked in the hospice and here, I notice a difference in myself. It also grounds me, it refreshes me, when I come out into nature I have this massive resource, which I can resource when I am in the hospice too, by using stories of the seasons and myths and metaphors. Because I resource nature not only as 'how nice it is to sit out in the sun here and now' but that there are stories that the trees have and there are tales told from the past. And so it is that part as well, it is not just physically being here and seeing and noticing. It is all the sorts of strands of knowledge that are to do with it as well - poems about nature and stories about nature, paintings of nature - so it really resources me.

The natural world is not solely a space to connect, but also to disconnect from painful experiences at home. Doug talks about this painful realisation, that in going outside in natural environments he is attempting to escape painful experiences at home. This has an interesting dual aspect of why someone might be seeking therapy outside. In terms of object relations, the natural world might represent a 'good breast' (Klein, 1997), a safe space to feel held and supported away from conflict at home, or alternatively it could represent an escape from painful feelings. If therapeutic processes are about uncovering and understanding painful feelings, moving outside could represent a move away from something. Doug captures this ambivalence:

Doug P.4

I think – I mean really I think what – what I have noticed is that ever since I was a kid, I have always gone out. And I recognise in my – that became a real practice for me in my teenage, and I recognise that that has a lot to do with it providing escape from difficult family life you know.

So, I remember about seven years ago, going out on a solo, and I came back: and the realisation was that being outdoors in wild places – originally was to get away from a difficult situation – it was escapist. And I remember being bitterly disappointed to realise that, and to also accept it.

If we take this idea that nature is a form of object relation, we can then begin to imagine how it might play a role in mediating and regulating intimacy and the emotional effect of human to human contact. We can begin to see how it may play a role in some form of affect regulation for the therapist. I wrote about the role of nature in relation to affect regulation and emotional attachment patterns in a paper published in *Ecopsychology* (Jordan, 2009a See appendix 7). In this paper I propose that nature should be understood as another potential attachment that we form developmentally and it has a role to play in emotional regulation and feelings of security and insecurity. There has been a convincing argument based on sound research that babies grow their own minds in relation to the primary care

giver (Gerhardt, 2004; Schore, 2001;2003; Stern, 1985). Schore (2001) focuses on infant attachment and the primary care giver's psychobiological regulation of the infant's limbic system as it matures, and how this is closely related to the infant's autonomic nervous system in the form of an ability to cope with stress, proposing that the attachment relationship is central to helping the infant cope with stress. The ability to regulate our emotional world and maintain good mental health from this perspective is intrinsically linked to attachment in early infancy. The capacity to experience union with another, and therefore a felt sense of attachment to nature (Fisher, 2002), results from early positive experience of the self-being with another (Stern, 1985). Without this fundamental positive early experience and the development of the capacity to relate, meaningful attachments are difficult to form. As Doug's example shows, it may be that nature is used by some therapists (and therefore clients) in order to negotiate difficult forms of intimacy and dependency born out of childhood experience. The idea of a secure base is very important in attachment theory (Bowlby, 1969; Ainsworth, 1978).

From this perspective nature is seen as representing a secure base, an aspect of both our internal and external relational world that can provide great comfort. Literature supports the idea of contact with nature being important in terms of object relations and transitional phenomena and being used as a way of managing anxiety (Nicholls, 2008). Alongside this Bettmann and Jaspersen (2008) propose that the wilderness is an ideal setting within which to both explore and process attachment issues, through the use of wilderness therapy issues of security, separation and loss can all be worked with in a therapeutic milieu.

Space for self-healing

Lastly and in relation to the sense that sometimes going into nature could be an escape from a painful experience at home, the natural environment becomes a therapist for the therapist, something they are able to fall back onto both as a holding space for the work and a space for healing.

So you know there have been many challenges throughout my life with mental health challenges and its always the outdoors where I have turned to gain solace and restoration really. And I have done that for myself, I have never really had that facilitated, I've never engaged in any kind of group work or my therapy outdoors as a client, so it's sort of been self-directed, erm...

Ottosson (2007) describes the importance of nature in his own recovery from a traumatic brain injury and the subsequent physiological and psychological problems he encountered. Stating that he moved from simple relationships to inert objects such as stones and rocks, then by moving onto more complex relationships with plants and greenery, he was able to utilise nature as a space for recovery from his trauma. This move from simpler to more complex relationships with natural objects follows Searles (1960) ideas about the importance of the non-human world in normal development and schizophrenia.

There is a recent trend in nature writing literature, telling stories of how the natural world acts as a place that facilitates healing from a mental health crisis. Richard Mabey's book 'Nature Cure' charts his recovery from depression in relation to the natural world that surrounded him (Mabey, 2008). Tempest Williams (1991) writes about her process of grief and loss in relation to the natural world surrounding her; place, family and emotion all interweave in a personal journey very much linked to the natural world. These experiences also echo some of my field notes made at CAPO meetings where I notice much informal time is spent by therapists discussing some of their solo therapeutic experiences in the natural world. Therapists discuss the processes they set up for themselves as a way of exploring the natural world as a therapeutic space. It also echoes a lot of my own autobiographic self-directed experiences in nature as a way of understanding myself more deeply as a therapist. Nan Shepherd, writing in a literary form, evokes her solo wanderings in the Cairngorm mountains of Scotland, nature becomes a place where she finds herself on a deeper and more profound level (Shepherd, 1996). This links to recent research on counselling trainees' connection to the natural world as important to their wellbeing (Hegarty, 2010). Wolsko and Hoyt (2012) propose that therapists influenced by

ecotherapeutic ideas are often driven by the idea that models of healing for oneself, i.e. therapists who have had a positive and restorative experience in nature, are more likely to encourage this in their clients. This links to the importance of the experience for the therapist of being a client engaging in outdoor therapy experiences.

Therapist's experience of being a client of outdoor therapy and revitalising one's therapeutic work

For most therapists their own personal therapy is a central component in their training as a therapist. However in the emerging area of outdoor therapy there is little opportunity for therapists to gain this experience with other qualified therapists, so frequently they have had to set it up for themselves, quite often in the form of a solo trip or journey in a natural location. Some participants have, however, been able to get experience as a client of outdoor therapy. As Harriet's experience shows. She discusses being a client on an outdoor therapy immersion experience:

Harriet P.1

Well the most influential thing was going on that immersion experience with N., so basically I was going out and having that therapeutic experience myself that was framed, I mean it was framed as training but there was sort of experientially elements to it, so basically... that. I suppose that was the clincher in a way, I've been thinking about it before that I'd been thinking I needed to do something with my therapeutic practice; it'd involve moving rather than sitting down and combined with the fact that I have a strong love of the outdoors. When I saw those trips advertised it was like various things just kind of came together and I went and it actually confirmed something there ... I had an instinct about ... I suppose really, that there was more to therapy than just sitting in a room in a chair.

Harriet also seems to be saying something about her own feelings and levels of distress as a therapist here. Her wanting to move and the feeling that there was something more to therapy than just sitting in a chair says something to me about the revitalisation of her therapy practice. She is one of my interviewees who has a fifteen year history of practising as a therapist and this move to revitalise her practice can be seen as a response to feeling burnt out (although this was not expressed explicitly in the interview). It can also be seen as a way of wanting to work in a more multidimensional way with her clients. In line with my stance towards the interview data I stay close to her meaning as stated in the interview. I feel the move outdoors and her own experience of a client is an attempt to bring forms of vitality to herself and to her practice in a more explicit way. She goes on to say that she wants to make her therapeutic work more dynamic, attempting to bring forms of vitality back into her practice:

Harriet P.1 (second interview)

But I think there were things about enlivenment, and you know, that sort of sense of – I think there seemed to be something about moving out of what felt like a very static frame.

These forms of vitality can be linked to Stern's work and the importance of vitality to infant development and have a role to play in understanding therapeutic work outdoors. Stern (2010) defines vitality as a manifestation of being alive, rather than an exclusive focus on internal mental representation, action is based on feelings, states, sensate connections, embodied processes and connections between the wider world around us. Forms of vitality Stern believes play a role in affect attunement and affect regulation whereby mother and infant can come into some understanding of one another's feeling states based on matching and sharing forms of vitality.

Bringing it all together

The personal experience of nature as a therapeutic resource and their therapy training are often 'brought together' by the therapist as a reason for going outdoors. George explains:

George P.7

...and it was one of those almost trans-personal sort of mystical moments when you think – ‘hang on’ - I have been climbing up in North Wales and across the world, and I understand the beauty of the mountains, I know what they can give; and I am certainly aware of what they can take if you get it wrong’ you know, in terms of the ability to damage. And the whole concept of like a sense of purpose and reason for life, for me started to come though. That maybe I could wrap around – if you like, I could wrap all the threads of my life experiences into a blanket – that made sense of like ... like having business experience ... life experience, umm, the ... commercial career, and wanting to be a therapist and something a little bit different. And the outdoor stuff was actually – if there was a way to wrap it all together into something that was really meaningful for me.

Peter P.3

I started doing my counselling training it was like a light bulb going on very early on you know actually because of the experimental nature of Gestalt I could take people out and do this work in the outdoors so that’s sort of the genesis of the idea.

What these extracts demonstrate in different forms is the role that the natural world plays in the life of the therapist and just how strongly this relationship impacts on their decision both to go outside and to incorporate the therapeutic effect of the natural world into their therapy practice. However the decision to go outside is not exclusively the domain of the therapist, and next I turn to where the therapists explain the decision to go outside as part of a client-led process.

Client-led decisions to go outside

Therapists discuss the joint decision that occurs in dialogue with their client as to whether to go outside or not. This decision is easier for therapists who have started to advertise

themselves as someone who practises both indoors and outdoors, so that the client can make a decision prior to approaching the therapist. However it might be in the course of the therapy that the client wants to go outside. Due to the profile of some of my participants in the wider ecopsychology community, giving talks and running courses outside of their private practice, their clients know of their interest and passions in relation to working therapeutically outdoors, and are then able to raise this as a possibility in the therapy. However in relation to the decision made by the client to go outside, the therapists have to wrestle with the ethical dilemma that they may be pushing or impelling their clients to go outside because of their own needs as therapists. Justine says in relation to advertising herself as both an indoor and outdoor therapist:

Justine P.13

Martin: And then what was the impetus to actually move physically outside and start to try and work outside with clients?

Well as you say, that you get the sense that with some clients it may be a possibility that you could offer them. But I suppose it is always easier if the client seeks out that experience isn't it. Yes, so actually the first client, the one I was saying was life/death stuff, she did pick up when she first contacted me on having seen that, read that in my bit of blurb. And that interested her as well. She also came because she had known – quite a few years back we had been working in the same place – so she knew who I was. And there was a bit of a sense that she had some connection with me, so she was picking up on a few different things there.

Nigel discusses the importance of allowing the client to come to the decision to go outside:

Nigel P.4

I knew it had to be her choice because one of the dilemmas I face in working in the outdoors is that impelling people into an experience. You know it's that fine line between knowing somebody would gain a huge

amount from gaining an experience in the outdoors but not making that decision for them to encounter it, for them; so I knew she would gain a huge amount and in fact if we had done it six months earlier it would have been fine for her. It took six months for her to make that decision, because her understanding of the outdoors experience is very different to mine, you know, she never went walking on her own, she never really spent much time in the outdoors on her own even though she lived on the outskirts of C. C. right on the edge of the National Park or the Country Park rather, errm, it was an environment she was comfortable with but the whole concept of being on her own there, with a therapeutic intent as well, was a real challenge, so, there was a lot of learning there for me as well too – to work towards experience and not to be driven by my own self-belief really, because, errm, ‘cos I just... there is something about this work that I just know that it will be beneficial...

Nigel highlights here the importance of being ‘client centred’ (Rogers, 1959), an important part of the decision to go outside needs to be led by the client and taken at their own pace in the therapy process. The client led decision to go outside is an important facet in the decision to go outside. However the therapist might decide to move outside as part of a therapeutic process with the client, perhaps to explore a particular aspect of their struggles or to look deeper at a particular issue, and feels the outdoor natural space is a place where this can be facilitated.

As part of the therapeutic work with individual clients

Some of the decisions to go outside are linked to a therapeutic rationale for the work, a way of furthering the client’s own understanding of themselves and the difficulties they face. These decisions are linked to the individual client themselves and part of the narrative that is being explored within the therapy. The therapist decides with the client perhaps to set up an experience which will allow them to explore a particular area of difficulty. For Nigel this is a way of getting the client to explore her fear of being alone in her own company, which is done through a solo exercise in a natural location. Nigel elaborates:

Nigel P.5

Yeah, it's a while back now but I'm thinking about this particular client. It's I suppose about two years into her work, a long term plan, and essentially it was about her being comfortable with herself, her own company.

You know how she really didn't value herself at all, she really d... her sense of self, you know when she was on her own in the house she just couldn't bear it.

And yet she really wanted to be able to cope, she really wanted to be on her own, she really wanted to be with herself, not on her own in solitary, she just really wanted to be able to be with herself and erm and somehow I'd introduced the idea of a solo quite early on and it took a long while before she actually said I would really like to give that a go..

Martin: That's really interesting...

...and we worked towards that. I remember it taking quite a long time before we eventually agreed to meet on C. C. It was quite a moment really because I remember we set the date and we set the time and in her nervousness she had arrived at the wrong car park.

Ali explains how for particular clients and perhaps for particular client groups, such as young people for example, the outdoors provides a more facilitative context for the work. This supports some of the literature which discusses the use of the outdoors to work therapeutically with younger clients (e.g. Santostefano, 2004). What this also suggests is that the setting of the therapy room, a space largely controlled by the therapist, is not a suitable space for some client groups to feel comfortable in and may in fact hinder their engagement with the therapeutic process (Zur, 2006: 2007; Maxfield and Segal, 2008).

Ali P.14

And that is why sometimes I do go out with people, because it seems to be the best context, and they can be more free. Like this guy, this 10 year old

guy I had and he just couldn't sit still. And I just couldn't get connected with him at all, so I just went outside with him and it just worked much better. And then he started opening up to me and believing in me and trusting me. So again it depends who it is, but it just depends what is the purpose of what you are doing.

It may also be relevant that for other client groups, such as those with long term psychiatric problems and those who have been or may still be hospitalised, that getting outside of the psychiatric ward environment may itself be therapeutic and may facilitate therapeutic work.

Lou:

Lou P.1

The main one that I worked with, was a guy with bi-polar and he was in and out of psychiatric wards – he found it very, very difficult to sit in a room for any period of time. So I suggested to him that maybe when he comes, we could just go for a walk and he agreed to that... With this client, because within the room it created a lot of anxiety for him: he didn't like to be shut up within four walls. And it might come from his experience from being in psychiatric hospitals, the lack of freedom: a lack of being able to go outside. And I think it just, in a way, it sort of shut him down. And I just feel that for him to get outside into the open air to get into that space...

This statement links to recent research conducted by Adams et al (2014) which explores the importance of nature in the recovery from mental ill health. Participants in this research articulate how indoor mental health settings 'situated' them in particular ways, locating them in relation to a diagnosis, which they feel pre-exists them and they have to fit into somehow. They also experience clinical settings in the form of tables, chairs, posters and strip lighting as creating a 'problem rich' and stressful environment. This is in comparison to their experience of therapeutic interventions outdoors in natural spaces, which seems to allow them a greater sense of individuality beyond their mental health problems and a more relaxed and intimate environment within which they feel safe within.

Victoria makes an interesting point in relation to working with clients who have more severe and enduring mental health problems, in particular individuals who have real difficulty in forming and sustaining relationships. These clients may have attachment difficulties and be diagnosed on the more borderline and psychotic spectrum. For these clients nature and the outdoors offers the possibility of a different sort of therapeutic relationship and can be seen as a 'co-therapist' as Berger highlights in his work (Berger, 2006):

Victoria P.1

So it was my sense in offering people a different sort of relationship ... so perhaps if people have very complex relationships with other humans and sometimes there is a less intrusive relationship with the external environment that could be helpful as a supportive 'other', a supportive therapist.

Victoria follows up this point with another interesting rationale for taking her mental health clients outdoors, that the process allows them literally to be in contact with the outside, wider world, a world beyond the confines of an inpatient unit or hostel or trapped at home and isolated:

Victoria P.1

Engaging with the wider world in a very concrete sense, about opening up the wider world beyond the mental health services.

In moving their work outdoors with clients, therapists can be seen attempting to deterritorialise aspects of where and how therapy is traditionally conducted. Contexts such as mental health units and other more traditional spaces where therapy takes place, can be seen to locate people within particular identities and ways of behaving (Adams et al, 2014). Democratising the space of therapy (Berger, 2006) allows both therapist and client to perhaps find different ways of relating within the therapeutic relationship and to free up ways of thinking about their issues and problems.

Helping clients develop an ecological identity

Another important part of the therapeutic rationale to take clients outside is to develop a greater ecological connection to the natural world and develop a deeper sense of the self as part of an ecological whole. This is quite often connected to ecopsychological concerns and to enable a shift in identity from an egocentric to an ecocentric way of being in the world, facilitating environmental activism. This idea is linked to writers such as Roszak (2009) who call for a psyche which is intrinsically linked to the wider ecosphere and interdependent with all systems. Other writers influenced by Jung (Aizenstat, 1995; Hillman, 1995; Merritt, 2012) see the earth as having a psyche and that everything ‘more-than-human’, such as plant, animal and mineral life, has a soul. These ideas have very strong links to Jungian thought and ideas that Jung espoused in his therapeutic work (Jung, 1989). Doug articulates this rationale as part of shifting the sense of self as contained within the individual to inside the psyche of the world:

Doug P.6

...and I think the idea of that is – is making the fundamental shift in the psychological – to psychology theory: and thinking about the psyche being contained inside the individual, and thinking of the individual as contained inside the psyche. And if you take that, and if you make that shift (which is really hard!) then basically then the world that we inhabit – the physical – physical world we inhabit, should be regarded with equal weight to the force and the nature of the being that we have, and which we traditionally think of as being inside us.

Doug elaborates his rationale, further aligning himself with the arguments presented from certain areas of ecopsychology and highlighted in the literature review, proposing that the human being needs to be interdependent with their environment for ‘healing’ (Buzzell and Chalquist, 2009). There needs to be a marrying between a psychological and ecological sense of self. Doug’s therapeutic focus is on developing this ecological sense of self:

Doug P.9

But the psychological sense of self, it does not match that ecological idea of self, and so I think one of the challenges to the healing process is about getting those two senses of self to marry.

And we have grown up with that frame of reference that it is 'me' – and 'the world' this is the whole idea which is embedded in our psychology. But ecologically, yes there are boundaries, and there are edges, but they are incredibly permeable, and there is a very close network of inter-connection which defines what we are, as organisms. So I think, you know, I think that is the core of the work is giving people a direct experience of themselves as part of the ecosystem. And then helping them process that, and of course that is usually ... what we have found is, people feel lost and they feel – I mean if you did this and you didn't really have a group and there wasn't a process of support and people working therapeutically, it would be a horrible experience.

What Doug highlights here is the therapeutic element of this shift in self, which without some sort of therapeutic support and group holding this shifting sense of self might destabilise the person. In this way we can see that there is an important psychotherapeutic element to any transformative work in natural environments. The development of an ecological self starts with the individual and their emotional and psychological world.

Maria highlights what are for her some of the central concerns that underpin her reasoning and a concept that is very much of importance to ecopsychology (Roszak, 1992) and to deep ecology (Naess, 1973), that getting in touch with a relational self beyond the human to human world is of central importance both to her individually and to the rationale for taking therapy outside.

Maria P.4

It is as if going to the heath and going to the pond, pulls up a different part of me. I would say that it is a way for me to get back in touch with my ecological self. But not just my ecological self – I am thinking of myself, with a capital S with a Jungian terminology. That it pulls me into a larger part of myself; which is where I can access again a more mature wisdom if you like.

For these therapists the work in the outdoors focuses on developing an ecological self through experiential contact with the natural world: whilst not strictly being psychotherapy, this is seen as profoundly therapeutic, and part of a wider project linked to applied ecopsychology, in order to help people think about reciprocal relationships with the natural world.

The decision to take their therapeutic work outside is not without challenges for the therapists interviewed and in this next section I explore some of the dilemmas that emerge for participants when they take their work outside. What is interesting about this is that in some of the interviews it emerges that some therapists have not found it a challenge to move outside and this is also explored.

Challenges faced by therapists in going outside

In making the decision to go outside some therapists experience a series of challenges to the way they practice on different levels. In a practical sense there are challenges around how to hold a therapeutic frame in a different setting outside of the room, in what is a much more uncontained and dynamic environment. In this setting they have to contend with issues of the weather, other people entering the space of therapy, and how to contain emotional work at depth outside of the safe and confidential space of the therapy room. Several challenges emerge for the therapists in going outside which include: breaking the rules; containing the work; holding boundaries; challenges to the identity of the therapist; moving in and out of different spaces; and, finally, getting support for the work. All of these are explored below using verbatim quotes from interviews.

One of the main challenges that comes up for some of the therapists is the idea that they are 'breaking the rules' by going outside with clients. If we think about this in relation to the dominance of the frame in counselling and psychotherapeutic work it is not surprising. For most therapeutic trainings the idea of a securely held frame in the form of time boundaries and the layout of the physical space of the room with a door that can be shut, represent a stable secure space where the therapy work will not be interrupted. All of this is challenged by going outdoors. Howard (2010) states that the setting of therapy should be reliable, consistent and unobtrusive, which links this to the idea that therapy should mimic a safe maternal space (Winnicott, 1951). If we take the idea that certain clients of therapy have suffered unreliable, inconsistent and abusive developmental environments, the idea of the therapy room as a safe space is of course ethically and professionally important. I would agree that for trainee and early career therapists a safe consistent environment is very important for conducting the work. However, for the majority of my participants who are experienced therapists, it may be much more of an internal process inside of the therapist that holds safety for the client. This is not to say that a safe secure space is not desirable for outdoor work, and for my own practice I see this as an essential part of my work as a therapist. Zur (2007) has written extensively around the issue of boundaries in therapy and how certain therapeutic norms act predominantly in the service of the therapist and the professional. This unreflexive engagement with boundaries, Zur argues, may hinder the therapeutic work. At this early stage of an emerging way of working therapeutically outdoors, it seems to me to be very important to address the question of boundaries and the frame, and to take issues of ethics and safety very seriously if this way of working is to establish itself.

Challenges to professional identity

Nigel articulates some of the anxieties echoed by other therapists in going outdoors. In response to my question how did he understand the frame in the outdoors? Nigel answers:

Nigel P.6

Martin: I mean how was that in a way meeting people in your car

park, when does the therapy begin, when does it end, it is those kinds of the dilemmas isn't it when you move outside the room, all of that stuff how was all that really?

It's a good question because I never really talked about this because I felt like I am breaking all the rules about this whole thing, you know the therapy hour and the relationship between a therapist and the client had been a very formal one, particularly my upbringing with transactional analysis.

Maria also starts to articulate the challenges to her identity she faces as a therapist working indoors with clients around a secure frame and how things shift when she moves outdoors. She highlights the risks faced by therapists who move outdoors who may be seen as breaking the frame and transgressing the normal rules of therapy:

Maria P.5

And then once I had started doing that, and I had understood – you know that really shook me up. I remember doing that first course with D, and just feeling like ... I just didn't really know how to work outdoors, because all my boundaries completely shifted, and they were completely challenged.

So I felt really like the carpet had almost been taken from beneath my feet. I felt like I had to find a new ... step onto ... not totally different ground. But it was like the room ... well yes ... the room had fallen away. So I had to trust that there was a different frame here. But it is as if it has sort of challenged me to completely do away with any – I have had to completely rely on everything of mine that is inside me. So that my clothes that I wear don't matter, so that my room doesn't matter, all

those sorts of things that you use or you can use to hide behind. So this work has helped me to look again at my professional self, to understand what is helpful and what is not helpful to the work of therapy.

Maria is one of my participants who trained in a traditional analytic way and here we can see how Maria's training impacts on her ability to understand and adapt to working in an outdoor environment. We get a sense of how destabilising this is for her, and just how much she is transgressing the rules around professional practice within the professional peer group from which she originates. She illustrates this when she talks about her one to one work. She conveys the anxiety and fear of being seen by another analyst from her community, and her fears of retribution if she had been seen transgressing with her client by moving outside of the room space. At the same time she also talks about the ambivalence she perhaps feels, which is shown by the way she takes on her professional community and the authority of their position in relation to the work:

Maria P.6

My fantasy was – ‘what if I meet another Psychotherapist from my organisation’ ... ‘and of course they would know immediately that this was my client that I was working with!’ – ha, ha, ha!

Martin: It is very interesting that, as a kind of ... as a, what is it? Samuels calls it the thought police doesn't he! Very interesting that sort of anxiety isn't it really?

Yeh, well, because people can get struck off for walking with their patients in the park.

Someone actually asked me, with 30 other psychotherapists present - ‘do you work outdoors with patients?’ (chuckles) And I sat there and I just started to laugh and I said – ‘well what do I do now?’ (laughing) ‘Am I allowed to talk about that here?’ And then everyone laughed and I just

started talking about it. Someone who had supervised me was there and we got into quite an argument actually, because she was quite determined that therapy must stay in the room

Here we see the fears that Maria and other therapists express about 'breaking the rules' borne out in actual experience with peers. The idea that the room represents the containment of the work, and that this is the only safe way to conduct counselling or psychotherapy, is very powerful in the profession and we can see from Maria's experience just how much she and others are going outside of established norms in order to do this.

Containing the work

In discussing work with clients over an extended period on a therapeutic wilderness immersion weekend, Harriet talks about how the therapeutic frame starts to shift and stretch and highlights the issue of containment, how the work is held within these sorts of spaces:

Harriet P.9

Well because of the extended period of time you've got, I think the frame... there is a frame around the whole experience which is a slightly looser thing, but then within that I think there are specific kinds of therapeutic kinds of processing spaces, which I think are necessary because I think without them things are flying around all over the place and people don't get a chance to come into a more cont... I supposed there is something about containment.

The concept of containment in psychotherapeutic work is linked to the writings of Bion (1970) and is further elaborated by Casement (1992). Casement (1992) refers to containment as the way in which the therapist holds the difficult feelings of the client in therapy, it is seen as crucial in allowing the client to explore the intense and difficult feelings they bring to therapy. For Casement (ibid) this is done via the mechanisms of interpretation, reflection and the holding and empathic presence of the therapist. Although Casement

doesn't explicitly mention the room in this process it is very strongly implied that therapy should be carried out in a confidential room space, such as the analyst's room. However if we examine the process of containment it is largely down to the therapeutic skills of the therapist and their ability to hold the client. Geographical spaces may very well be important in this process, but for therapy conducted in outdoor natural spaces they don't necessarily have to be the room. Maria highlights this issue of how to contain the work and what feels important to her about the safety of the outdoor space she works within; in particular how to hold people who may be very distressed:

Maria P.18

And I suppose one of my questions is for example – one of my patients who's completely core ... all the work is in the transference. It is not a way that I normally work, but she is so borderline and ... quite often going into what I would call a psychotic area. And she is one of the people who has asked me to work outdoors with her. Now it may just be that it would transform something: but I have never felt ... that is one person that I would absolutely have to have a proper set up outdoor working space.

Martin: Yes, for it to be contained in a way. To feel contained.

There is something about containment that is terribly important. Which I think is what my ex- supervisor was banging on about really. So it is interesting to think about what does make a space properly contained, for very deep work.

Lou expresses a fear that there would be too many distractions when he moved outside. This is a fear that I experienced when I moved outside. For me it took some getting used to tuning into a therapeutic conversation outside of the familiarity of the room space. Initially I found the noises outside, such as bird song and the wind, distracting but eventually these started to form a pleasant backdrop to the therapy adding to the ambience. Lou discusses these fears and how he feels it may affect the therapeutic relationship:

Lou P.3

It would be – possibly it would be people walking past, it could be dogs, it could be events going on or things going on that would suddenly break into the therapeutic space. It was being creative and either send him into maybe stuff from his past, that may not be able to be contained outside – which could be contained easier indoors: or a sense that it would just break the therapeutic relationship in some way.

What Lou highlights here in making reference to ‘therapeutic space’ is the unique demarcation of intimacy within the therapeutic encounter, where relational proximity is defined and ‘contained’. The outside world is held at bay, by moving outdoors he is disrupting the imagined ‘safety’ of the encounter, exposing the therapeutic relationship to the potential of being invaded, or as Lou says broken into. In this way we can see just how much potential anxiety is generated in the therapist by moving outdoors.

Holding Boundaries

By moving outside of the contained space of the room and into a ‘real world’ situation, therapists encounter unique situations which challenge them in relation to how the boundaries are held in a more dynamic space. Lou gives an illustrative example of when one of his clients chooses to go into a shop during a session outdoors and how he struggles with what to do:

Lou P.4

First of all I had to look at why I was scared about what it created, if you know what I mean. Was it my anxiety or was it actually his anxiety that he was projecting on me? And to be honest I think it was my own anxiety. I was in a therapeutic relationship and there should be some sort of boundaries. There should be some sort of regulating of this. But he was disappearing into a shop and I didn't feel comfortable walking into the shop with him.

Maria also discusses this issue in relation to holding boundaries and how this links to the therapeutic relationship and both the identity of therapist and client. In this sense Maria is referring to issues of transference and counter transference, feelings often provoked within the therapeutic relationship and understood and worked upon as mechanisms occurring within the therapy process (Howard, 2010). However in moving outside therapists found that aspects of the power relationship shift and it is more difficult to hold onto a traditional idea of what the therapy should be and who the therapist is. Maria articulates this dilemma and process:

Maria P.8

But the downside is that I think that I had to sort of think again really about ... I think because of the boundary shift it felt to me like it was a sort of much less formal setting, and I think I found myself slipping into being much more like a friend. And I noticed that I had to watch that really.

This point is further elaborated by Peter in relation to the setting and how this affects formality and informality and links to the identity and role of the therapist:

Peter P.6

I think you still have to be aware you are still there in a particular role, but I think ... I think more and more that you can actually get in the way of the work by being too formal. Everyone else is relaxing and cooking dinner and having a chat around the camp fire or whatever, and if I am keeping my therapist boundaries, then I might need to withdraw and go away, which in that kind of place where people are socialising and being friendly with one another, it feels, it looks strange.

Here Peter highlights one of the challenges around the deterritorialisation of therapeutic space, similarly to Lou in the previous section. In a process of democratisation the therapist is challenged in how to manage themselves and how to negotiate different aspects of the space which are not boundaried by the normal rules of therapy. This causes anxiety in the therapist and is an aspect of the move outdoors that is challenging.

Therapeutic and Social spaces

The questioning of the nature of the work and identity of the therapist in these different settings emerges in different forms, for example whether walking with somebody in woods can be seen as therapy. And also the blurred distinctions between what constitutes psychotherapy and what is just therapeutic and personal development work. This is very much linked to the movement in and out of different spaces: social, therapeutic and practical, for example on extended wilderness trips where therapists are camping, cooking and toileting with the group. This creates a blurred distinction between what might be considered strictly therapy space and what is social space. Some feel that this social space is very useful and equally therapeutic, and that a more formal therapy atmosphere might get in the way. This longer extract with Peter illustrates this issue:

Peter P.6

It's not like a residential hotel where you can go back to your room and let the group do whatever they do. It's a very different place; it almost seems aloof or artificial to draw that line so strictly. But then I am also thinking if, for example, I might be working with some of these people one to one as a therapist. So say it was a different kind of group say, I don't know, maybe if you were working with a project with addicts or something and you were taking them on this wilderness journey as a group and then you were going into a more formal group therapy setting or one to ones, you know, when you were going to get back, then maybe you would need to consider how being more sociable with them on the trail would affect that work when you get back, so I think maybe it's more contextual.

Getting Support

Another important aspect for those conducting therapy outside, and essential for all therapists who want to practice ethically and professionally, is the issue of getting appropriate support for their work, normally such support is in supervision with another

experienced therapist. However due to the unique and newly emerging area of outdoor therapy a lot of participants struggle to find adequate and understanding supervision:

Nigel P.3

And funnily enough my trainer/supervisor didn't buy it at all, didn't think it was going to... It was just fanciful really, it was very odd really he was very, very abrupt with me when I voiced my desire to take my work outdoors!

Martin: What did he say then, what was his kind of position then?

Just that therapy has... the psychotherapy can only occur within the four walls, very much around the issues of confidentiality and holding a safe space et cetera and really because I am new into the field and I am not an academic speaker, I am not, you know, it's one of my perceived limitations I guess, but I wasn't really able to voice my case. Do you know what I mean?

Nigel reflects a perception of outdoor work definitely present in the wider therapeutic community, that somehow it is unboundaried and unthought through. Nigel's passion and experience of working outdoors as an instructor isn't enough to convince his supervisor that the work has validity.

Peer supervision

One of the ways in which therapists can manage this support process in what is an emerging area of practice, where supervisors may not feel able to support them, is via peer supervision of each other. This is particularly relevant when working with groups over extended periods in outdoor natural settings where the therapists can support each other:

Doug P.15

I guess the most important thing of all is that M. and I never work alone in a group we always work in a pair. That is the big difference. And we peer-supervise each other constantly during the process.

Peer supervision is very important to me in both supporting my practice and developing my understanding of the practical and therapeutic challenges of moving outdoors. It also allows me to express my ideas about outdoor therapy to a wider audience in the form of an article which was published in the European Journal of Counselling and Psychotherapy (Jordan and Marshall, 2010 See appendix 6).

When going outside isn't a challenge

What emerges through my analysis of the data in relation to the therapist's experience, is a realisation that I started the research from a position that going outside is inherently problematic for the therapy process and the pragmatics of holding a frame in an outdoor space. I come to realise how much this stance is driven by my own positioning within a psychodynamic 'frame' based therapy, which has positioned both I and my clients in particular ways and locates us firmly within an indoor space in order for the therapy to take place. Although my starting position is supported by the data it is also challenged by what I find in certain instances. What emerges from some interviews is that for some therapists going outside isn't problematic. Their training in particular therapeutic modalities and ways of doing therapy lends itself very easily to working in an outdoor natural space.

Gestalt experiments

This seemed to be particularly true for therapists trained in Gestalt and arts therapies, and can be understood as originating from the way these therapies understood distress and their approach to working with people in psychological distress. Peter's narrative illustrates this point particularly in relation to his own training:

Peter P.4

I think I find almost no problem or difficulty in translating gestalt into working outdoors: I think the fact that we train to work with our clients almost totally in the moment or you are constantly tracking what's happening in the moment, what the clients feeling, what's going on in their body. It's all about the here and now and I think in working in the outdoors the theory is almost seamless it translates seamlessly into working in the outdoors. You know as the outdoors is very here and now for people, there's things to do there's things to look at.

Gestalt approaches to therapy focus on exploring and enhancing awareness, with an emphasis on setting up experiments which are designed to illuminate and challenge particular patterns of behaviour. In this way the outdoor, natural environment is an ideal backdrop for these sorts of activities (Swanson, 2001). Indeed the theoretical base of Gestalt therapy is inherently 'ecological' and sees the person as embedded in a world of living organisms (Cahalan, 1995).

Nature as an art pallet

Arts therapies approaches also seem to lend themselves quite easily to an outdoor space and how the therapeutic process might translate, because the natural world seems to provide a rich space and materials for use in the therapeutic process:

Karl P.5

Yeah and you've also got the sea and you have the sand, and you take your shoes off as well and feel the errm and sometimes it's about... for example if I am working with a sand tray indoors or with clay it's about working with the tactile materials and you have that with the sand on the beach. And with one client we were talking about her relationship with her mother and what she would like to let go of and she found aspects in the... on the shoreline where things were washed up on the beach that, you know, could perhaps represent her mother, I think she found some seaweed and a few stones and things

Delia explains this point further in the relationship between art and nature and how the medium through which the therapy is conducted is enhanced by a natural space, arts therapists tend to be more used to working with another medium in the therapeutic relationship:

Delia P.17

... thinking of using the arts, so that sometimes it has been appropriate to go for something like an intuitive walk, to again to use the resource of nature as like an art object or a creative process. So maybe to pick up something and bring it back and then you can work on it. You know so it is that sort of using nature as a big art pallet.

Given the focus on nonverbal and metaphor within arts therapies (Frizell, 2008) it is unsurprising that the aesthetics of experience and perception, within a natural space, become an extension of the usual way an arts therapist might work. There are also strong links within the work of Berger's Nature Therapy (Berger, 2006) to arts and drama based therapeutic approaches and to the foregrounding of aesthetics as having a strong therapeutic effect within the Nature Guided Therapy approach of Burns (Burns, 1998).

Really quite easy

Some therapists also find the pragmatics of setting up the therapy outdoors reasonably unproblematic, for example Justine talks about the beginnings and endings of therapy outdoors:

Justine P.16

That has been very, really quite easy. So it is still that we meet at a set time at the beginning of the hour. Where it has been, as it was to start with in the summer, I set up chairs at this spot off the path, off the track. I have left it – after the first time of meeting and showing them where it is, I have waited for them, I have got them to come to me like they would

come to my indoor room they come to my outdoor room at an appointed time.

And then the finishing is fairly straight forward as well, I sometimes ... it would be that I would be ... it might be that with a bit of a something where I might also be walking back, although usually they have gone and I am packing up the chairs or something.

It seems to me that Justine found this easy because she had thought about issues to do with the frame of therapy beforehand: she deliberately chose a space where it was unlikely she would be disturbed; she set up the chairs in such a way to maintain this space; the time boundaries of the session were held in a similar way to indoors. All of this adds to the sense of the process being held and contained in a similar way to how it would be indoors. Karl also talks about the simplicity of the process pragmatically and how he negotiates moving from inside to outside:

Karl P.5

Well part of it's the journey, we start at the therapy room and there is a minute walk down the road down the steps and we are on the beach by the sea. So we basically have a chair, we take a chair each and we say we set the ground rules, the boundaries that if we meet someone we don't say 'go away, we are in a therapy session' we engage with them

Martin: You contract for that sort of issue?

And it kind of happens naturally as well, because people are people and if someone says 'hi' or 'good morning' you say 'good morning' but then you carry on in your... it's not really a bubble it's a... the chairs help the fact that you... the seating is almost the same the 45 degree seating.

George also discusses the elements of the weather in an unproblematic way as they can be incorporated into the therapy process:

George P.20

“Engaging with nature on nature’s terms” is what I say. And the client and I, this particular lady, if we were meeting at the woods and we were going to do a two hour session, I would say bring your wellies and if you have got an anorak bring your anorak, I will have a spare pair of over trousers if you haven’t got them. And we would go whatever the weather.

It would appear that certain therapeutic modalities such as Gestalt therapy and art therapy lend themselves more easily to moving outside, which is possibly due to the nature of both how the client’s difficulties are positioned and challenged. In Gestalt therapy change occurs through an active experiential engagement with emotional and psychological processes, and the natural outdoor world would seem to be a good space in which to explore the self in this way (Swanson, 2001; Cahahlan, 1995). For art therapy it appears to be because the art therapist is used to engaging with a medium for the therapeutic process (i.e. the art materials) and that the natural context provides just such a medium through which the self can be explored.

Conclusions to this chapter

This chapter outlines findings in relation to the first research question: Why do counsellors and psychotherapists take their therapy practice into outdoor natural spaces? What this chapter tells us is there are some important findings which further our understanding of counselling and psychotherapy in outdoor spaces. Firstly, that the therapist’s own therapeutic relationship to the natural world is central to the rationale for taking their practice outside. For some, a long held belief in the natural world as healing and restorative space is brought together with their therapy training in order to start to attempt to practice outdoors. If we take the position of Wolosko and Hoyt (2012) that therapists influenced by ecotherapeutic ideas are much more likely to encourage this in their clients, it is

unsurprising that this influences their decision making in going outside. It should however sound a note of warning, although some therapists are able to articulate a client driven rational or a reasonable joint therapeutic rational for going outdoors, much more research is needed into both client's experiences of the therapeutic value of outdoor nature based therapy and the underlying therapeutic processes that come into play in outdoor nature based therapy. There is a danger that clients may feel coerced into going outside because of need of their therapist and the therapist's relationship with the natural world, independent of whatever feelings the client has.

It is clear that particular challenges emerge for therapists around how to conduct therapy outdoors, particularly in relation to both the practicalities and the frame of therapy. But also what emerges is a challenge to the implicit power dynamics of the therapy process and to both the power and identity of the therapists. Outside of the room environment a more mutual relationship has the potential to develop. It is clear just how much therapeutic space is regulated both by explicit and implicit rules around intimacy and relationship, in moving outside of the room these factors become magnified and are experienced as a challenge by the therapist. Some therapy trainings lend themselves more easily to working outdoors because of their emphasis on therapeutic process, immediacy of experience, within Gestalt therapy for example. Within arts therapies emphasis on metaphor and nonverbal processes translates more easily outdoors. Thinking through the process beforehand, in terms of timing and location of the session, also seems to contribute to the outdoor therapy being less problematic. Issues of confidentiality and location are thought about and discussed with clients beforehand and the weather is taken into account in terms of dress and coming prepared. This section leads us into the next chapter of the findings, which is about the adaptations made by the therapist in setting up the therapeutic process in an outdoor natural space.

Chapter Five

Setting up the frame and the therapeutic space outdoors

This chapter addresses the question of how therapists adapt their practice to the outdoor setting. The findings explore how the therapist sets up the therapeutic frame and the therapeutic space in the outdoors; the focus is on the ways in which the therapist adapts their practice to this new setting. One of the limitations I encountered in the literature review is a brief discussion of the practicalities of working in an outdoor natural space (Linden and Grut, 2002). The findings in this chapter contribute towards an enhanced understanding of aspects of the practicalities of both holding a therapeutic frame and setting up and conducting the therapy session in this new setting. In this section I utilise aspects of pictorial narrative inquiry by illustrating some of the sections with pictures. These pictures are labelled as either taken by the author, or in some cases sent to me by participants, in order to illustrate what they were saying in the interviews. Where appropriate the context is also indicated: this is for illustrative purposes and may be linked directly to the verbatim text. Pictures are used to give the reader an illustrative sense of the discussion, allowing the contexts and issues encountered in setting up and conducting therapy outdoors to be represented not only in words, but in pictures which evoke and deepen the narrative texts by allowing the reader to move into a visual representation of the words.

I start by exploring how therapists engage with issues of setting up and holding the therapeutic frame in the outdoors. This section is important in illustrating aspects of the 'practicalities' of setting up and conducting the work and how the therapists adapt their practice to this new setting. Sections here include contracting for outdoor work; holding and containing the space; holding and extending the time boundaries; confidentiality in outdoor settings and finally negotiating around the weather. I conclude this section by discussing how holding the frame outdoors may be dependent on the psychological state of the therapist.

This is followed by the next part of the chapter which looks at how therapists discuss and understand aspects of setting up the therapeutic space in the outdoors. As with other

findings main narrative meanings are then supported by subsections illustrating different aspects of the main meaning. The first section looks at setting up the therapeutic space, with subsections under this, illustrating beginnings and endings (of the therapy session); being mindful; using natural and living metaphors; art as a holding space; facilitating non-verbal experience and setting up sacred space. Finally I explore the relationship between the setting of the therapy and the emotional effect.

What emerges from the interviews with participants is just how much the space, the frame and the process of therapy in the outdoors are interdependent with one another. What I have done in this chapter is to pick out and illustrate some of the different aspects of how therapy is set up, conducted and contained in the therapeutic frame.

Setting up and holding the therapeutic frame



Figure 2. Group work space at Powdermill woods (Photo: Author)

In setting up a therapeutic session some of the initial challenges that I face, are linked to issues such as confidentiality, the weather, timing of sessions, how to conduct the session, (e.g. either sitting or walking) which also raises issues around where to walk and where to

sit. I set up an outdoor space which in some senses mirrors an indoor space, with two chairs in a willow dome structure. Confidentiality is maintained through signs (See figure 3.) which prevented people from entering the area around which the therapy is being conducted. I am very interested in how others understand and negotiate these challenges.

Contracting for outdoor work

As with any form of formal psychotherapeutic work, the starting point is the initial therapeutic contract. Langs (1982) states the importance of a contract at the start of therapy, and the therapeutic contract needs to be clear and unambiguous. We can see how, in attempting to create a clear contract for outdoor work, the therapist is trying to manage aspects of the boundaries which are concrete and specific whilst at the same time fluid and illusory (Bondi and Fewell, 2003) and how this has the potential to be magnified in an outdoor setting. Bob articulates this in relation to being clear and explicit about some of the above challenges to the traditional frame:

Bob P.9

Yes, and specifically state that levels of confidentiality cannot be guaranteed by myself (in terms of me speaking that can) but in terms of the potential for someone else to overhear, depending on where we are, or to intervene, is a lot higher, so that could happen. And then it is agreeing a method for dealing with that initially, even if that method gets thrown out the window by the client and something else happens and it is ... I think the therapist can still hold that safely. So actually going back to the contract – if someone came up to us and asked us the time, we did agree that we would do this but you did something totally different. So what ... so if you trace that back to that sense of knowing what is going on as a therapist, and holding someone as safely as possible when you can: but the risk is a lot more in terms of the uncontrollability of the environment. But in doing that you have made it clear, and for me it is about being explicit, and well, I have got a sort of

sheet - A4 with contract information on it, that is fine, and for outdoor work that would be more explicit, because there are more factors to consider. And as long as that is in place, and even some of the, you know, yes it could rain and that has been discussed. It is making clear, from the beginning, what are the circumstances that the therapy is happening in.

What Bob articulates in this extract is how something like the therapy contract, that in a sense hopes to make things unambiguous, has to then be contextualised into the therapeutic space in the outdoors, which has a degree of uncontrollability (indeed this might be part of its therapeutic effect). What Bob attempts to make clear in his contract are issues of weather etc, which will need to be managed within the therapy process (again they may even be part of the therapy). When therapy happens in a room issues such as weather have very little impact; when working outdoors this completely changes and therefore has to become part of the therapy contract. This links into one of the central issues for therapists working in outdoor natural environments and I would argue, one of the main reasons why the work could be seen negatively by the wider therapeutic community: the issue of holding and containing the work outside of the room space. Tensions arise in this new setting around what is controllable and what may be uncontrollable in the therapeutic space and therefore how unsafe it may potentially be for both therapist and client.

Victoria highlights how her work in the NHS involves both a psychological safety contract i.e. the boundaries of the therapeutic work: but how in working outside with clients she had to conduct a health and safety check for any risks and hazards in the route she might take with the group. The contract in this sense has a dual focus on both emotional and physical safety. She also feels it is very important to be transparent and to discuss what might happen if the client encounters somebody when working outdoors during the therapy session:

Victoria P.3

So in terms of confidentiality we talk about what would you like us to do, you know if we see somebody when we are out, would you like us to move away to the other side of the park, would you like us to go quiet,

we have a conversation with the clients about what they would like us to do and how would they like us to handle this, about all of the possible eventualities. We have a transparent contract, because being in the outdoors is all about being transparent and out in the open.

This raises an interesting point about the visibility of the work, about what is public and what is private. Bondi and Fewell (2003) highlight how the boundaries within counselling are simultaneously concrete and specific, yet fluid and illusory, how the space of counselling re-imagines a dynamic interface between inner and outer realities. In taking therapy outside the interface between what is fixed and illusory, in terms of the boundaries, becomes even more magnified. Aspects of the space between inner and outer reality have the potential to shift in an outdoor space, as Victoria suggests, greater transparency occurs, not least of which are the conversations between therapist and client that no longer occur behind closed doors. This leads to the issue of how to hold boundaries in an outdoor space.

Holding and containing therapeutic work in an outdoor natural space

An important aspect of working outside is the issue of holding a boundary, this is particularly important when walking in a more uncontained environment. Harriet highlights this around the nature of holding the therapeutic narrative itself, which can be done by steering the conversation back to issues with the client. What is also highlighted is the challenge to the identity of the therapist when working in this space outside of the room. Harriet and I are discussing how moving outside affects the power dynamics of therapy and how the therapist becomes more visible to the client and the mutuality of the relationship is enhanced, but also presents a challenge. Harriet elaborates both the challenge and what she did to manage this and how she held the boundaries of the therapeutic narrative itself:

Harriet P.2 (second Interview)

Martin : But for her – that is interesting in a way – so for her, in terms of the relational process, it made you much

more visible in a way, then: much more present, much more on a ... in a sense on a democratic level?

Well definitely, yes. In fact, you know, when we started off this morning, she was asking me how my week off had been. And we started talking about our local book shop that we both know. And that was ... and at one point I thought – ‘Oh! This is feeling a bit like you are going for a walk with a friend’ – you know, and I had a moment of – ‘Oh that is not what this is meant to be’ and I did kind of steer it into – ‘how was your week?’ ‘what has come up for you?’ and you know, kind of down the more familiar routes. But it was interesting, that ... is that managing of that edge around the level of mutuality, which can really start to – umm – well not creep in ... It is just very immediate I think.

Harriet highlights a dilemma echoed by other therapists that shifting the context of therapy outside of a room space has the potential to shift aspects of the power and relational dynamics between therapist and client. In talking of ‘mutuality’ Harriet is referring to the work of Lewis Aron (Aron, 2002) who, talking from a relational perspective, points out there is a need for a necessary asymmetry in the therapeutic relationship, in that personal details of the therapist need to be kept confidential and some forms of personal disclosure need to be kept to a minimum. But as Harriet says there is an ‘edge’ to this relationality and the therapist is called upon to make decisions about the boundaries and focus of the work in the moment.

Holding and extending time boundaries

Sometimes for purpose of the work, therapists often have to extend the time boundaries; this is quite common, particularly when therapists are walking outside and the route they take does not fit neatly into a therapeutic hour:

Lou P. 1

I think probably it was because of the walking, plus also there is a sense when you are out doors, the time factor (like an hour) doesn’t always

seem quite long enough. Because very often in that hour, sometimes they are just getting to that point of opening up or sharing deeper stuff, and then to say, well – ‘sorry your time is up’ ... seems a bit unfair. So in many ways I was quite flexible with that.

One aspect of holding clear time boundaries, especially on extended therapeutic experiences over longer time periods, is the denotation of certain spaces for certain sorts of work. An example of this is the importance of being clear around timing of things, such as individual and group sharing. Doug illustrates this:

Doug P.15

Then there is the time – you know: setting times for things to happen: the length of an activity the length of a group session, the length of a one-to-one session. And there is also about being clear about what the purpose of the thing is. And at the beginning of the week we talk about rings of confidentiality.

Doug articulates here the importance of being clear around issues of boundaries and context. As part of a structured therapeutic programme, therapeutic space may be held within a series of activities and is clearly time bounded, so that participants know when a session is beginning and when it ends. Therapeutic space can also be demarcated by stating rules around confidentiality etc. something that may not apply in social space when people are talking or preparing a meal together for example.

Confidentiality in outdoor settings

Confidentiality is one of the central challenges in working in a setting outside of the room where conversations can be overheard. In this sense it links to the processes between inside and outside, how what is essentially a private conversation has the potential to become public. Lou highlights this dilemma and what he does about it:



Figure 3. Breathing space: maintaining confidentiality with signs (Photo: Author)

Lou P.4

Well it is – once you step out of the therapeutic room, and you go outside you are in a public domain. So you are taking something that is very private and very confidential – very – you have to build trust and rapport and all of that – and you are putting it into the public view, intentionally or not intentionally. And people may be there or they may not be there. So I guess in a way, what is deemed as a private and very confidential relationship, is suddenly put into the public arena.

Again here Lou seems to be struggling with the nature of intimate space as delineated in the therapeutic encounter and just how much this has the potential to shift outdoors. Lou goes onto to say that he manages this dilemma by falling back on a person-centred position (Rogers 1957) and being led by his client:

Lou P.5

Like I said, I went with what he needed, and what he wanted. Because I am sort of client led, it is what I felt that he was comfortable with. With what ... the direction that he wanted to go. If he wasn't happy with that then we would have gone back into the room.

If there were certain situations that I sensed, or he voiced, that he wasn't happy with or places that he wasn't happy going, then we would have looked at that, and seen where he wanted to go.

When someone does come over and talk to the therapist and client, therapists discuss how they manage this within the therapeutic relationship. The following is an extended piece of narrative which really illustrates this and what the therapist does to manage it:

Justine P. 14

So actually there was only once when someone came over.

Martin: And how was that? How did you manage that?

That did feel awkward for me, and I was uncomfortable: partly because I suppose as much as anything because they were people I knew, because the whole site is somewhere where I have worked in the past, on the environmental side. And this was a few, a regular volunteer group, and they had come over actually to check on the ponies which were wandering around. They happened to be near us at the time.

So my real dilemma was kind of not wanting to engage them and yet feeling that I was being really rude, because one of them was someone that I knew. So I, and with the client, so I got up and went over to these folk because they were away in front of us, and just kind of very briefly kind of said hello – and talked about what they were doing. And with the client, when I went back, it was a case of - I am not quite sure how long they are going to be here, do you want to stay here? Or shall we move away? And the client chose to just stay as we were and in fact they didn't stay very long.

Boundaries and boundlessness

To finish this section on boundaries I use an extract from Doug, which illustrates a stance taken by some of my participants towards the notion of holding boundaries in outdoor natural settings, which is that boundaries do not need to be held in too rigid a way:

Doug P.18

So what it boils down to for me is that the creation of boundaries is, you know, the problem comes when it gets too rigid. And one of the primary experiences that people get in the wild places, of course, is where a sense of boundlessness and this immense capacity of the land to hold them, because of its size and scale. And you don't want to deprive them of that.

A recent article by Totton (2010) makes the case for the importance of boundlessness in counselling and psychotherapy practice. Totton argues that we have over-professionalised therapeutic engagement and in this sense have allowed it to become over-restrictive of both the process and an exploration of true feeling. For some therapists the move outdoors into nature is an attempt to challenge existing practices within counselling and psychotherapy, and to deterritorialise the space and the way the boundaries are traditionally held in therapy. This is in line with other critiques of the way mental health interventions are carried out within more formal environments and the therapeutic value of conducting sessions outside of a room environment in the 'real world' (Holmes, 2006).



Figure 4. Willow dome at Breathing Space in winter (Photo: Author)

Negotiating around the weather

Another important factor faced by the therapists is what to do if it rains or the weather becomes too cold or inhospitable for therapy to be conducted outdoors. In my own practice I use large umbrellas and tarpaulins in order to protect both myself and my client from the rain whilst we are sitting outside. The interviews reveal a number of ways of adapting to this issue both in relation to practical and process issues in the therapy. Harriet sees the issue of the weather as linked to both understanding the client's bodily needs and as part of an ongoing and continuously negotiated contract with the client:

Harriet P.8 (second interview)

You know, and the thing of being out in the rain: it was raining when we were out this morning: and the impact of that. Just being out there and getting wet.

Martin: How was that then? How was it – because I think part of what I have done in the past is say – ‘God it is raining, this isn’t very therapeutic’ – how did you kind of negotiate that?

Well again I think it is like, in a way, although I didn’t ask this directly, it is like well you know is your body OK out here today? Is really the question isn’t it? Is it cold – is it too cold for our bodies to be out here – that we can actually still work? Or is it OK? Is it too wet? Is it too windy? Can we still hear each other or not? And I think it is that. It was raining, but it was very mild.

Martin : And you asked that question to her?

Yes – ‘is it ... is this OK?’ – and we have always got the open contract, that she can say (as long as she gives me a bit of notice) she can say –

'can we go in today?' – and that can be for any reason. It doesn't have to be because of the weather.

In making reference to a 'process contract', Harriet again foregrounds the notion of the therapeutic frame as a process, an event that is negotiated. In this way the interface between the concrete yet fluid aspects of the boundaries (Bondi and Fewell, 2003) are engaged with as a process, an ongoing part of the therapeutic work outdoors. Justine also highlights the issue of negotiating and communicating with clients around the weather. It perhaps links to the issue of mutuality in the relationship where therapist and client have to negotiate around whether to go out or not:

Justine P.15

Well I have tended to work it so that – it has been weather dependent, so that if it has been pouring with rain we would agree not to meet outside. If it is just a possibility of a light shower then we kind of do it. But it does make for sogginess around.

Yesterday morning for instance, I had provisionally arranged to meet a client over there outside, and the footpath looked awful – so I was kind of thinking well it is clearly not going to be enjoyable, but it was kind of one of those points where the system – the system had almost gone through and it was – 'well is it ok or isn't it ok?' And she rang me beforehand to double check and that is what I have tended to do, I think. I encourage clients that if you are in doubt then call me first.

Frame dependent on the psychological state of the therapist

Something interesting that emerges, and an apt point to conclude this section on setting up the frame in the outdoors, is the idea that the therapist holds an internal psychic space that is the frame. What becomes important is the confidence and competence of the therapist in being able to hold a moving frame in an outdoor context. Linden and Grut (2002) state how the 'role' of the therapist is challenged in working outdoors, by working alongside clients gardening, the physical containment of the room is lost and the therapist therefore has to fall back on psychological boundaries, becoming more fluid in the way that they are able to

move between different conversations which are both social and therapeutic. The importance of safety and containment rests within the psychological state of the therapist, Harriet explains:

Harriet P.13 (second interview)

Yeah, I do actually. I actually think, I think what has happened is, I think I (and you have said it about you) I think I have become more confident about what I am doing outside, I think. Or some ...is having a bit ... yeah just to get a clearer sense of what might be happening. And I think that has helped. But I think naturally, I think I am ... I think actually I am pretty good at holding – holding a frame, where it is not obvious. You know, so that is the outdoors: because it is not obvious that the room is often, you know, it is almost, kind of the physical manifestation of the frame.

Martin: Oh yes, no
– it is yes.

And so when that is gone, there is no obvious frame: and I am a big believer in the quality of the therapeutic relationship, you know, in terms of that providing the solid frame. And so that depends on the psychological state of the therapist really.

If we return to Casement (1992), the idea of containment is seen to rest with the skills and competency of the therapist in being able to both hold and contain the work within whatever space they find themselves. A clear initial contract and explicit framing of the experience allows for both client and therapist to be clear about some of the ambiguities of the therapeutic work outdoors. For example: what to do if we encounter another person outdoors? Do we stop and chat? Do I, as therapist, take responsibility to engage the person and move on? Or do I direct us away from anybody who seems to be coming towards us? My way of dealing with this dilemma is to put up signs in order to maintain a safe space.

However this is not fool proof and people do walk into the therapy space from time-to-time. In this instance my contract with the client says I will deal with the situation by engaging the person and sending them on their way.

Setting up therapeutic space outdoors

One of the initial challenges for working therapeutically outdoors is setting up the therapeutic space outside of a 'given' room environment. It is very important in demarcating a therapeutic space where there would not obviously be one and, in a sense, facilitating therapeutic process within a more dynamic environment. In moving outdoors the therapist is challenged in terms of setting up a session, how to begin and end etc.



Figure 5. Entrance to Breathing Space (Photo: Author); Figure 6. Moorland path (Photo: Harriet)

How to set up and create a therapeutic space in an outdoor environment is an important part of the therapists starting to understand how to practice in a natural outdoor space. For

my own practice it is important to set up a safe contained space like the willow dome, where I feel I can practice in a contained space and can control issues such as confidentiality and to a certain degree physical comfort. Some therapists choose to walk and talk with their clients and this presents challenges in how to begin and end sessions.

Beginnings and endings

Beginning and ending the session outdoors is an aspect of the unique way the work is set up in an outdoor space. Without the confines of a room with a door and a waiting space, it means that the therapist is faced with the challenge of how to begin the therapy and how to mark the space where therapy starts (and also finishes). Without the aid of the room, the clock and the door to denote aspects of this space, and the sorts of conversations that are meant to happen in this space; the therapist has to find ways to begin and mark the therapeutic space. This is a particular challenge when meeting clients in public spaces such as car parks and moving off for a walk. The therapist is faced with questions such as when does the therapy begin? And what denotes this as therapy and different from just a chat whilst walking in the woods? Nigel illustrates aspects of how he starts the sessions:

Nigel P.6

Okay we'll head off and then as soon as we felt like we have the space I would ask 'you know, so what's kicking off for you?' and you know 'what's happening for you?' And often I would do some grounding work... That's it I am remembering now, I kind of do some mindfulness you do, for both of us; just bring ourselves into the space, let's stop, take a breather, move down this path, let's find a point where we cross. OK there's those two trees and once we're through those two trees past those two trees there, we're on our way then. When we come out and we're on our way back, past those two trees, that will be the end for today and we'll say goodbye and stuff. It depends on the climate really, there were some clients I was very chatty with and we kind of met and did the business kind of thing. One thing I wouldn't do is to go and have

a cup of tea, I wouldn't go and say right let's go... It would be 'the end' you know, get in my car and drive off.

Nigel highlights the importance of marking a shift between what might be interpreted as social space and what then becomes therapeutic space. Nigel chooses two trees to denote this space and once through them the therapy begins. It shows that without the geographic space of the therapy room other markers can be set up to denote different forms of space and therefore different sorts of conversation. Often crossing bridges or choosing a natural object or location to move beyond could denote the beginning of therapy. These geographical markers can be seen to be in place of the emotional geography of the therapy room (Bondi and Fewell, 2003) as a way of denoting therapeutic space from ordinary outdoor space:

George P.11

So I would welcome them, set them up and I would let them chat and chat as they are walking down the tarmac road past the little church and on to the Br. And I would say to them when we get to the bridge, and we cross the river there.... And that when they cross that bridge and go to the different territory, unknown probably for them, and I think that is important – to put them into unknown territory.

This demonstrates that there are different ways in which space is marked out therapeutically. Sometimes this is crossing a physical boundary such as water and travelling to the space where the therapeutic work takes place. Marking these spaces can be achieved when the work is happening in more remote locations and involves travelling some distance to the site where the therapy takes place:

Doug P.14

So the idea of boundaries comes down to ... umm, like when we were working in that environment everyone had come in by boat, so they had crossed this huge water to get there, so immediately they had crossed the one boundary, which was they were now on the other side of the water for a whole week.

Ali talks about endings and how at the end of the session she encourages clients not to leave straight away and even to explore material that they can bring next week. In a sense she is setting her clients homework in the form of explorations in the natural world to bring back into the therapy next week and it is also a way of gently ending the session. In a sense what this also suggests is the more permeable boundaries of outdoor work between when a session begins and ends, that somehow the process can become more fluid.

Ali P.3

I always encourage my clients, when they finish a session, not to go home straight away. Sometimes I will say try and be aware of what is around you and be aware maybe of the sounds around you. Or it could be to go down on the beach and look at the stones and if there is a stone that calls to you, then bring it back next week and tell me your story about it. I always start my therapy sessions with mindfulness.



Figure 7. Carved stone figure at Breathing Space (Photo: Author)

Being mindful

Being mindful is another way for the therapists to denote the space for therapy and also to start to begin to link an internal process to an external space. Mindfulness is an important therapeutic tool, and has been widely written about in recent years, especially in the

treatment of depression (Williams et al, 2007). There are different interpretations of mindfulness, but as a concept it can be linked to Buddhist psychology and is seen as a way of focusing attention and becoming more aware (Mace, 2007) and it appears that some therapists are using this technique to move clients into a different psychological space. The following extract illustrates how mindfulness is used in order to allow clients to calm down and start to focus in a different way. This quite often involves stopping talking and being silent to allow this transition to happen:

George P.11

So I don't allow them to talk, I encourage a mindful way of breathing and walking; and set that up so that they start just slowing the brain down. Because they are not chattering, they are more aware of the smell of the air, the coldness of the air in their lungs, as they breathe it in. They are aware of what they can see and what they can smell, and what they can hear. When people move quietly it is amazing what they can hear. And also I suppose, in a light-hearted way, I talk about mindful walking and I say, if they are walking mindfully they are almost certain not to slip up. Because what they are thinking about is where they are putting their feet.

Using natural and living metaphors

Many therapists interviewed refer to the prevalence of metaphors and living things and objects which can facilitate analogies with other material in the client's story. Therapists are able to utilise imagery found in the natural world to enable clients to connect and develop their emotional stories. This links to literature on art therapies and the importance of symbolism to the therapeutic process and experience (Knill, 1999; Waller, 2005). The natural world forms a backdrop and canvas within which metaphors and symbols emerge in the service of the therapeutic work as Linden and Grut (2002) suggest in utilising gardens and allotments for psychotherapy. It also supports aspects of Ronen Berger's work on nature therapy, which sees arts therapies as central to nature-based therapy (Berger, 2006).



Figure 8. Willow dome roof (Photo: Author); Figure 9. Created symbol on beach (Photo: Karl)

George recounts an incident in the room which facilitated a move into the outdoors with his client:

George P.18

And I think I sort of had my back to the window and she was facing the window and I was aware that she sort of transfixed on something out of the window. And I said to her, I hope you don't mind me saying, but I have noticed that you're focus of attention has gone outside the room for a bit, do you want to share what is going on. And she said yes I am just looking at that tree out there. And I said, what is it about the tree? She said I am just thinking about the bad relationship I had with my adopted father, and how that got better in later years and we planted trees the year he died.



Figures 10 & 11. Two forms of mandala created with natural materials in order to facilitate therapeutic work (Photo: Author)

Art as a holding space

Delia in particular talks about how important the art aspect is to setting up a therapeutic space in the outdoors. She sees the art itself as a holding presence for the work alongside the natural setting. In this sense therapists informed by arts therapies are able to transfer the idea of art as a containing medium for the therapeutic work to the outdoor natural space, which in turn is also seen as a holding medium for the therapeutic work: both are used in tandem with one another. Other arts therapists such as Farrelly-Hansen (2001) see the centrality of the partnership between the natural world and art therapy as intrinsic to the healing process. Both work with one another in order to promote healing from emotional distress. This also might explain why some therapists I interview, who work a lot with art and creativity, do not find the shift outside too difficult for their work. Delia eloquently illustrates this point making links to other forms of creative medium which act as containers for emotions:

Delia P.4

So it is the sort of physical and emotional containment and a professional containment. And I think the other thing about the art therapy, or the art psychotherapist or whatever I am called, is that I also completely – well not completely rely – but I really resource the creative process as another holding presence. So the image will hold, or the myth will hold, the story will hold – so if somebody is really, really terrified you kind of work with that feeling. But then to be able to make a painting – you know, like even offering a piece of paper means that the paper can hold it: or even the sand tray can hold it: or the clay can hold it - but also the myth. So you talk about Persephone going into Hades and there is an example of somebody being taken into the darkness.

Facilitating nonverbal experience

For some of the therapists I interview it is important to bypass language to allow people to move into a much more experiential place. This process allows an aesthetic and embodied connection to the natural world, in order to facilitate a deeper therapeutic effect. It is also another way to create a safe therapeutic space for the client that isn't solely reliant on language. Karl explains:

Karl P.6

And what actually happened, the exercise was to take a ball of clay and to work on a dialogue with a natural... I won't say natural object, but an interrelation with nature. Some people chose trees, some chose rocks and some chose the lake. And what he did, he found a tree that had a ripped limb torn from it {Coughs} and he built a screaming face over the errm this wound and there was no dialogue, no verbal dialogue {Coughs} sorry, and part of doing this was for me to see if things had to go through a verbal deconstructive dialogue to be therapeutic

Justine also links this nonverbal state to something more historical in human-nature relationships and talks about the importance of non-verbal experience in the process of therapy in natural spaces. The point links to the Biophilia hypothesis (Wilson, 1984) and to the idea that we are genetically programmed to seek contact with the natural world and that our identity and sense of personal fulfilment are dependent upon this (Kellert, 1993). This idea is also supported by recent research coming out of Alnarp University in Sweden into how the sensory stimulation of the natural world has an important healing effect in the recovery of patients suffering from burnout and depression (Ivarsson and Grahn, 2010):

Justine P.5

Well that is it, because if we think of it potentially as a connection that we have had in pre-verbal times, and from primordial times, then of course words aren't enough. It gets experience before words are there really, as it is a very sort of core interaction, in one sense.

Setting up sacred space in the outdoors



Figure 12. The willow dome space including altar and flowers in the centre (Photo: Author)

For some of the participants the creation of sacred space in the natural environment is very important for the work. It becomes an important aspect of therapeutic work influenced by transpersonal ideas and can be seen to be linked very strongly to some therapists' own experience of the natural world as a sacred space for them. It links to opening up and creating therapeutic space and for Delia this is about crossing thresholds in order to create a different space for the work:

Delia P.3

So, I physically prepare the space. I think the fact that people journey to it is part of it, that sort of sacred space kind of pilgrimage, and crossing the threshold and all that sort of Eliade, or was it Mircea Eliade talked about that.

Delia is making reference Mircea Eliade a scholar of religion and mythology. Eliade writes about the importance in setting up sacred space in order to facilitate the process of religious ritual and belief, and to demarcate this space from the profane of everyday life (Eliade, 1961). In this case Delia is setting a different sort of space linked to this idea of the sacred in nature (Sabini, 2002), in order to facilitate therapeutic work in the outdoor space. For other therapists this sense of the spiritual and sacred in nature is very important for the work:

Maria P.8

I do think that there is something divine. It is not just the natural world, for me I feel like I can be in touch much more easily with something profoundly spiritual when I am outdoors.

This is also linked into the idea of liminality and transitional space. Foster and Little (1983; 1989) utilise these processes in their work on rites of passage and their reworking of the ancient rite of the vision quest. Although not strictly counselling or psychotherapy, these processes linked to notions of indigenous Native American spirituality can have a profound psychological effect (Jordan, 2005).

By bringing therapy, religion and sacred space together we can begin to understand why some therapists are challenging the spaces of therapeutic practice in order to create more holistic ways of engaging with emotional distress. It links to research historicising the importance of religious values and their role in developing more holistic forms of psychotherapy practice (Fergusson et al, 2012). Philo et al (2011) point towards new forms of spirituality and spiritual practice (such as yoga) which allow people a depth of engagement with themselves and have considerable significance in people's lives. They propose these new forms allow people to create meaningful spaces amongst the secular geographies of urban life. In linking this to the notion of taking therapeutic practice outside of the room we can see how therapists and clients are seeking to create new forms of therapeutic space within which to explore the links between emotions and spirituality.

The relationship between the setting of the therapy and the emotional effect

Some therapists feel there is an important relationship between the geographical space and how it had an effect on people's emotions and the therapeutic process. Some believe it is important to utilise particular spaces for therapy in the outdoors. This supports the idea put forward in the developing area of emotional geography, that place has an affective quality resonant with the perceiver and emotions are more fluid and reciprocal with geographic locations (Bondi et al, 2005; Smith et al, 2009). For the purpose of the thesis and my own particular epistemological bias, I prefer the term space to place. In doing this I draw from de

Certeau (de Certeau, 1988), who makes the distinction between what he terms 'geometrical' or 'geographic' space which is more akin to notions of 'place' and the panoptic and visual. This is placed in contrast to other forms of spatiality which he terms anthropological and poetic, which denote a more 'mythic' conception of space (1988:93). Bachelard (1964/1994) makes a similar point, stating that the poetic space created by humans and emotions transcends geometrical space. So in this sense the mountain or glade becomes an inhabited relational space where emotions interact with geography and vice versa. For example Nigel talks about some of these different senses of place, and a sense of attachment to place. He makes comparisons between a glade space and a more mountainous space:



Figure 13. Highlands, Scotland (Photo Harriet)

Nigel P.13

Glades are very good, I love glades, you know, nice ... when you get that lovely rich green grass and dappled sunlight and walking into a glade: so standing on the edge of the glade and then entering the glade, entering the space... and then conversely you have the mountain space so you have that huge expansiveness of mountainside and sky and view and so essentially we're visible from miles around. So that's a place at all comfortable, with like being in my kayak and, and in those moments I'm

probably ... the quality of my relationship with people is probably one of silence, companionable silence. So more often than not I think I'd probably leaned back, lean back on my elbows and just look out at the view and I might say like 'so what is the about this view?' You know invite them just to talk about what you're looking at and 'what is it when you look at a view?'

Doug continues this point further and takes us back to the natural environment and the context of the work and how for him this relates to issues of therapeutic process. This linking of space to affect, and how particular locations affect emotions, has a strong connection to the ideas espoused in emotional geography, that emotions have a spatial quality (Bondi et al, 2005). In particular Doug makes a very interesting point about the relationship between space and affect, how particular settings are both conducive and facilitative to the therapeutic work or may indeed hinder the therapeutic work:

Doug P.16

I think once I started to become much more conscious of the therapeutic process, you know I would distinctly choose a little bowl in the ground to discuss something, it is very important to create a space for someone: because I recognised that the group at that time, what they wanted was they needed to be sheltered and intimate: but another time we would go up on the top of a hill: and another time we go to an edge, like the edge of the sea or close to the edge of a steep incline or something. Sometimes we would move to the foot of a cliff: or in the joint of a river. These places, I recognise these places hold a different therapeutic container.

He continues this point in relation to the use of tepee as part of the work and how this holds an interesting space that is neither inside nor outside:

Doug P.16

And also we use, for example sometimes we work indoors – and sometimes we work completely outdoors: often if it is very ... if we are

trying to create a particularly intimate process we reserve a session inside a tepee and that provides a really minimal space. We are not inside we are not outside, they are not completely centrally heated, but also we are not being exposed to the wind and rain.

This relationship between the inside and the outside is of central concern to understanding aspects of the therapeutic process in this new and emerging area. What some seem to be saying is that the external space has a direct influence upon an internal mental process and vice-versa. Elizabeth highlights the area of 'space' and the important effects space has on her psychology. It has an interesting resonance for me as it is something I have been, and certainly was at the time, struggling with both theoretically and emotionally. How to articulate space as something between subject and object, the effects of nature on the psyche, it's a very difficult thing to articulate and Elizabeth makes reference to this struggle in the following extracts:

Elizabeth P.1

There is definitely something for me to do with space. Space: physical space. So I find, that when I am doing, and we are talking about the work I have done with a client, but also the work that I am doing working with clients: there is something about being not confined physically in the room and being able actually to use that space to be able to move.

This is an interesting point that illuminates the importance of the body in a spatial environment and how this links to psychological states. For example, the sense that the room may be a containing space which holds the work (Langs, 1979; Casement, 1992), but at the same time for some clients it may feel enclosed and claustrophobic. Elizabeth also goes on to elaborate about the relationship between internal and external space and its importance for the therapeutic work, in that an external environment may act to free up internal space.

Elizabeth P.2

Yes, something to do with, there is an actually physical space that you are in, that you can move around in, and that for me there is something about that, that gives me a kind of ... suggests a mental psychological space to move around in as well.

Martin: That allows ... like the exterior space, in a way, mimics or reflects your interior space, or gives you some sense of inner space?

Yes and the main thing for me is to be able to move through space, is to free up my ... my internal process. So particularly if I have got something that I am struggling with, and that I find it hard to work through, or even sometimes to know what I am feeling: to be outside and to move seems to free that up. And that is, for me, that is something that I have done ever since I was a child. So it was a very long lasting ... it is quite an entrenched thing really. Does that make sense?

Elizabeth is articulating the importance of an outdoor space and how this relates to an internal psychological space. The difficulty in articulating the effect of nature on her internal world is something that a lot of my participants at times struggle with. But I think what Elizabeth is trying to say suggests a link with Stern's (2010) dynamic forms of vitality that in being able to move in an outer space allows something internal to be freed up. The deliberate use of forms of outdoor space and location was set up by some therapists in order to facilitate the therapeutic work.

Affective space

Some also believed that particular spaces have a containing effect on the work. Karl talks about woodland:



Figure 14. Woodland glade (Photo: Author)

Karl P.2

But I find for me woodland seems to work in the way it holds and contains... The tree was the holding space in lots of ways, in lots of ways the trees were like the therapeutic space.

Karl seems to be saying two things here in terms of the feeling of particular spaces. Firstly that woodland can feel like a containing space, because of the geographic and material make-up of a glade for example, the trees can act as a container for the work. Secondly he seems to be saying that this in itself has a therapeutic effect, that it denotes a particular form of therapeutic space.

Justine elaborates this point further, believing that certain spaces have a holding effect on the therapeutic work. She links this to the rhythms of nature, again making the point about an affective space, that nature has an ability to evoke feelings, in a positive way that feels holding and containing:

Justine P.6

Something else that I was going to kind of noting down around that, is something about the – ‘holding’ - is something which I tend to feel can be quite a strong sense of feeling held in a certain environment. That is also something to do with that, kind of feeling more at ease or safe. I

think is something about ... well it can be to do with the rhythms in nature. Whether it is something about the seasonal changes, in the broader picture, or the more daily kind of movement of birds coming away from roosts and going back to roost.

This seems to be important for both setting up and conducting therapy in an outdoor space, in how a different place and space can have an emotional and psychological effect. We can also see how the issue of containment in therapeutic work is addressed by some of the therapists in that a space, such as woodland can feel 'holding' and 'containing'. It also suggests that a particular affective quality, beneficial for therapeutic work, can be involved by particular natural locations.

There is also the issue of unsafe and uncontained space outdoors and this is definitely something that concerns some of my participants, Maria in particular, and is one of the predominant reasons that some in the wider therapeutic community I have personally encountered, feel that working outdoors is not a contained and safe way to work. Maria illustrates her concerns about this:

Maria P.15

And it is also true to say, Martin, that I have got ... I am quite confused about this in a way, because I do actually think that it is not ideal to be working in public woodland. So at the moment I am not working with anyone outdoors and I think I probably won't start again until I have some way of accessing private outdoor space; because I don't feel safe enough.

I will tell you what has happened, which I think sort of put the lid on it really. There was one woman that I was working with, not the first one but the second one that I started working with outdoors. And she came to me having been referred by someone for eco-therapy. So she came with a very explicit request that she wanted to work outdoors, because she wanted this to be part of her therapy.

And on two occasions we noticed a man masturbating in the woods very close to where we were sitting...So it sort of – you know I don't want to do that again. And very definitely there are certain people that I absolutely would not work with outdoors. And people, some people have asked me and I have refused to do it, because "I" don't feel safe.

This is a striking illustration of how an outdoor space can become very unsafe for therapy and how some processes may impinge in potentially destructive ways on the therapeutic process. It also highlights how working outdoors is not a panacea or a radical new form of cure but something that should be thought about and planned for carefully, not least of which how an outdoor space can be made safe enough for working therapeutically and what to do when certain events impinge very negatively on this process. Maria also states how for her the outdoor space becomes unsafe and how this makes it very difficult for the therapist to then contain the work as they are at the edges of their own safety and comfort.

Conclusions to this chapter

In this chapter I explore how therapists articulate the adaptations they make to their practice in making the move from indoors to outdoors. Moving outdoors provokes the therapists to think about the practicalities of the work. The therapeutic contract becomes important because, in moving outdoors, what appear to be the 'concrete' guarantees of therapy such as confidentiality, physical comfort and the consistency and safety of the therapeutic space, all represented symbolically by the room, are challenged by moving into a fluid and potentially uncontained space. What this also highlights is that the therapeutic frame is a negotiated space between therapist and client, the illusion that it exists as something concrete and permanent, symbolised by the room itself, is fundamentally challenged when moving outside. Both therapist and client are challenged to understand and renegotiate the boundaries of the work in an environment which is more fluid and dynamic. Therapists are forced to think very specifically about boundaries in the outdoors and how to contract for the unique contingencies of the outdoors, especially in terms of confidentiality and also the weather.

Linked to the emergence of a more fluid therapeutic frame outdoors is how the therapeutic space is set up outside of a static room environment. Without the clear demarcation of therapeutic space denoted by the four walls of a room, therapists adapt their practice in order to manage aspects of the beginning and end of sessions, and the utilisation of the natural environment, to both denote therapeutic space and to mobilise affect in relation to particular geographical locations. Locations such as woodland and more remote mountains have the power to provoke certain feeling states which support aspects of holding the therapeutic space, for example experiencing trees as containing.

In the next chapter I explore particular aspects of the therapeutic process which come into play in an outdoor natural space and how therapists understand this.

Chapter 6

Understanding the role of nature and the outdoor space in therapeutic process

This chapter outlines the responses to the question of how therapists' make adaptations to their practice and in what ways they are attempting to articulate how they understand therapeutic process in their work outdoors. Central to this understanding is the role of the natural outdoor context in the therapeutic process, how nature comes to play its part in the therapeutic work. This then needs to be placed in the service of the therapist's model of therapeutic process and their conceptualisation of emotional distress. Moving outdoors seems to magnify the relationship between inner and outer realities, and this chapter starts with an exploration of therapists understanding of this relationship and how it is articulated and worked with outdoors. I then go on to explore how therapists articulate the therapist-client-nature relationship, the effect of the outdoor natural space on the transference and counter transference relationship and how by working in a living dynamic space (i.e nature) the therapeutic process is affected. Other aspects of the therapeutic process are then explored, such as how embodied processes come into play outdoors, and how negative experiences of nature are worked with therapeutically. Finally I look at how some therapists speak about the move outdoors as challenging existing forms of therapeutic process in counselling and psychotherapy, exploring the question via the narrative accounts of whether we are moving beyond our present understanding of what counselling and psychotherapy is and how it is currently practised.

Relationship between inside and outside

A central process in therapy is the relationship between inside and outside, what is going on in the client's outside world and relationships, and how this links to their interior psychological world. This process becomes more magnified in taking therapy into the outdoors, whereupon the outside becomes the space within which the inside is understood. Victoria talks about this relationship between internal worlds and external realities. For art

therapy the outer world and image can be a bridge to the inner world, but links to external relationships are also very important for therapeutic work outdoors

Victoria P.6

One of the things that I am learning to work with is the idea that natural processes are not just metaphors for what is going on internally, traditionally we think of images as a bridge to talking about something that is happening internally. And what I think is very complex in the work that we do in nature, is that the images people can draw from nature are a way of articulating what is going on internally and that's really important. But there is also the other element of nature itself being an ecosystem, and that we have a relationship to something greater, something that is external to us, bigger than us. That it is something about people in the therapy being able to articulate what's going on inside and then it's about how they can start to relate outside, that's not just about an internal process. By incorporating nature into therapy you have this prospect of thinking about a different relationship; a relationship that is past the human.

What Victoria seems to be saying here is how natural processes link to an expanded and interdependent notion of self, something akin to an ecological self that is greater than the self traditionally positioned within psychology and psychotherapy. Bob then goes on to talk about this in relation to the room space and the outside space of the world:

Bob P.3

And so I think, some of the parallel stuff of dismantling the room, is that in therapy – when I said – one of the things that I communicate quite regularly, is the process of the room, and this kind of space is kind of misleading and it is not so much about what happens in this space between you and me now, but about the awareness you take on it into the real world. And so by placing that focus in a space, or in the real world, where you are exposed to uncontrollable factors, or people, other

people and confidentiality, or the elements, actually heightens a client's sense of actually – 'what are the realistic aspirations or intensions I should have in life?' What is it? Are we limited? What actually do we have control over? What then can I give control up? And it took some of those dynamics closer to the clients. And in a sense easier to reach and tap into, as a therapist, rather than in a less sterile room where as a therapist, my initial reaction to a bug that I couldn't control, was to infer, that somehow I had made a mistake, or as the all-powerful controlling influence, I had kind of failed in some sense.

What Bob is trying to articulate is the need for therapy to locate itself in the real world; that in some senses the therapy room can be seen as a rarefied place. By focusing solely on the relationship between therapist and client there is a danger that things may not be transferable to the outside world. When therapy takes place outside of what Bob refers to as a sterile environment, there is the potential for a focus on more existential issues such as what do we have control over? What Bob also hints at, and this was the case for other therapists interviewed, is a critique of some of the dominant ideas in traditional forms of counselling and psychotherapy, that therapy needs to come back into the 'real world'. Hillman makes this point as well, in his critique of psychotherapy, saying that therapy is going to have to go outdoors with the client, to walk down the street with them (Hillman and Ventura, 1992). To unpick this further, by taking therapy outside there is more of a direct experiential process which may magnify or illuminate particular issues with which the client may be struggling.

This relationship between inside and outside also encompasses things going on in the wider world. For some it is important to see this as an interface and bringing the world into therapy, by going outside of the room, can make things more 'real'. Bob again reinforces this point about taking therapy outside and into the 'real' world:

Bob P.4

Yes a bit more ... it is more real and less ... false. It is very, it is almost impossible to make a clear distinction, in one of the sort of prompts if you

like; again it is that distinction between our internal world and the external world. It is very much a two-way interaction, and interface. And that is the classic room kind of puts barriers round that interface, and it is all about you and what is in your head. And therefore comes sort of clinically diagnosed and the client as being anxious because of what is going on in their head. But the anxiety is part of what is in the world anyway. It is how you relate to that, and actually you are not anxious at all, it is a way of relating to the things in the world that you can't control. But hey, you can control them so hence. So it is a much more rich tapestry and 'real'.



Figure 17. View from inside tent onto hills in Wales (Photo: Author)

By going outside and engaging with natural spaces clients are having experiences that cannot always be narrated in that moment or in the particular space. Clients then need to move indoors in order to be able to discuss this experience and understand the material generated. Both Justine and Ali discuss this, how activity and processes encountered and mobilised by being in a natural space are brought into an indoor space to be understood:

Justine P.22

With another client what I have found is the fact that when we were outside the level at which she was interacting – was quite internal and

not that much was being expressed. So actually we needed to have an indoor time to process that more on another occasion. So actually they complimented each other, the indoor and the outdoor. It has been very variable according to the client really.

Ali makes an important point about therapeutic process in relation to this notion of inside and outside space as both internal and external. For her, nature is a therapeutic space in and of itself, where the client can go to be alone with their experience, and that the sharing of this should not always be done in nature but rather later in the room after the client has had this time to connect:

Ali P.10

Because I think that one of the most potent healing aspects of being in nature is the connection. The actual opening the senses and being sensory aware of nature: becoming still enough and quiet enough to actually notice what is going on and notice what is going on inside and outside. I find that quite often having a therapeutic conversation in nature is an unwise use of that space.

Ali's work links to the therapeutic ideas of George Burns. Burns (1998) sees this sensual and aesthetic connection to the natural world as an important part of the therapeutic process. He posits that emotional experience can be both accessed and triggered via engagement with natural processes such as sunsets (Burns, 2000). Burns (1998) sets nature engagement homework for his clients and discusses the effects of this in his one-to-one sessions indoors.

An 'outer' experience

Maisy makes an important point that for some people in outdoor therapy experiences, their experience can be focused more on what she terms an 'outer' experience:

Maisy P.10

You know sometimes people can go out and they can have quiet and 'outer' experience, like what if I get cold? What if I need to take a shit?

They've never shat outside and you know obviously you could frame that as psychological, but for some people it becomes quite physical in its effects.

Externalising things

For some therapists it is precisely the ability of the outdoor natural setting that allows the client to be able to externalise things – to move from things being inside their head to being able to see more clearly. Karl explains:

Karl P.4

It is perhaps the same way as working with a sand tray or in a visual art way: it's about externalising things, bringing out unconscious behaviour through working therapeutically with painting or clay or working through moving figures in a sand tray, and it's kind of, almost seems to be a bridge between that and reality where you take yourself out into the real world but you are still in a therapeutic space. And you're for example on the beach, a big influence are the waves, the rhythm of the waves, it holds in the same way that maybe the trees in the forest or the rhythm the leaves make and it is about slowing down and connecting to that. Therapy room can do that but it can also be quite sterile.

Again we see the word 'sterile' used in order to describe the therapy room. Karl makes a link between how the natural world can act as a therapeutic space that is at the same time holding of a therapeutic process. By making the link to working therapeutically with a sand tray, Karl highlights how aspects of arts therapy process run parallel to the outdoor natural space, that the medium of the therapeutic work (e.g. the art, the sand tray) is another form of therapeutic space. In his theory of transitional phenomena and transitional objects, Winnicott (1958) identifies the importance of the growing relationship to interior emotional and exterior emotional spaces for the baby. This process undertaken in relation to the mother and the outer world, is where the baby is attempting to negotiate the relationship between the 'me' and the 'not me'. Winnicott sees the transitional phenomena that the

baby is using as a way of the infant making sense of objects that are not part of the infant's body, yet are not fully recognised as belonging to external reality. He introduces that idea of the 'transitional space' a space between the dyad of inner and outer. Karl is saying something about the potential therapeutic space that nature provides and is, I believe, akin to what Winnicott is saying about the emotional space needed in early infancy to develop an emotionally coherent sense of self.

Relationship between therapist, client and nature

The relationship between therapist, client and nature is of central importance to understanding therapeutic process and a number of interesting things emerge, not only around the relationship to nature but also the effect on the therapist-client relationship. For some the outdoors and the natural space acts as an intermediary in what some clients experience as an intense process. In this way we can see the outdoor natural space, how it allows therapist and client to walk alongside each other and not have such direct eye to eye contact, as a less threatening way of doing therapy. Justine explains this point:

Justine P.18

Well I think that is something that she and I have still got to really kind of get to. She did say something about being ... I don't know if she used the word intensity, but it was something about that face-to-face that where a client can feel there is no hiding place. And their experience of the therapist is bound to be different. If they have got someone sat the other side of the room looking at them or if they have got somebody just walking alongside them, and sharing in what is being seen around. That reduces some of the anxiety I think.

We can make a link to the theme identified previously, that different spaces have an effect on emotions, that different outdoor locations can have an effect on feelings and on the therapeutic relationship and process Justine further elaborates this point:

Justine P.19

And actually the literal and outer space as well it is very different. If you are in a fairly small room or if you are in a big open space outside on the heath or in the wood, the space around is literally so different. Yes. I suppose - if you feel kind of trapped on the inside as well. And the whole thing about intimacy, and that certainly is one of the issues with this particular client that I have just been saying about.

Again similarly to Karl, Justine is saying something about the transitional space created outdoors, that for some clients who have difficult early experiences, an outdoor natural space can feel less threatening, allowing the client to make contact with the therapist more easily (this links to points made in chapter 4 about the therapeutic rationale for taking some clients outdoors and particularly those with mental health problems). Some clients find the intensity of contact created in a room environment difficult and need a different kind of space in order to feel safe enough in the therapeutic relationship. Berger (2006) in his research into nature therapy discusses the idea of nature as a 'co-therapist' in the process of nature based therapy. It is through the presence of the natural world that the therapeutic process is facilitated; nature in this sense acts as another presence which both guides and provokes therapeutic process. There is also something very important as part of the counselling and psychotherapy work to not lose sight of the important therapeutic relationship between therapist and client, which must be part of the assemblage of relationships between therapist, client and the outdoor natural space. As Harriet says:

Harriet P.2 (first interview)

I suppose for me there was going to be a human therapeutic relationship involved, it wasn't simply about someone's relationship with nature, there was something about incorporating the therapy relationship in a human sense, you know, between therapist and client.

Effect on transference and counter transference

An outdoor natural space affects the dynamics of the relationship between therapist and client, in that the therapist appears to become more visible in the process. Harriet and I explore this process:

Harriet P.3 (second interview)

Martin: That is interesting, yes, so that unique identity that she brings in a way, almost adds to that mutuality in a sense doesn't it?

Yes it does definitely. It definitely does. Umm, but you know, we referred back to something she had said. It was a bit of a ... a I suppose you could call it a door-handle remark. Except of course there is no door! (laugh)

Martin: (laugh) So is it a car-park remark then?

It is a kind of ... yes a car park remark. Yes. (laughs) definitely outdoor versions of those (laugh). Where she said – this was last time, you know I asked her how she has been, you know being out here again? And she said – ‘Well you seem to like it more!’ (laugh). And I sort of went – ‘Oooh!’ – and then I said – ‘Oh, OK, well maybe...’ and you know, and I asked her about her at that point and she said something fairly non-committal at that point.

This effect on the transference is interesting and points towards a process whereby taking therapy out of its traditional arena affects the power dynamics between client and therapist. If we think about the therapist's office as being a space largely controlled by either the therapist, or the agency that the therapist is working within, we can see how it is possible for clients to feel disempowered in this environment and how it may even reinforce the powerlessness and victimhood of the client (Proctor, 2010). The natural world may act as a

democratising influence on the therapeutic process in that neither therapist nor client own or even control the space, it is 'shared' between both parties (Berger, 2007). In this sense we can see why there may be more opportunities for mutuality in the therapeutic process and this would link to contemporary developments within therapy. The relational school of thought posits a real relationship working alongside a transference and counter transference process, allowing both client and therapist to experience each other's humanity (Bridges, 1999; Mitchell, 1988).

Therapy and nature as a living processes

Alongside what I have already articulated about the links between vitalism and Stern's forms of vitality (2010) as being important in understanding the role nature has to play in relation to therapeutic process outdoors, I want to also talk about Whitehead's process version of natural phenomena and how this links to psychotherapeutic work. The idea of moving therapy into a living space has resonance with the work of Whitehead (1920/2004) and seeing the environment as a series of events in motion, a process. Whitehead's writings position human experience as part of a progressive life force, and this works against the idea of inert simplicity in matter, giving human subjectivity a greater complexity in relation to greater organic sensitivity. Thus, experience is located inside reality not as some outside observer (Pickering, 2003). Cobb (2003) proposes that Whitehead is important for psychotherapy because he emphasises the multiplicity of ways that healing can come about. In positioning the complexity of actual occasions, embodiment and affect play an important role in bringing the self into being in relation to its environment. Cobb says that indigenous societies made no distinction between education, physicality, medicine, psychotherapy and spiritual growth. With modernity came the distinction between the spheres of life and experience. This substantialist thinking has dogged psychotherapy and led to self-centredness; some seeking a lifelong 'fixed' potential, and for others celebrating the autonomous individual. Cobb goes on to say, for Whitehead I come into existence through each moment of casual efficacy of past occasions. What I become consists of these occasions as felt in the new occasion, these 'prehensions', as Whitehead called them (Whitehead, 1978), form in each new moment with others and include our bodies, our

personal past, and, through that, members of our family. This of course varies within each individual given their unique life history and bodily felt experience of being in the world (Cobb, 2003:216).

Harriet highlights the importance of moving out of the room space, which can be seen to be a static environment, into a more dynamic living environment. She is very interested in the effect this has on the therapeutic process:

Harriet P.1 (second Interview)

Is to move into a more dynamic – the desire to move into a more dynamic setting, I think, is an extension of the way I work indoors anyway. Which is to work a lot with process and live ... what is happening here now between me and the client, or me and the therapy group – or within the therapy group? I work a lot with process. So in some ways it is a bit of an actual extension to start to move out into a more dynamic environment where there is a lot of that going on, and you get a kind of – you know – a more – a sort of heightened version of that really.

The concept of isomorphic and non-isomorphic metaphors comes from work in outward bound (Bacon, 1983) and the idea that a living and enacted metaphor for someone's life can be carried out and explored in therapeutic work in an outdoor natural space. In this sense a metaphor becomes a living enacted process. George explains this point:

George P. 26

But they use this concept of isomorphic and non-isomorphic metaphors. So if somebody has a metaphor for their life – 'it always goes wrong' – you have to try to create a living metaphor where they get a better result.

Martin: Right that is interesting then, so it is a kind of – a different kind of re-enactment of something isn't it?

People experiencing discomfort, but having to expose themselves to one degree or another, but getting their needs met, being respected, being looked after and being nurtured so they have a good experience.

This suggests the potential for outdoor therapy to become an 'enactive' space for emotions to be worked with. Rather than sitting in two chairs emotional processes are being provoked and encountered in a more dynamic way.

Creativity and living process

Karl talks about the important links between creativity and living process and how both can interact in the therapy process, allowing the client to explore their feelings on a different level:

Karl P.6

In a nutshell what was happening was that the healing was about the pain of the wound in a way, so the screaming of the voice or the marks he made over the wound had helped him in that dialogue. So OK I think there is a difference there in working directly with clay, without the tree or without nature involved, and it is something that a lot of therapies you could say do, but it's more of an intense process when you are actually involved with something else that's living. (see Fig. 18)

The point about therapy being linked to living processes, and therefore having a more powerful effect, can be seen to challenge the idea that emotions exist primarily in interior forms. Ingold (2011) takes this point further by stating that cognitive psychology struggles to see how action cannot be preceded by interior mental representation, that intention has to be conceived in thought. Ingold posits something else – that action becomes immanent to a living dynamic relational field. In this sense, and drawing from Deleuze and Guattari (1977; 1988), we can see how thought in relation to nature becomes immanent and unfolding, a dynamic living interaction with vibrant matter (Bennett, 2010). If we then relate this to therapy and therapeutic process, what Karl and some of the other participants are saying is

that the interaction within the dynamic unfolding event that is the natural world, has a powerful therapeutic effect. This effect can then be linked to the use of metaphors or engaged with creatively in order to enhance and intensify the therapeutic process.



Figure 18. Face in clay on tree (Photo: Karl)

Exploring and tuning into embodied process

This idea of the therapeutic process as being more dynamic, more in key with life-like processes, links to the idea of embodied processes in psychotherapy and the importance of the body in outdoor therapy work. Because the body is directly involved in the process of therapy outdoors, for example when walking in outdoor natural spaces, some therapists saw this as facilitating an understanding of the client on an embodied level. Santostefano (2004) proposes that the body is very important in relation to therapeutic process in the outdoors. He talks about 'embodied life metaphors' which simultaneously represent past experience

with human and non-human environments and at the same time construe the present environment within which the client is interacting (Santostefano, 2004:34). Harriet explains this as the importance of tuning in to these embodied processes and how it allows her to start building a picture of the client's processes on different levels:

Harriet P.6 (first interview)

I think once I have managed to start to tune into the clients more, and to what are the main themes of the work might be, I think I am able to use a lot more information from a client in terms of how they're moving, and then notice the kind of physical responses to me, in terms of how they place themselves sort of bodily.... I mean I think for me it's something more physical... I just think.. I, you know, it's a bit like walking with a client I saw the other week for the first time, and the first thing that struck me was the way that she was moving and how difficult it was for me to keep up with her. That for me was very dominant – and that process wasn't just the 10 minutes or something, it was for the whole hour, so I actually started to feel something in my body around her and how she was moving so it just seems more obvious really to me.

Maria highlights the importance of her embodied experience in the process of going outdoors, that there is something very important about embodied contact beyond the intellectual and psychological:

Maria P.3

There are other things that have a similar kind of effect but this is very particular. So yes the embodied sense that when I come onto the heath I notice immediately I feel like a dog (giggles). Because I can smell and I watch these dogs running around and immediately we get onto the heath they are excited, and they roll on their backs and it is like they grind the smell of the grass into their bodies. And that is how it feels for me too. I just sort of suddenly feel spontaneous again because I felt very fixed, and maybe my ego has got very kind of het up about something.

Because the body is quite central in outdoor work, due to either moving or contacting or just being in nature and experiencing the weather temperature etc, all factors which may not impinge so strongly in a room environment, we need to think about the participation of the body in nature based therapy. Frizell (2008) says the body is a dynamic organism which connects us with the outer processes of the world, and the body responds to stimuli from inside and outside and acts as a central conduit through which we can mediate an exchange between the inside and outside. Beauvais (2012) sees the relationship between the body and wider systems of ecosystemic health, as central to understanding human nature relationships. The body may somatically represent different forms of distress which are both emotional and environmental, quite often as she argues, as we have become split off from nature we have also become split off from our bodies.

Burns (2012) sees both the relationship between humans and the more-than-human world as embodied. Foregrounding ideas from attachment theory and object relations she proposes that somatic communication can go on between bodies and bodies and bodies and environments. These emergent phenomena can be explored within the relational contexts of movers and witnesses, using the idea of 'kinaesthetic empathy' (Pallaro, 2007) which involves embodying a client's feeling states and movement qualities by the therapist. This is something that Harriet highlights in her understanding of her client on a more embodied level outdoors, that by walking with her client she is able to tune into what her client is communicating on an embodied level. Gaining access to these embodied processes need not necessarily have to occur outdoors (most movement therapists work indoors), but there seems to be something about how the body responds in an outdoor natural space. Maria seems to be saying her body feels more vital and this links to both her experience of an external space and what happens internally.

Negative experiences of nature

As my sample had an overwhelmingly positive relationship to the natural world as a healing space, there were limited examples of a negative experience of nature in the data. Victoria talks about this in relation to her client group:

Victoria P.7

Its interesting nature isn't just about that, you know if you think about the Mabey (she is referring to a recent radio show on ecotherapy where Richard Mabey spoke about his depression and the difficulty in contacting the natural world) that nature is not a benign process ... Nature can be persecutory: its interesting because one of the patients I am working with at the moment, it has been a particularly wet year this year, and she has really picked up on that and she has a great sense of humour and she laughs about stuff in terms of who would want to be out in this; and when it's cold the group sometimes say in exaggeration you know, 'we are dying of hyperthermia' and its important that we honour that and listen to them, for me. Sometimes the inclement weather mirrors the internal process and madness inside.

This is an interesting point, as Mabey had said something similar in that nature was not all good and benign. He makes the link between this, the idea that during winter nature goes into 'recession' and his own clinical depression. He feels that he had gone into 'recession' during this period of bad mental health and that this could be seen as a natural process (Mabey, 2008).

Moving beyond counselling and psychotherapy?

What starts to emerge from the interviews is an understanding of how aspects of therapeutic process work differently in an outdoor natural space. In this there is a sense of moving beyond traditional notions of therapy as contained within a limited time span, within an indoor space. Distinctions between what is therapy, what is therapeutic and indeed what constitutes psychotherapy are touched upon by some interviewees. Peter illustrates this tension, particularly in relation to the role of the therapist, in moving in and out of different spaces and processes over an extended period of therapeutic work in the outdoors. Therapy starts to move on a continuum and doesn't become rigidly conducted in

particular ways and at particular times, which also has an effect on the therapist's identity and role:

Peter P.6

You're talking about a continuum of work aren't you? You're talking about personal development work and this continuum through to a particular kind of therapy or part of a therapeutic programme, and I think it must just depend on the project, because I have found I have been able to be more myself in those informal times. There is an awful lot more seems to happen because I am also part of that process and if I keep myself out of that process then I don't know, it just doesn't seem right

Some participants state that in working in natural spaces they are expanding notions of self and psychology. Doug proposes this and then locates the problem with the historical antecedents of some forms of psychotherapy:

Doug P.9-10

It is a mixture, we are very clear that we are not entering into psychotherapy with people – and we occupy the ground somewhere between the two, which is interesting in itself. I think a lot of this, in the therapeutic work, is actually – rather than it being an amalgamation of psychotherapy and working outdoors, is actually something new, for and of those two things

Bearing in mind that, you know, we are coming to realise that, you know, as human beings, we need psychotherapy or a therapeutic process that will allow us to live out that realisation. So, you know, if you are living in Vienna in the 17th century, what Freud might have had to say would probably be perfect in your context: your awareness of your context: whereas now it is just like an anecdote. And I think part of the problem is this idea of the self as contained – the psyche – is contained within the individual.

Buzzell and Chalquist (2009) also propose that traditional forms of psychotherapy are not up to the task of the challenges faced by human beings at this time in history. They argue that the psychology industry is firmly committed to convincing the public its sufferings are internal and therefore treatable by the status quo that exists within traditional therapeutic models. Positing problems within the industrial growth of society and the ills this brings to bear upon both the planet and the species who inhabit it, they argue that ecotherapy represents a new form of psychotherapy that acknowledges the vital role of nature in the therapeutic process and sees the human-nature relationship as central to therapeutic process. Hillman and Ventura (1992) echo this point in relation to psychotherapy and the wider culture, that somehow psychotherapy has not gone far enough in its thinking, that by focusing on the internal makeup or the family of origin of the client, it hasn't connected to the wider world and is therefore incapable of treating the individual (Hillman and Ventura, 1992:54).

In discussing her work on facilitating the development of an ecological self, Maisy struggles with the way, in the research, how I question and identify psychotherapeutic process in the natural world. She does not see any distinction between psychotherapy and what she feels, seeing herself as embedded within a wider living process and as a way of being in the world:

Maisy P.5

That was one of the difficulties with the questions really, I can't separate this from psychotherapy, I can't separate this from my being, when I am outside, you know that's the way I see it all, I can't say you know that this is psychotherapy and this is being out Kayaking or something. It just all feels part of the same thing it's just part of a way of being

Although Maisy doesn't make a clear distinction, I wonder whether her participants do and how they make sense of the therapeutic parts of the courses she runs:

Maisy P.10

Martin: When you work with people as part of the n. c. process do you frame it as psychotherapy? In

terms of the frame and boundaries how do you locate them in that work?

They know I am a psychotherapist and they know they can come and do some one to one work me if they need to, and one of the participants said in feedback, knowing there was a psychotherapist made it o.k. to go to the places we went and know that we would be held.

So in this sense the identity and skills of the psychotherapist are still important for the work to have the potential to go deeper into emotional processes, these are linked to the development of an ecological understanding of self.

Finally Delia sums up the move beyond some of the historical and traditional aspects of counselling and psychotherapy within an indoor environment. She, and others I interview, see the move outside not only as a physical move, but also as a psychological, social and political move beyond the confines of how psychotherapy might be understood. She talks about the importance of giving power back to clients in order that they can resource themselves. She sees this linking to a wider context of what might be therapy and therapeutic:

Delia P.11

It is the therapeutic relationship. And the other things that make a therapy effective seem to be things outside that. Like the social context and the 'hope for change' and all these things. And I think that therapy then shouldn't be so 'up its arse!' (laughs) In that when I have got clients, groups or one to one, I want them to be able to resource everything that is available. And that will include their own ability to resource poetry, to resource nature, to resource how therapeutic it is for them to go for a walk.

Conclusions to this chapter

If shifting the frame and process of psychotherapy into outdoor natural spaces fundamentally challenges traditional notions of how to conduct the process of

psychotherapy, how therapists cope with this challenge is an important finding that contributes to a wider understanding of counselling and psychotherapy in outdoor natural spaces. We see how the practice of therapy shifts and how different therapeutic processes come into play.

By shifting the 'space' of where therapy is conducted to outside of a room environment, the relationship between inner and outer reality is magnified. This may be for a number of reasons, as traditionally therapy tends to focus on the client's inner reality and where this meets outer reality in other relationships. The two-person therapeutic relationship shifts by introducing a third space into the equation i.e. the natural world. This challenges both therapist and client to examine more closely the relationship between inner and outer reality especially where this meets the external outdoor space. Therapeutic space has the potential to become more dynamic and active. It may also be that this outdoor space forms a safer emotional arena within which clients, who have experienced difficult early attachments, can negotiate intimacy with the therapist in a less threatening way, I make links to Winnicott's concept of transitional space and phenomena (Winnicott, 1958) in order to understand this. The outdoor space also has an effect on the transference and counter transference relationship, by moving the encounter into a more democratic space which impacts on the implicit power relationships present in the therapeutic relationship. These factors lead some to challenge the traditionally held concepts of counselling and psychotherapy and the dominant paradigms that have underpinned them. In particular some therapists, drawing upon the critique offered by ecopsychology about the deadening effects of industrialised capitalism on the self, place therapy in the service of a more radical reconceptualisation of human nature relationships and the promotion of better mental health.

Chapter 7

Discussion and reflection

The previous three chapters reveal aspects of the research findings and begin to discuss and link these to writings and theories outlined in the literature review. In this chapter I discuss and position these findings both in relation to my original research questions and to the broader context of counselling and psychotherapy practice. I discuss how the findings have implications for understanding the practice and the process of counselling and psychotherapy in outdoor natural spaces. I tell the story of my journey and experience through the research process. This is in order to position myself reflexively in relation to the research process and to give a clear sense of how my research questions are shaped and understood throughout the research (cf. Etherington, 2004; Alvesson and Skoldberg, 2009).

Returning to the research questions and discussion of findings

I will now return to aspects of the findings, in order to elaborate and expand on certain meanings which emerge, and to place these in relationship to the existing literature on therapeutic work outdoors and within the broader context of discussion about what these mean for counselling and psychotherapy practice in outdoor natural spaces. As the aim of the thesis is to describe, interpret and explain the process of conducting therapy outdoors, my aim will be to outline aspects of the findings that seem pertinent and important to discuss. Of my three central research questions, the first sought to understand why therapists choose to take their practice outside into natural spaces and I will discuss how the findings address this question in terms of understanding the therapeutic rationale for going outside. The second question seeks to understand what actually happens for therapists when they take their work into outdoor natural settings. What emerges from this question are the challenges faced by some therapists in taking their practice outside, which centre around their professional identity and practice, and impact on their ways of understanding therapeutic process in this setting. However for some it is not a challenge and there is interesting information to be gleaned from this. Lastly, I seek to question

therapists around how they adapt, or not (though it seemed most make adaptations) their practice to suit this new setting. From this question findings point towards an understanding of how the frame might operate in this new context and also how we can understand aspects of therapeutic process in this new setting. In discussing the findings I make links to relevant material outlined in the literature review.

The first research question seeks to try and understand the therapeutic rationale given by therapists for taking their therapeutic practice into the outdoors, why and how they understand a need to shift their work outside of the confines of the room.

Understanding the therapeutic rationale for going outside - Why go outside?

Therapist's own relationship with the natural world

Understanding the rationale for taking one's therapy clients outside of the safe confines of a room space, and out into nearby and more remote natural locations, is a central starting point in beginning to understand and explain what happens when counsellors and psychotherapists take their therapeutic practice into outdoor natural settings. What emerges from the interviews and narratives is just how important the natural world is for the therapists, as a resource for psychological restoration, recovery from fatigue, an escape from the tensions of urban living. Alongside this, therapists are using the natural world as a place for leisure and exploration, such as walking and swimming, whereby an embodied connection to nature can be explored. It is also, for some, a place where they feel a deep personal connection to something bigger than themselves, and in a broad sense, a spiritual and aesthetic connection to something Divine. This connection, which stretches back to childhood for many therapists, is a central building block upon which they make the decision to attempt to move their therapeutic practice into the outdoors. Therapists want to share and somehow attempt to translate these personal healing experiences into their therapeutic work with their clients, hoping their clients will benefit in a similar way.

The role of the natural world in the life of the therapist, as a space for healing and restoration, would seem to support the research carried out in the field of environmental

psychology (Ulrich, 1984; Ulrich and Parsons, 1990; Ulrich, 2000; Kaplan, 1995). The therapists' experiences point towards their use of nature as a restorative space which enables them to cope with the stresses and pressures of their lives and work. The centrality of the relationship with nature is an important aspect in why the therapists struggle to translate their own experience into their work with clients. The relationship is a central part of their identity, and an important ongoing relationship requiring regular maintenance. Although this relationship is not a uniform experience for all therapists, for example some foreground the notion of the outdoors as a space for physical and psychological challenge akin to ideas from adventure therapy (Richards and Peel, 2005), others place nature as a space for deeper connection with something more profound and spiritual (Sabini, 2002; Foster and Little, 1989). However, in essence nature plays a central role in the lives of the majority of the therapists I interview, and a central aspect of their motivation to take their practice outdoors in order to translate this experience into their work with clients. Linking this to existing literature within relational approaches to counselling and psychotherapy, nature can be seen to act as a form of transitional object for the therapist (Winnicott, 1951), allowing them to negotiate more complex attachment patterns arising from early experience, and to locate nature as a form of secure base (Bowlby, 1969). Some therapists are also seeking to revitalise their practice, by having an experience as a client of nature based therapy, they are able to find, through movement in a more dynamic outdoor space, 'forms of vitality' (Stern, 2010). Some of these findings point towards an interesting expansion of understanding of relational phenomena in psychotherapy; that nature can be positioned as another form of object relation, an important attachment. This supports Searle's assertion that the more-than-human world is important for development and emotional wellbeing (Searles, 1960). By moving into a more dynamic environment which has vitality effects (Stern, 2010) we can begin to try and understand why and how the natural environment can be utilised in counselling and psychotherapy in the service of revitalising and understanding other relationships. There is a difficulty in pin-pointing variables that account for nature's healing affects and these early findings, of the importance of the natural world for the therapist, may contribute towards an expanded understanding of therapeutic process in nature, especially as these apply to relational and developmental aspects of psychotherapy (e.g. attachment theory).

Research by Wolosko and Hoyt (2012) into ecotherapy proposes that therapists who have experienced the restorative and healing capacities of the outdoor natural world are much more likely to facilitate this process for their clients. There are, however, some potential problems with this rationale in that therapists may, in a sense, be imposing this view of nature on their clients. Some people clearly do not position the natural world as a healing restorative space, and in encouraging clients to go outside therapists may be in danger of provoking a negative therapeutic reaction. Clearly much thought needs to be put into the rationale for working with clients in outdoor natural environments. As Nigel says – “the therapist needs to engage in a professional and ethical dilemma about ‘impelling’ clients into an experience”. Maria also talks about the process of discussion with her client over a period of time, exploring how the experience would be. These issues are central in developing a ‘joint’ understanding of the therapeutic rationale for going outdoors.

Clients seeking out a therapist who works outdoors

The process of taking counselling and psychotherapy outside is much clearer if a client requests this service from the therapist. Some of the therapists I interview, who are working in private practice, set up websites which advertise that they work in outdoor, natural environments as part of their therapeutic practice. Clients seem to be approaching therapists because of both a personal connection to the natural world and a belief that experiencing therapy in an outdoor natural space will facilitate a deeper and perhaps less threatening experience of therapy than sitting in a room. This may also link to how and why certain clients, who may experience sitting face to face with a therapist as difficult, experience the natural world as a third and less threatening presence in the therapeutic relationship. Also, by walking side-by-side with their therapist (if conducting a walking and talking therapy session), they find this form of contact easier.

A client-led rationale for going outside can be seen as part of the process of empowering clients in the therapy process. It can also be seen as facilitating a challenge to the status quo in the therapeutic process. Berger (2007) highlights how the therapeutic space in nature becomes more democratic between therapist and client, and this seems to link to the fact

that in principle neither therapist nor client 'owns' the space, especially so when working in more remote locations or public areas. The therapist's room space is largely controlled by the therapist and subtly positions both client and therapist facilitating the sorts of conversations to be had by both parties (Bondi and Fewell, 2003). Therapists find that when moving out of the room space the dynamics of the therapeutic relationship shift. A more democratic relationship engendered by working outside allows for more visibility of the therapist and shifts aspects of the transference relationship. This occurs through the therapist becoming more known and visible in this space. Clients may be seeking out a different sort of relationship, both with the therapist and the natural space where the therapy takes place.

Therapists themselves are also seeking out therapeutic experiences in nature, as part of an organised trip, and are clients of therapeutic experiences in nature. For some this is very useful in facilitating their understanding of the therapeutic experience in outdoor contexts and is an inspiration to try and translate their own experience into their therapeutic practice. The client led rationale for an outdoor therapy experience is limited in that it is filtered through the narrative of the therapist and the limitations of the thesis in only addressing therapists' experiences. Further post-doctoral research is needed exploring clients' experiences of therapy in outdoor natural spaces.

Part of therapeutic rationale with the client

In relation to the literature on nature based therapies there are various aspects of why nature is used with individual clients as part of the therapeutic work. Linden and Grut (2002) propose that nature is an ideal medium for therapeutic work because of the nature of the client group they are working with, where a room-based psychological intervention would not be understood or appropriate, for clients from different countries and cultures, who are severely traumatised by torture and dislocation. Nature is seen as a safe space through which to engage in a non-threatening and supportive way via a medium such as horticulture.

This idea, that some client groups need a non-threatening medium outside of a confined room space to engage with therapy, is raised by some of the participants. Lou and Victoria both articulate how for some clients with more severe mental health problems, an indoor room space may not be appropriate for therapy. By focusing on the therapeutic relationship and how the natural context can act as both a mediator and another form of therapeutic presence in the relationship, they highlight the fact that for certain groups of clients, human-to-human relationships can be very threatening and intimidating and how a room space may intensify this experience. By taking clients outside, the natural space may act as a mediator space to lessen the intensity and difficulty of human-to-human contact, and may even act as a co-therapist (Berger, 2007). As part of this joint rationale, issues of the client's emotional state and psychological need have to be taken into account.

Ali also highlights how, for younger client groups, the natural world as a space for therapy may also facilitate different forms of engagement with the therapeutic process. This is particularly so for clients who are less verbal in the way they engage in therapy. In the example she gives it may act to help sustain a relationship which may not have been possible indoors. This would also be supported by Santostefano (2004) who writes about relational psychotherapeutic work in the outdoors with children, seeing the process as working on an embodied level. Children represent metaphorically through their bodies in the outdoor space, the problems and the issues they are struggling with. This less verbal way of working, supported in other therapeutic fields such as play therapy (Cattanach, 2003) is seen as a way of meeting the child both in terms of where they are and in a context which supports their way of being and sense of self.

It may be that for particular groups of clients, such as those with more severe and enduring mental health problems or children with emotional difficulties, an outdoor natural space may be a more conducive space in which their emotional material can be explored. More research needs to be carried out into the efficacy of therapy in outdoor natural spaces, and why and how this environment is better suited to working therapeutically for these clients.

Adventure therapies utilise the concept of ordeal and challenge in order to facilitate therapeutic change (Richards and Peel, 2005) and although nature as a therapeutic space is under theorised in these approaches, it may provide the best medium within which to work

with some issues. Nigel points to how particular therapeutic issues, such as a difficulty with being alone and being comfortable with oneself, may benefit from particular therapeutic exploration in an outdoor natural context. Nigel discusses how the 'solo' experience may help a client in terms of exploring issues that arise from this process. In this sense we see how a more active and experimental approach, linked to ideas from Gestalt therapy and the process of setting up experiments for the client, can work in an outdoor natural space (Swanson, 2001). This also links to Burns (1998) in his 'Nature-Guided Therapy' approach who advocates the use of specific homework activities, unique to the client's presenting difficulties, which are brief and solution focused, such as watching a sunset. Thus Burns (1998) provides a behaviourally oriented rationale focusing on specific experiential activities in nature which will address a client's presenting problem.

The findings and the background literature on nature based therapies (Jordan and Marshall, 2010; Berger and McLeod, 2006; Berger, 2006; Burns, 1998; 2000) all point towards a developing therapeutic rationale for the use and integration of nature based interventions in counselling and psychotherapy. The findings support this literature and also point towards why nature may be a suitable medium for particular client groups, where a room based intervention may not be appropriate. Also specific experiential activities within natural environments, as part of a therapeutic intervention with a particular client, provide a rationale for the use of nature within therapy. As the field develops and more practitioners take their clients into outdoor natural contexts, writing up these experiences and contributing towards an evidence base of therapeutic work, will begin to support the growing understanding of how and why clients make decisions to go outside and for which particular therapeutic reasons and outcomes.

Connecting to nature to develop an ecological self

Some participants speak of their practice outdoors as driven by concerns about the environmental crisis, and their therapeutic work as facilitating the development of an ecological self. In terms of the relationship with ecopsychology and counselling and psychotherapy in outdoor natural environments, some therapists are motivated by a

rationale which is driven by the need for reconnective ecological praxis (Fisher, 2012). At this time in history we are facing an environmental crisis, which I argue elsewhere is a crisis of relationship (Jordan 2009a). From this perspective psychological distress is caused by the split between person and the planet (Roszak et al, 1995); psychotherapy is utilised in the service of healing this split in the form of ecotherapy (Buzzell and Chalquist, 2009). Doug and Maria in particular articulate this position most clearly in describing the rationale for their therapeutic work in the outdoors. Driven by an understanding that the ego has developed in tandem with industrialisation and has lost a connection with the natural world, this split with nature needs to be healed (Naess, 1973). There is a fundamental emotional process underlying this connection and disconnection which is addressed by conducting therapeutic processes with groups in more remote locations. Utilising both the natural context and the group as containers for therapeutic work and therapeutic change, the ultimate aim of this kind of therapeutic work is to promote ecological awareness and encourage people to act to protect the environment from further destruction.

Projects such as the Natural Change Project (Key and Kerr, 2011) utilise aspects of psychotherapy, especially in exploring emotional and group processes, in conjunction with ideas and practices from outdoor experiential education and forms of reconnective ecological processes, such as mini Vision Quests (Foster and Little, 1992). These projects offer an example of psychotherapy in conjunction with ecopsychology and help us to see from this perspective how a more multidimensional therapy is emerging in the outdoors. By having multiple lenses on both the environmental crisis and positioning this as a crisis of relationship, therapy is placed in the service of reconnection and emotional engagement. Writers such as Joanna Macy (Macy, 2007) outline the deep despair and process of loss going on for many in the current environmental crisis. Some practitioners are doing psychotherapeutic work outdoors in relation to these issues.

There are some problems with this approach, in terms of psychotherapeutic work, similar to the dangers of the therapist's own relationship with the natural world being imposed upon the client. The political and social agenda associated with this sort of work may get in the way of balanced therapeutic engagement on both the part of the client and therapist, and an agenda of environmental activism and change may be imposed upon the client. At the

same time the participants who privilege this way of working in the outdoors, are articulating a need for a revision of our concepts of distress to include the separation from the natural world. What these therapists propose is that the dominant models of distress, espoused by counselling and psychotherapy trainings need to be expanded to include concepts from ecopsychology and include the more-than-human relationships which are argued to be of central importance in developmental processes.

Ways forward in understanding a therapeutic rationale for conducting therapy in outdoor natural spaces

The narratives of the therapists which support existing understanding of the therapeutic rationale for outdoor work, relate to aspects of how and why nature is positioned as therapeutic and possesses healing and restorative possibilities. Clients seeking out this service from therapists, especially those working in private practice also seem to believe that nature offers possibilities different from working in a room with their therapists. In terms of working in the NHS in mental health settings, some therapists are starting to incorporate nature into their therapeutic work. This has been supported by the MIND report (MIND, 2007) and other research (Wilson et al, 2011) leading to a wider recognition of the emerging field of ecotherapy. In the UK especially this term is linked to interventions akin to occupational therapy and horticultural therapy, alongside green exercise initiatives (Barton et al, 2011). Interest and support for green care as a mental health intervention is growing (MIND 2013; Sempik et al, 2010) and as part of this evidence and support for the use of psychological therapies within natural spaces we need further elaboration and research to build upon the existing literature in this area.

The existing literature on nature based therapies is growing and needs further expansion as the field grows. More case study research and other forms of outcome and process-based research work are needed to support and build a rationale for outdoor nature based therapy, if it is to gain wider support outside of its uptake predominantly in private practice. My research does not make a significant distinction between working with individuals and working with groups, and there may be some interesting things that emerge from these

different ways of working. I also make no significant distinction between different geographical locations, for example between working in a nearby park and working in more remote locations such as mountains.

What happens for therapists when going into outdoor natural spaces?

The second question the thesis is interested in exploring is what happens for therapists when they move into an outdoor natural space. The background literature is largely mute on this subject apart from one notable exception, Linden and Grut (2002). They state how the 'role' of the therapists is challenged in working outdoors, by working alongside clients gardening, the physical containment of the room is lost and the therapist therefore has to fall back on psychological boundaries, becoming more fluid in the way that they are able to move between different conversations which are both social and therapeutic. I largely position this process as a challenge and as something which can provoke difficulties in areas of professional practice, such as holding boundaries and issues of confidentiality and containment in the therapeutic work. This is based on my own reflexive experience having taken my practice outside and a strong hunch that therapists who are trained primarily in a frame based approach to counselling and psychotherapy (Madison, 2004) will encounter certain issues in relation to the boundaries of the work that are, I believe, unique and distinct from practising in an indoor environment.

Some therapists' narratives do express this fear and tension in moving outside of the therapy room, and how it will be seen by peers in their professional community, and it is part of my experience in conducting this research that those negative attitudes still strongly prevail. The process of moving outside and working in a more open and uncontained environment does present challenges for some therapists in relation to their professional identity and how to hold boundaries within an outside environment. Some of this focuses on their ability to maintain confidentiality and manage the physical impingements of the environment, such as the weather and temperature. However, contrary to my expectations the move outside is not a challenge for some. This raises some interesting issues in relation to how certain modalities of therapy may be better suited or adapted to working in an

outdoor environment and also how some therapists work more creatively with boundary and frame issues.

Challenges encountered - the professional identity of the therapist

Identity issues emerge throughout the research for some of my participants, their professional identity as either a counsellor or psychotherapist is challenged by the move outdoors. For some it feels as though they are breaking the rules and transgressing the normative boundaries of therapeutic work, while others feel their training background, particularly if within the traditions of psychoanalysis, is not helpful in allowing them to practise in more diverse ways. The fear of retribution from professional bodies and peer groups is also quite strong for some of the therapists I interview. The feeling that their colleagues or professional bodies will view the move outside as transgressive of normal practice. Indeed in Maria's narrative she articulates the fear of being 'struck off'. If we look at codes of professional conduct and explicit rules within the literature of the main bodies regulating practice, for example the United Kingdom Council for Psychotherapy, British Association for Counselling and Psychotherapy, Health Professions Council and the British Psychological Society, there appears to be nothing explicit about where the therapy has to be conducted. These norms and directives governing professional practice, while central to the underpinning of safe, ethical and professional practice, have become custom and practice so that in moving outside therapists have had to face both a real and imagined challenge to their professional identity. Some call for a move away from over professionalised practice in counselling and psychotherapy, advocating freer and less restricted forms of practice (Totton, 2011). At a recent conference I was approached by someone from the BACP to consider about writing some guidelines on practice in the outdoors and at the time of writing I have not followed this up, largely due to conducting this research and wanting to understand more deeply the issues involved in professional practice in the outdoors. However it seems important that I and others in the field need to start to contribute towards a firmer understanding of safe, ethical and professional practice in the outdoors. However there may be an inherent tension between the need for evidence based, 'professional' practice and the critical challenge offered up, both explicitly and

implicitly, in taking therapeutic practice outdoors which challenges long held notions of how therapy should be conducted.

The challenge to the professional identity of the therapist when moving outdoors is linked to the relationship between client and therapist. In moving outdoors the therapeutic space appears for some to become more democratic, dissolving aspects of implicit power dynamics felt in the relationship when working in an indoor space. For some therapists this is one of the political aims of taking their work outside, for example by challenging the status quo and working in more creative and expansive ways. However moving outside does have a challenging effect on the transference and counter transference relationship. Some therapists report that initially it feels as though they and their clients move into more of a friendship relationship and that they have to work hard to maintain the focus of their conversations on therapeutic issues. It may be that moving outside of the emotional geography of the therapy room, as Bondi and Fewell (2003) argue which denotes and demarcates issues of confidentiality and boundaries, that what appears to be concrete and specific, becomes fluid and illusory. In taking therapy out into the world the boundary between ordinary life and the special and unique safe space of the counselling process, normatively held within a room, becomes permeable. So it is unsurprising that both therapist and client struggle to renegotiate the boundaries in this situation. This links to one of the main challenges experienced by some of the therapists around the boundaries of the work – the frame.

Challenges in professional practice – the frame

The challenges experienced in relation to the frame and boundaries of the work interweave with other aspects of conducting therapy outdoors, such as the therapist's identity and the therapeutic process. In moving outside the therapists are faced with the challenge of how and in what ways the confidentiality of the work can be maintained. The confidentiality of the work also links to the emotional and psychological safety of both client and therapist, which in turn links to how safe and contained the therapeutic work outdoors feels for both parties. The existing literature on this relates to earlier work by Jordan and Marshall (2010),

where we propose that aspects of the therapeutic frame shift in the outdoor setting, that the contract and aspects of the work need to be rethought, for example what to do if one encounters others when working outdoors and how to manage this. Therapists' accounts support our initial thoughts and experiences articulated in the article when moving outdoors.

Boundary issues are a central concern in taking therapy outside and require a lot of thought and negotiation. At the same time therapists have to experiment and take risks in moving their work outside, encouraging boundary issues in the outside space in the process of doing the work. In relation to containment, therapists are challenged with 'what if' questions, such as what to do when they encountered another person (for example walking their dog) in this outdoor space. They are faced with questions of how this might affect the therapeutic process and the therapeutic relationship. As most therapists know, this is no easy task even inside a room space, where there are multiple levels of emotional and relational dynamics coming into play continuously in the therapeutic relationship. It would seem there is much more going on outside in relation to issues beyond just the client's narrative, including issues of embodiment, physical comfort and safety, and the aesthetics of the natural space.

Trying to tune into and maintain the therapeutic relationship, in an outdoor natural space is a challenge, when there are a number of potential distractions such as noise, weather, visual stimulation etc. These all have the potential to be initially overwhelming in terms of sensory overload, alongside encountering other factors in relation to holding the therapeutic frame. From my own experience keeping with this process and tuning in to my clients has helped me to begin to understand where the outdoor work is similar to working indoors, in that the client's narrative is central to the therapeutic process, and where the work is different by the fact that it is taking place in a more dynamic living environment and how this needs to be incorporated into the therapeutic work.

Due to the difficult nature of working in this way, and the potential to be seen as transgressing the boundaries of the work, therapists need to seek out support from peers and others. This peer support is of central importance in helping them discuss the challenges of the work, and also to understand what therapeutic issues are coming into play in working outdoors. This is also important in furthering issues in relation to both

professional practice and understanding the therapeutic work. As Lou discusses, the nature of his anxieties in relation to working outdoors and where these belong in the therapeutic relationship, is an important part of how to work competently as a therapist. Being able to take these issues to a supportive and understanding supervisory relationship, where the complex issues of working in an outdoor natural space can be understood and thought about from a number of angles is, for me, a really important part of understanding the challenges of working outdoors and being able to think these through.

When going outside is not a challenge

What is an interesting part of the findings for me is when therapists talk about how they do not struggle as much as I have in making the shift outdoors. What this seems to point to is how certain ways of working may be better suited to an outdoor environment. It seems that Gestalt therapy (Swanson, 2001) with its emphasis on experiment and inquiry, allows a practitioner influenced by these ways of working to utilise the environment as a medium for therapeutic work that fits with a more enactive style of (therapeutic) intervention.

Similarly for therapists trained in arts based approaches, the natural world is seen as a medium through which the therapeutic process can be explored, either in a metaphorical form, or possibly in an embodied way, as in dance movement therapy. As Delia states, nature can be seen as both a resource and another context for the creative therapeutic process to work within. In this way therapists who are trained to work with a medium within the work, such as art, drama or music, can more easily incorporate the natural context as another medium through which the work can be conducted.

On further reflection, one of the questions I could have pursued further in the research, and that needs further elaboration in post-doctoral work, is the question of how prior therapeutic trainings either help or hinder in the move into the outdoor natural space. I highlight how some trainings facilitate the move, but more in depth research can be done to explore how specific trainings and approaches 'fit' or not with the move outdoors.

Adaptations to the therapeutic frame

The third question I ask in the thesis is how the therapist who is practising in an outdoor natural space adapts their practice (or not) to this new setting. I want to understand how, after encountering some of the challenges of working in this new context, the therapist adapts (or not) their practice. What emerges is how therapists negotiate and understand issues of safety and containment of the work and how they set up the therapeutic frame in this new setting. Subsequent to this and what also comes across, is how the therapists understand the therapeutic process in this new setting and how their existing ways of working therapeutically are translatable to this new setting. For most of the therapists I interview some adaptation takes place, this is dependent on their location and their training and relates to the size and difficulty of the adaptations they make. For some the changes are quite major, but for others, whom I have already referred to such as Gestalt and arts therapists, the changes to the therapeutic frame and process are not so big or as potentially challenging.

Setting up and holding the therapeutic frame

One of the ways in which therapeutic space is denoted is via the room environment. Bondi and Fewell (2003) propose the emotional geography of the counselling room operates to facilitate particular forms of conversation. They state that the spatial-temporal boundaries between ordinary life and the unique situation of the counselling encounter, where deeply private anxieties and concerns can be aired, are found in the counselling encounter which, they propose, redefines the boundary between inner and outer realities (Bondi and Fewell, 2003:540). In going outside of this space into a dynamic outdoor natural space, what was once reasonably clear and safely held within four walls is thrown into potential confusion and anxiety. This is particularly so for the therapist who faces the dilemma of how to hold and contain the therapeutic work safely in what may very well be an uncontained environment, lacking in confidentiality and privacy.

In order to deal with this dilemma the therapist has to initially rethink and reframe the therapeutic contract itself in order to take into account some of these impinging factors on

the therapeutic process (Jordan and Marshall, 2010). Where confidentiality cannot be guaranteed this needs to be built into the therapeutic contract and the discussion with the client. The therapist may begin a conversation asking – ‘what do we do if?’: There is then some sense of understanding as to how both therapist and client will handle the situation if they encounter somebody on a walk, or if someone enters the space where they are conducting therapeutic work. As Victoria states, the contract needs to be more transparent as the work itself has the potential to become more transparent.

The rigidity of the therapeutic frame is particularly challenged when working with a group therapeutically over a number of days on a wilderness trip. The group and therapist move in and out of different spaces with each other and while therapeutic time may be clearly demarcated, the therapist is challenged in terms of how to interact outside of these spaces, particularly during social time with the group. Linden and Grut (2002) discuss this saying the therapist holds the boundaries more psychologically and needs to feel comfortable in their role moving between different forms of conversation. These adaptations to the classic idea of the therapeutic frame as being fifty minutes, held within a confidential room space, with no contact outside of this space where possible, mean that the asymmetry within therapist-client dyad is challenged. The asymmetrical process of therapy, where the therapist and aspects of their personal world remain hidden, has the potential to become more democratic. This process, whereby the therapist becomes more ‘visible’ in this way of working with a group over a period of time, throws up identity issues for some therapists and clearly involves a struggle as to how to negotiate these different spaces.

The normative boundaries of therapy which demarcate what is to be discussed ‘inside’ the room space and what needs to be kept ‘outside’ of this space become more fluid. The therapist’s identity must also shift between these different spaces and for some it may be that the frame itself becomes a much more internal process, dependent on the psychological state of the therapist. The therapist has to rely on their own internal resources, more so than in a room, to know both what is acceptable and unacceptable, for example, when there is a need to extend sessions or when issues of confidentiality impinge on the process. The therapist’s professional identity cannot be so tied up with the locations that frame it, and some therapists are forced to encounter both themselves and their levels

of comfort in different situations with clients. This potential for democratising the therapeutic process has some very interesting implications for how therapeutic work outdoors challenges long held assumptions about the frame and the boundaries and also the implicit power imbalance that exists between therapist and client.

The frame as a negotiated process

In making the therapeutic contract a more negotiated process, where distinctions between public and private become blurred, the frame itself seems to start to mirror the dynamic situation of the outdoor natural space within which it is situated. The idea of the frame as a one-off agreement, immutable and situated within a static room space, is challenged. The frame mutates into a more becoming, fluid process, not a single unchanging agreement. The democratisation of the therapeutic setting, which is situated normatively in the shared space of nature, seems to affect the rigidity of the boundaries in therapy. This fluidity can be liberating for both therapist and client, but as some interviews show it can also become quite a challenge in terms of the therapist's identity. Things that are taken for granted in the room space, such as the location of the furniture, the situation of the clock or the consistency of the environment, become disrupted, when the therapy is situated in a more dynamic moving space.

The timing of the sessions normatively situated within fifty minute or one hour slots, has the potential to be lengthened due to the unpredictability of aspects of the environment. For example, when therapists are walking with their clients it is sometimes difficult to stick rigidly to a fifty minute session, as the route of the walk and the pace of both participants does not allow for a neat start and end, as within a room environment. Therapists cannot guarantee the confidentiality of the session, as again it is difficult to control the space of therapy when moving in an outdoor environment. As part of a contract, therapists then have to account for these possibilities and discuss what they will do in terms of meeting people and how they will engage with this. In my own outdoor practice, where I put up signs, it is not uncommon for someone to still ignore these and walk into the space where

we are conducting the therapy. If this happens I contract with the client that I will pause the therapy session and get up and gently deal with the person, encouraging them to move on.

All of these eventualities call upon the frame to become more of a fluid event, something that is moving and dynamic according to the environment within which it is situated . Given this, it is important that both therapist and client are aware of the possible challenge to aspects of the frame and can choose how they incorporate and deal with these in the therapy session. In this sense working in a fluid way may encourage more mutuality between therapist and client, and, as discussed in the literature review, the relational school of psychotherapy (Mitchell, 1988; Bridges, 1999) sees this reciprocity and mutuality as an important positive factor in therapeutic outcomes. Berger's (2006) articulation of Nature Therapy positions the therapist and client in a more equal relationship because of the democratisation of the therapeutic space due to the natural context. However as Aron (2002) points out there is a need for a necessary asymmetry in the therapeutic relationship, in that personal details of the therapist need to be kept confidential and some forms of personal disclosure need to be kept to a minimum. This would point again to the need for an experienced therapist to hold an internal sense of boundaries, judging when and whether to disclose certain parts of themselves, or when to steer a conversation back in a psychotherapeutic direction and away from just a chat and a walk.

What arises from the interviews is just how much the therapeutic frame is held by the psychological state of the therapist themselves. What we understand as the therapeutic boundaries and containment of the work, are largely down to the interior state of the therapist. This is supported by Linden and Grut (2002) who emphasise the importance of psychological boundaries when the physical containment of the room is lost. This becomes magnified in an outdoor space where the dynamics of both environment and therapeutic process are more fluid. This then folds back onto the identity of the therapist, which for the therapy to be successful may mean that the therapist needs to feel comfortable with the fluidity of the boundaries, the therapeutic relationship and the evolving therapeutic process in this new context. As some therapists experience a degree of discomfort in the move outdoors, it is unsurprising that there is some ambivalence about both the move outside into natural spaces and the role of counselling and psychotherapy in this process.

Understanding therapeutic process in outdoor natural spaces

In exploring what adaptations occur when counselling and psychotherapy is taken outdoors into natural environments, the issue of understanding therapeutic process in these new spaces becomes of central importance. What becomes important, when the room space is left behind, is the challenge of both creating and understanding therapeutic space in the outdoor environment. In a sense the room itself creates a particular ambiance and denotes the space for a particular type of conversation to unfold. When moving outside of this space, the therapists are challenged in how to set up and understand the new space as a therapeutic space and then how therapeutic process will work in this new setting. In one sense it could be similar to working indoors and in other ways radically dissimilar. What is very interesting to me as a researcher, is to discover just how ambiguous therapeutic space is, especially when the normal emotional geography of the counselling room is challenged (Bondi and Fewell, 2003).

Beginnings and Endings

The ambiguity of aspects of the therapeutic space in an outdoor setting means that the therapist faces a choice to either clearly demarcate the space, such as using signs or chairs in a similar way to the room set up, or find other ways to set up and mark the space. For some therapists, marking the beginning of sessions is done by using metaphorical or natural gateways to pass through, in order to signify the beginning and the end of therapy sessions, particularly walking with a client.

In terms of opening an internal psychological space, making a distinction between just a walk in the park and a therapy session, a number of therapists utilise principles from mindfulness based therapy (Williams et al, 2007) to facilitate the client entering into a different psychological space. These include silence, focusing on the breath or on the aesthetics such as wind or rain, and moving physically into a different space (e.g. walking into a wood) whilst remaining silent. These are used to mark a transition in an outdoor space where there are no clear markers, such as a wall or a door, in order for the client to enter into a different space emotionally, psychologically and geographically.

As stated earlier, this process is even more challenging when working with a group over a period of time, when the therapist is camping, sleeping, and eating alongside the group. The therapist is challenged to move between different forms of space, and as Maria states, this feels like the 'carpet has been taken out from underneath me'. Some create circular spaces within tents or around a fire to signify the therapeutic space as distinct from the social spaces of the group. Certain rituals such as 'smudging' sage or a mindfulness exercise created a different ambience for the group. Again for some the usual way of being as a therapist is challenged by this more ambiguous process.

The role of nature in the therapeutic process - geographic space and affect

Several participants discuss how certain geographic spaces possess particular qualities that are conducive to conducting therapeutic work. This highlights an interesting link between space and affect, how geographical places and spaces have an effect on emotions and can be deliberately used in therapy in order to facilitate the exploration of emotions and feeling responses. What emerges from some interviews is how the therapists deliberately set up particular spaces for the therapy to be conducted within and that this process is both externally and internally oriented. In terms of externality, certain geographical locations are felt to have particular internal resonances, and for example woodland is seen to have a holding and containing emotional effect, for some such as Karl woodland is the therapeutic space. This process is magnified when working in more remote locations with groups, whereby particular wilderness locations such as mountains are used in order to facilitate a deeper connection with the natural world and to provoke particular internal emotional and psychological responses in order for these to be explored therapeutically.

Research into healing gardens in Scandinavia (Ivarsson and Grahn, 2010) has found that clients suffering from psychological problems such as depression and anxiety benefit from the sensory and aesthetic stimulation of the garden environment. Touch, smell, sound and visual stimulus all become important in the psychological recovery process. Burn's (1998) 'Nature-Guided Therapy' approach sees the engagement with the sensory stimulation of

natural spaces as important as a form of stimulation which can address psychological problems.

The liminality of space becomes more predominant in therapy in an outdoor context. The relationship between inner feeling and outer experience within a contextual/spacial backdrop, such as a woods or mountains, seems to have the potential to provoke powerful affect. In this sense emotion exists both within people and between people and spaces; geographic location becomes imbued with emotion and in turn affects the way individuals relate to one another within these spaces. The importance of the transitional space that Winnicott (Winnicott, 1951) posits, allows for the concept of emotional space which can exist between the internal and external, the subjective and objective, the mother and the infant. This helps us to start to imagine other forms of emotionality which can exist within and between geographical and relational 'spaces', and between mind and nature.

The powerful potential for provoking affect in particular locations in the outdoors needs further research and elaboration. There is gathering anecdotal evidence from therapists that groups in natural locations appear to be able to move into a deeper felt emotional process with one another than might occur indoors. This link between space and effect needs further research in psychotherapy, building upon a growing body of research in emotional geographies (Smith et al, 2009; Bondi et al, 2005; Bondi and Fewell, 2003).

Metaphors and symbols

Several participants discuss the use of symbols and metaphors in their therapeutic work with clients outdoors. Metaphors and symbols are used in the outdoor natural space in order to stimulate therapeutic processes within the client and to explore particular aspects of self and relationships. For example, a tree may be used as both a symbol for something powerful and rooted and this might link to therapeutic material, or it could be used, as Karl discusses, in conjunction with the natural living space in order to create living metaphors to work with and reflect upon. Lakoff (1990) has discussed how the importance of a metaphorical understanding of the world aids language development and conceptual processing, and hence is very important in stimulating the psychotherapeutic process.

Hasbach (2012) proposes that the use of metaphor and imagery in ecotherapy creates conditions for accessing the client's conceptual worldview and for facilitating deeper therapeutic work and personal growth. Cox and Theilgaard (1997) also discuss how metaphors can facilitate the process of change in psychotherapeutic work, becoming mutative as the therapeutic work progresses. Therapists trained within an arts therapy modality are used to this way of working, which is perhaps why for them the move outside is not always as difficult as for those trained predominantly within verbal ways of working.

Isomorphic metaphors and living process

The idea of moving out into a living process – the natural world, highlights more than any other aspect the importance of nature itself to the therapeutic process. The living world can play a central role in the healing effect of the therapy and as seen in the example above can be used in combination with arts and creative therapies in order to facilitate therapeutic processes in the natural world. Conducting therapy in a living space can be linked firstly to Ingold (2011) who advocates a move beyond the confines of internal mental representation as the driving force for psychological change, instead seeing thought and action as based on feeling states, sensate connections of relations, and the dynamic relationship between the internal and external world. Alongside this Stern's forms of vitality (Stern, 2010) see the moment-to moment process of adaption and enactment as crucial for human-environment relationship and psychological development, a constant unfolding dialogue between internal subjectivity and external forms. Corazon et al (2011) posit a matrix of relations between cognition, embodiment and metaphorical connection with nature as central to supporting therapeutic processes in nature based therapies; they propose bodily experience and explicit forms of learning need to be semantically related. Such connections, they say, can be established through the use of nature-related stories and metaphors that explicitly integrate sensory-motor stimulation, thus deliberately linking embodiment with insight.

Bacon (1983) discusses the use of metaphors to provoke internal psychological processes in working with individuals and groups outdoors, referring to the importance of these living metaphors. What he terms isomorphic metaphors is a powerful way that the natural world

can mirror and provoke an internal process and exploration of aspects of self. This process closely maps the psychological issue with which the client may be struggling.

Working with the changing seasons also provides a powerful living metaphor for the therapeutic work. The process of change embodied in natural cycles, as discussed by Delia in her work with clients in palliative care, provides both a mirror to the seasons of life and the aging process, and also acts as a powerful container for the therapeutic work. The changing seasons and the powerful emotions they evoke provide the therapist with material to work with. Foster and Little (1998) have developed a model called the 'Four Shields' which directly links aspects of psychology to seasonality and compass directions.

Embodied Process

For therapists who walk and talk with their clients, moving in outdoor spaces, issues of embodiment in the therapeutic process have the potential to be more present than if they were just sitting in a room. Harriet discusses this, and how her client's way of moving provided information about her emotional state and world which might not have been so easy to access inside a room. This can also be true when therapists are working with clients across extended periods of time in more remote locations. As these environments can be more physically challenging, both in terms of fitness and comfort, client processes emerge which may not have become manifest in a room environment. Embodied process can both help therapeutic process, and become a hindrance if individuals become too cold and uncomfortable to think about their emotions, especially in difficult weather conditions.

The ability to tune into embodied process in an outdoor environment, and the potential for this environment to reciprocate a greater awareness of embodied process, has been discussed by Burns (2012) in relation to both body psychotherapy and ecopsychology. By exploring embodied process in natural spaces, we can understand another way of working with the relationship between what is internal and what is external in therapeutic process. Embodied processes can be provoked by moving within a natural space with a therapist, and the natural living environment can also act as stimulus to contact embodied process. The relationship between therapist, client and nature becomes multidimensional and

intersubjective, understood through a process body therapists have named kinaesthetic empathy (Pallero, 2007 cited in Burns, 2012). This involves the embodying of the client's feeling states and movement qualities by the therapist, which is what Harriet seems to be highlighting in her narrative.

Issues of physical safety permeate the work in all locations, so in this sense people need to be kept safe and reasonably comfortable for in-depth psychotherapeutic work to occur. Rather than seeing physical challenge as an aid to psychological development as in adventure therapy (Richards and Peel, 2005), counselling and psychotherapy in outdoor natural spaces need some form of physical safety and comfort in order for emotions to be processed.

Effect on therapeutic relationship

Moving outside of the room environment (one that is largely controlled by the therapist) seems to have an interesting effect on the power relationship between therapist and client, and this manifests itself within the transference and counter transference relationship. As no one fully 'owns' or totally controls the therapeutic space, the therapist can become much more 'visible' to the client. This process is, of course, magnified when camping with clients during therapy experiences, but can also be true of more traditional working within the one to one session frame, as Harriet's client states – she seems happier working in this environment.

It seems that on longer trips, where therapist and client are camping, eating and living alongside one another, the therapeutic relationship has to be held and understood in a different way. The boundaries and the process of therapeutic work become more fluid and both therapist and client have to move in and out of different social and therapeutic spaces with each other. This has the potential to be both enlivening and challenging to the therapist-client relationship. Jung argued (Jung 1989) that he got much more of a sense of his psychotherapy patients by engaging with them outside of the confines of the therapy room and hour, arguing that he picked up much more information about the nature of their lives and their issues. This greater visibility of the client could also mean greater visibility of

the therapist for the client. Therapists discuss the difficulty of maintaining the relationship as rigidly as it is held within the room environment, so that conversations shift to more of a chatty framework, with clients wanting to know more about the personal life of the therapist and the therapist struggling with what to reveal and what to withhold.

Mutuality

This greater propensity for mutuality within the therapeutic relationship is an interesting aspect of outdoor therapeutic work. The concept of a more mutual therapeutic relationship arises out of the writings from the field of relational psychotherapy (Mitchell, 1988; Bridges, 1999) and intersubjective approaches to psychotherapy (Stolorow and Atwood, 1992). Traditional approaches to counselling and psychotherapy, drawing from ideas within psychoanalysis (Freud, 1912), see the role of the therapist as an objective professional engaging with the disordered subjectivity of their 'patients'. More contemporary ideas see the two person relationship of therapy as consisting of two equal subjectivities engaging in a process of mutual understanding. By disrupting old notions of power in the therapeutic relationship, therapists influenced by relational ideas foreground the mutual aspects of the therapy relationship as central to the healing process. They argue that the client has a central role in defining their own reality, and both therapist and client have equally valid perspectives on the therapeutic relationship (Mitchell, 1988).

Proctor (2010) argues that powerlessness is a central component of what clients bring to the therapeutic relationship and underpins aspects of their distress, and that by becoming more of a mutual endeavour, therapy has the potential to empower clients in a process of healing. As discussed, the natural context as a more democratic space has the potential to affect the therapeutic process by inviting a more mutual relationship between therapist and client. However the mutuality for both parties, and in particular for the therapist, is not without its tensions and ambiguities and, as Aron (2002) points out, some asymmetry in the relationship is both necessary and ethical for good therapeutic practice. I argue the concept of boundaries is central to what makes psychotherapy different to occupational therapy or retail therapy, and that the boundaries are an important aspect of the therapeutic process

and professional and ethical conduct of the therapist. However writers such as Totton (2010) and others (House, 2003) critique this over-emphasis on the boundaries in therapy, arguing that the boundaries force therapists to inhibit their work and act in defensive ways with clients, thereby limiting the therapeutic process. It seems that for some therapists working outdoors is a challenge to the traditional norms of counselling and psychotherapy. I recognise the tension in my own position in relation to this, that whilst accepting that taking therapy outside deconstructs long held notions of the frame in therapy I am also promoting how to do this safely and ethically, and hence advocating a form of 'professional' agenda.

Moving beyond counselling and psychotherapy as it presently is

In positioning outdoor therapy as a challenge to aspects of how therapy is conducted in an indoor space, some therapists questioned the nature of psychotherapy itself, proposing that the boundaries of counselling and psychotherapy, when practised outdoors in natural spaces, become more fluid. Peter discussed therapy as being more on a continuum between personal development and deeper therapeutic work. This links to what some therapists are proposing in relation to psyche and environment, and that by practising outdoors and foregrounding the healing effects of this natural space, a challenge is made to the understanding of self and how psychological processes work in the service of alleviating distress.

In the literature review I historicise counselling and psychotherapy as a practice rooted in psychological assumptions about self, culture and society. It could be argued that the environmental crisis, as a crisis of self in relationship, has provoked some therapists to rethink the boundaries and limits of traditional forms of therapy practice and propelled them to question both the causes and the treatment of distress at this time in history. Certainly James Hillman, the Jungian psychologist, argues for a re-visioning of psychology (Hillman, 1975) describing the limitation of psychotherapy as it has been practised to date (Hillman and Ventura, 1992). As Doug argues, that Freud's original vision for psychotherapy and its location within a particular cultural and geographical location in Europe at the turn of the century needs updating and contemporising. Although Freud's vision has come under

constant critique and revision since its inception, it has not been until recently that the unconscious has been linked to ecology (Roszak, 1992) and ecopsychology has offered both a coherent critique of the mind-nature relationship and a way forward (Roszak et al, 1995). Data from some participants strongly suggests a need for a revision prompted by shifting perspective when practising in outdoor natural spaces.

As some participants argue, the notion of a 'self' in nature cannot be distinguished from a wider identity and sense of self in relationship. Maisy argues this in her narrative, that she cannot make the distinction between kayaking and psychotherapy. This links to the importance of the natural world as a space for self-healing and restoration for the therapists, but it also suggests the move towards a more multidimensional understanding of what is therapy and what is therapeutic. We need to be careful here though, as I feel there is still a space for a particular sort of conversation and a unique space within which certain forms of conversation and feeling can unfold, and that this is the unique contribution of counselling and psychotherapy in helping people who are in distress. As I argued earlier, it is what distinguishes counselling and psychotherapy from occupational therapy. A recent information booklet published by MIND (2013b) defines ecotherapy '(in its strict sense) as having some more formal therapy component such as cognitive behavioural therapy or counselling (2013b:5).

However, Hasbach (2012) argues that for ecotherapy to take place there needs to be more than just interacting with nature and experiencing its healing benefits; she proposes a triadic relationship between client, therapist and nature. Although Hasbach does not position the frame as being significant in the practice of ecotherapy and sees the move outdoors in conducting ecotherapy as largely unproblematic (Hasbach, 2012:128), it is my hope that this research will contribute to an enhanced understanding of both professional practice and process issues in ecotherapy.

Reflections on the research process

My aim in conducting the research is to describe, interpret and explain what happens when counsellors and psychotherapists (who are trained to practice indoors) take their therapy

work into outdoor natural spaces. Taking a methodological approach located in narrative inquiry, I situate myself in a complex methodological space between a constructivist and realist approach, to understanding my data. I see research as both understanding and creating meaning in the act of inquiry. Outlining some of the tensions within the field of narrative inquiry around the status and origin of narrative, I take a more relational and experiential approach to narrative, seeing narrative as lived, experienced and interpreted by individuals within relationships. Recognising the essential 're-presentation' of research and the gap between the experience itself and the re-telling of it (Riessman, 1993; Bondi, 2013) I see the research as an inevitable re-telling from my point of view, however I attempt to be reflexive and transparent throughout in relation to my own bias and concerns. I situate myself at the borders of narrative inquiry and psychotherapy research, this allows me to take a relational stance to understanding narratives. Drawing from the work of Polkinghorne, (1995) and Etherington (2004; 2007; 2008; 2011) I use interviews as my main method of inquiry enabling me to relationally and reflexively engage with my participants during the interview process. Narrative inquiry is chosen as a research methodology, as opposed to other research approaches such as grounded theory (Strauss and Corbin, 1994) or discourse analysis (Potter and Weatherell, 1987). Narrative inquiry allows me to position the experience of my participants as a storied form of reality, shaped both by personal history, context and relationships. These relationships, which include both the human and the more-than-human world such as nature, are a fundamental part of the identity of my participants both as individuals and also as counsellors or psychotherapists. The context of the therapeutic work is represented in the form of pictorial narratives (Banks 2001; Bach 2007) which aim to describe and explain the context within which the work takes place. I attempt in my analysis of the narratives, to stay as close as possible to the meanings as articulated by the participants, situating these firmly in relation to my research questions and in relationship to the background literature, alongside my own experience. I choose not to take a more textural and sociological approach to analysing my participants' narratives, instead exploring the way the narratives illuminate aspects of therapeutic practice and process in an outdoor natural setting. I could be accused of a form of naïve realism, in failing to adopt a more critical analytic stance to the narratives in the discussion chapters and the potential meanings hidden within them (for example discourses of class, gender, power and

race). This critical position situates the researcher as somehow inhabiting the vantage point of lucid and vigilant thinker whilst not according the same critical capacities to their research participants (Felski, 2012). Put simply I believe that my research participants are actively engaged in forms of critical reflection leading up to, during and beyond the interviews themselves and where appropriate I represent these critical reflections and my analysis of them in the findings and discussion. For example when participants critique psychotherapy I include this, as it seems for some, taking therapy outside is an act of rebellion against the ways in which therapy is traditionally conducted. I feel strongly that at this early stage of an emerging field that to deconstruct my participants' narratives will not answer the research questions or focus. In the beginning stages of a new development, such as taking therapy outdoors, there is usually a small group of very motivated and articulate practitioners who will drive the change. Why the ideas (which have as we see from the literature been around for a long time) are taken up in a certain way at a certain time depends on a number of social, political, educational movements. It seems as though our relationship to the environment is occupying a lot of space at the moment and therapists are caught up in these concerns. It isn't my aim to make a critical analysis of the narratives but to explore them in the context of this change in what is currently a quite entrenched and well established way of practising within psychotherapy and counselling. My own agenda in undertaking the research is to take the field forward and make a significant contribution to understanding and describing in what ways counselling and psychotherapy works in this new context. The ultimate aim of the research is to describe, interpret and explain the practice and process of counselling and psychotherapy in outdoor natural spaces.

Taking from Koch (1994), I see myself as fundamentally participative in both finding and creating the data that emerges through the research process. In this I see both the role of researcher and researched as central in the construction of narrative data in context (Mishler, 1986). As I state, an alternative to this research process would have been to conduct a grounded theory (Strauss and Corbin, 1994) which may provide a theoretical rationale for conducting therapy in outdoor natural contexts. In using a grounded theory approach it would have felt premature to start to theorise before fully exploring the area as

it exists at this stage. It is a limitation of the thesis, in that it does not produce a theory of practice of outdoor therapy, but instead seeks to construct a cartography of an emerging field of practice with an interesting range of possibilities in terms of therapeutic practice and process. I argue that what is missing, in both the literature on the field (see Chapter one) and in Berger's research (Berger, 2007), is a more in-depth exploration and articulation of the therapeutic frame in an outdoor context. It is one of my aims to describe, interpret and explain what happens to the frame in an outdoor context and to illustrate some of the practicalities of conducting counselling and psychotherapy in outdoor natural spaces.

The process of conducting the research is not without a struggle. This struggle starts at the very beginning when I conduct the literature review, agonise over methodological issues, and conduct the interviews. I struggle with my own reflexive position and the historical situation of my outdoor therapy practice and counselling and psychotherapy training. This all plays a role in the process of analysing the data and constructing the thesis as a whole. It is important that the issues I bring to the research, and that develop through the research process, are transparent in order that my own interpretive lens can illuminate why I am interested in particular things in the research. In this sense, parts of my data analysis are very much driven by theoretical and practice concerns that I bring with me and drive me to conduct the research in the first place (I outline my own reflexive position in the introduction). A large part of the challenge is engaging with my own habitus (Bourdieu 1990) as a therapist. My own training shapes my understanding of therapy as predominantly an indoor activity, conducted within the confines of a room space. When I take my practice into outdoor natural settings this habitus is fundamentally challenged and disrupted, at times making me question why I am doing it at all. In particular I struggle with how to hold a safe and secure therapeutic frame in an outdoor setting and how to understand the shifts that seem to take place in the therapeutic relationship with clients.

What has also been very striking to me, is the way I problematise the process of going outdoors and how, when I question some therapists, they have not really struggled at all, and I am very struck by this. Another interesting issue which emerges through the research is the issue of identity and just how much the therapist's identity, on both a personal and professional level, plays a role in the decision to go outside. In this I feel a mirror is being

held up to my own blind spots: how the process of going outside is a challenge to the mainstream of traditional therapy practice, a critical stance towards certain stultifying norms of counselling and psychotherapy practice carried out in indoor spaces. I realise just how much my own going outside is a rebellion against the rigidity of aspects of my own psychodynamic training.

In terms of understanding and positioning the natural world I take a critical stance towards the idea of a 'pure' nature out there and position the concept of nature as both a cultural and historical construct. The philosophical problem of the subject-object split, that has dogged philosophy since the enlightenment, looms over the thesis and stymies my thinking for a long while. In addressing this issue and struggling with the fundamental materiality of nature, and how this links to both emotions and psychology, I find reading Deleuze and Guattari (1988) very difficult but helpful in moving through this dichotomy. I find both the historical and contemporary literature on vitalism and vibrant materiality (Driesch, 1914; Bennett, 2010) - useful in terms of the link between nature and psyche and the how vitalism links to psychotherapy (Stern, 2010). Through this reading I submerge myself in philosophical concepts and lose sight of my empirical goals, until the data analysis process rescues me and grounds me in the pragmatic research concerns of the thesis. Through this immersion in the data I experience how the researcher both 'finds' and 'produces' aspects of the findings throughout the research process. There is been an awareness and struggle from the start in relation to understanding my impact upon the participants, and how my own involvement in the field and the research questions, fundamentally influences the research process and I explore this next.

Relationships with participants

Throughout the latter parts of the thesis I move between referring to 'participants' and also to 'therapists', and this reveals a lot about my relationship with the participants. I see myself as a researcher, psychotherapist and peer member of the emerging community of practice of therapists working in the outdoors. This multifaceted identity seems to mirror aspects of my findings in relation to other therapist's experiences of becoming more multidimensional

when working in the outdoors. My own identity shifts throughout the research process, whereupon I initially find it a struggle to enter into a research role and identity. My background as a psychotherapist and educator who has already started to publish in this area (Jordan, 2009a; 2009b; 2009c and Jordan and Marshall, 2010) gets in the way of being open to certain areas of inquiry. I see myself as very involved in the emerging field of ecopsychology and ecotherapy and am very involved in setting up CAPO (Counsellors and Psychotherapists Outdoors). Some of my participants have a history with me and are aware of these identities, so at times it is difficult for me to get into a researcher role and for my participants to see me in this role. However as the research progresses and I struggle and suffer setbacks, I am able to move more fluidly between these different identities. A critical reading of a first draft of this thesis positions me as having produced 'rich' data but of not really analysing the data critically. As I have said I locate myself within a relational, experiential and hermeneutic understanding of narrative inquiry, situated at the borders with psychotherapy practice and process, and therefore my relationship with my participants is of central importance. On the whole I feel an intimacy and closeness with the participants and this allows me to gain such 'rich' data, but I also feel very strongly that I do not want to deconstruct the data from a discursive position, seeing data as containing implicit and explicit discourses to be analysed. Whilst this is of course a valid way of reading the data and producing a different set of findings with a different focus, I produce findings which remain true to the largely explicit meanings of my participants, as they attempt to understand the practice and process of counselling and psychotherapy outdoors. My relationship to the emerging field of nature based therapies and my closeness to participants' means that I choose this path through the research in order to further understanding of this emerging field at a delicate time in its history.

Driven by a relational ethics (Ellis, 2007) I see participants as co-researchers throughout, in that we are finding out together how therapy in outdoor natural spaces happens through our shared experiences. I am transparent throughout in demonstrating my questioning and involvement in the research. At times my prior knowledge and intimacy with participants gets in the way of the research process; this is been illustrated where relevant, and in my own reflexivity I seek to balance out my agenda with openness to what emerges.

Participants are invited to comment on what I include in the findings and to make suggestions and comments in relation to this (all transcripts are sent back to participants for comments and corrections). Some participants are struck by their own frankness in the interviews. Delia in particular is shocked that she states “psychotherapy was up its arse!”: Maria wants me to change some things about her transcript as she is worried she could be easily identifiable as can some of the people she refers to. I respect this need for anonymity but at the same time, and due to the small nature of the field, it is quite possible that some participants will be more recognisable. I strive to minimise these factors without compromising too much of the findings. Maria also asks me to amend the section on the man masturbating in the woods. This creates a dilemma for me in terms of how to represent an important aspect of what she is saying about safety and the potential for things to become quite unsafe outdoors, and how to also respect her wishes and control over her participation and consent in the research. I resolve this dilemma by amending what is in the verbatim transcript and sending this back to her for approval and we reach a compromise together. This highlights an aspect of narrative research whereby stories reveal a lot of information about the participant. The researcher needs to respect the wishes of participants and their rights in the research process, and there needs to be a collaborative sensitivity to this. However, alongside this the researcher has a need to represent the fullness and complexity of stories as they evolve. The fullness of the disclosures in some of the stories I feel shows that some participants are relaxed with me in the interviews and share a lot of themselves. As a researcher prioritising a relational approach to narrative inquiry I feel I really need to respect this intimacy and protect them in the representation of their stories in the research.

An earlier critical reading of the thesis states that the some of the therapists appear ‘deadened’ in their responses. I’ve thought a lot about this, as the statement shocks me in terms of what I may not see in some of the accounts and the reasons some therapists choose to move outdoors. Some therapists are taking their practice outdoors in order to ‘enliven’ something; I believe to bring back forms of vitality to their therapeutic work and the context of their practice. Harriet discusses this in relation to Stern’s work (2010) who sees forms of vitality as playing a role, in affect attunement and affect regulation whereby

mother and infant can come into some understanding of one another's feeling states based on matching and sharing forms of vitality. It seems as though some therapists are seeking to create a different emotional space for the therapy where both therapist and client can attune in different ways to each other. In understanding the different strands of narrative inquiry research that I have not taken up e.g. Speedy's (2007) call for much more multi layered and messy texts, and for forms of research that privilege personal evocative accounts (Richardson, 1997; Ellis, 2007) I see the potential (in terms of post-doctoral research) to engage both therapists and clients in writing projects that explore the emotional need to connect to and the use the outdoors for therapy. Then to use psychoanalytic thought to analyse discourses within these accounts (see Jordan, 2009a and Jordan, 2012 for examples of this in terms of human nature relationships).

There is a struggle throughout the research with my identity as therapist, researcher and practitioner, and how to weave these separate and interlinked parts of myself into the research. All these aspects of my identity play a crucial role in how I understand and relate to my participants and to the research itself. As a therapist practising in the outdoors, I share my participant's struggles and dilemmas of practice and process, and this 'insider' knowledge allows a greater depth of understanding and engagement with the research material. At the same time, as the researcher identity develops within me, I seek to maintain a sense of openness and reflexivity to my own bias and agendas. While I am not a neutral detached observer, an impartial recorder of events, I am careful to include the surprising and the unexpected in the research.

Limitations of thesis

My sample is not a heterogeneous group, but made up of a variety of therapists of different forms of practice and training, which in itself reflects the variety of theoretical and practice modalities involved in taking the practice outside. The discussion does not seek to state uniform theoretical or practice issues, but instead reflects the emerging multiplicities of forms of practice and therapeutic process that emerge through this inquiry.

I am not seeking to make any grand claims to an overarching theoretical understanding of how counselling and psychotherapy should be in the natural world. Instead I create a cartography of an emerging modality of therapeutic practice and to highlight some central concerns and contribute to knowledge in beginning to understand how therapeutic practice and therapeutic process work in outdoor natural spaces. We can then understand how this process has similarities and differences to the ways in which it works in an indoor room environment.

In approaching the narratives of my participants with the hermeneutics of faith rather than the hermeneutics of suspicion (Josselson, 2004) I privilege the voices of my participants, rendering meaning as presented in the interviews. This approach allows me to answer the research questions and contribute towards an understanding of the emerging field of nature based therapy. Taking this more realist approach to my data means that I do not take a critical social constructionist reading of texts and identities. It is possible to see a critique of counselling and psychotherapy, as traditionally conducted in a room space within the texts. Reading and analysing the narratives in this way would produce a different sort of thesis, much more critical, and once the field has established itself in the future a more critical stance may need to be taken. I take a more prosaic approach to narrative inquiry, and using interviews as my main method of inquiry allows me to create a relationally co-constructed space for the narratives to emerge. Privileging the personal and relational qualities that can be brought to interviewing allows me to produce rich data, including my own reflexive voice in the research interviews alongside my own autoethnographic position and concerns. In taking this relational approach to narrative I align myself within narrative inquiry and psychotherapy as advocated by Polkinghorne (1995), Speedy (2007) and Etherington (2004).

I attempt to be transparent throughout the thesis about my own reflexive concerns and bias, which arise through my experience of practice as a therapist in the outdoors. I can be accused of creating the findings to fit with my own experience and bias, but I seek always to ground the concepts around therapeutic practice and process as they are represented in the narratives and stories, with examples from the interviews.

The research, which looks at a specific sample, from a specific community of practice is not generalisable and repeatable and indeed this is not my aim or methodological stance.

However it is my belief that it is of interest to a broad range of therapists interested in this area and serves as useful knowledge to the profession of counselling and psychotherapy in how to begin to understand how therapeutic practice and process works in an outdoor natural space.

Focusing solely on the experience of the therapist means I marginalise the voice and the experience of the client in this process. Although some therapists speak as 'clients' of therapy experiences outdoors, which informs their practice and decision to go outdoors, a client identity without the conflicting power position of the therapist is absent in the research. My aim in future research is to redress this balance and seek to understand from the perspective of the client, how the experience of having therapy in an outdoor natural space affects their sense of mental wellbeing and symptoms of distress. I believe this is essential in developing the emerging field and the body of evidence and experience that will inform future ideas about practice.

Concluding comments and recommendations

The findings of the thesis aim to contribute to two main areas of understanding and knowledge, the growing field of green care and the role of nature in supporting mental health and wellbeing and secondly and more specifically, to counselling and psychotherapy within nature as highlighted by the recent chapter by McLeod (2013) in his book 'Introduction to Counselling: 5th Edition' which explores the therapeutic use of nature and in particular what happens when 'ordinary counselling' is taken outdoors (McLeod. 2013: 350).

The findings contribute to the further development of a conceptual framework for Green Care (Sempik et al, 2010). Supporting the idea that nature provides solace to both therapist and client in the work, my findings highlight that for a number of therapists, choosing to take their therapeutic practice outdoors is driven by the healing and restorative effects of contact with nature, locating nature as a healing resource. Green care represents a paradigm shift in thinking about health and the context of healthcare. This further supports a rationale for why nature should be included in the therapeutic process and why for some clients it is a preferable medium within which they can engage in therapy and feel more

comfortable. The findings support how health is defined within green care as a multidimensional and subjective process, which is interconnected on a number of levels. What seems to happen to counselling and psychotherapy, when we move into outdoor natural spaces, is that the therapeutic process and the therapist themselves are challenged to operate in a more multidimensional way. In changing the space and context of therapy some therapists seek to practice in more holistic ways. However this is not without its problems as several layers of interaction and process seem to be going on in relationship with the outdoor natural space. The therapist, the frame and the therapeutic process all become more complex and have to operate on a number of levels simultaneously. The therapist is thus challenged to move beyond existing skill sets which they are trained to work within indoors. The therapeutic frame becomes more fluid and multidimensional when taken out of the room space, the therapist is then challenged to hold the boundaries of the work such as confidentiality in a more fluid way; negotiation and mutuality with the client take on a different form in the outdoors. In this way making a significant contribution to understanding what happens to professional practice when 'ordinary counselling' is taken outdoors.

In attempting to develop a conceptual framework for green care Sempik et al (2010) propose that mechanisms effecting mental health and wellbeing may be operating simultaneously and/or sequentially, and that this multidimensionality poses a challenge to research processes, especially when seeking to isolate contributing variables and factors in the human-nature relationship. My findings map out different strands coming into play in relation to nature and therapeutic process. These findings are not definitive and do not constitute a therapeutic model, but contribute to further understanding of nature based therapy and act to build upon and support the existing literature base of nature based therapies.

The findings also further our understanding of what happens in particular to the therapeutic frame in an outdoor natural space. In this way making a significant contribution to understanding what happens to professional practice when 'ordinary counselling' is taken outdoors. The multidimensionality of the process reflects back on issues to do with holding a secure therapeutic frame in the outdoors. As a result of my findings it may be important

that recommendations on how to practice safely in an outdoor natural space need to be disseminated. This would not involve writing a full code of ethics (as most therapists would be operating within their existing codes) but more a set of issues encountered in the move outside and recommendations on how to engage with these. This can take the form of a unique therapeutic contract in outdoor work, which accounts for issues to do with weather, physical safety and confidentiality. This can be discussed with the communities of practice working outdoors and a way forward in practicing safely agreed upon.

My findings also point towards an understanding of the effect on the therapeutic relationship by moving outdoors into natural spaces. It would be pertinent to promote the discussion of therapeutic work outdoors in relation to case material and wider discussion and sharing of case studies amongst practising therapists. To this end a body of material can be generated to help the field move forwards in understanding and practising safely. It is my aim to discuss the findings in relevant journals such as *Ecopsychology* and the *BACP Counselling and Psychotherapy Research Journal*, in order to promote discussion about moving therapeutic practice outdoors. I will be presenting at the BACP research conference in May 2014 in relation to the research process and findings of this thesis. I am also involved in organising a symposium at the University of Brighton on ecotherapy and nature based therapy taking place in June 2014.

In exploring the rationale for therapeutic work outdoors the findings point towards the fact that some therapists are driven by an agenda to promote more ecological and sustainable identities. This raises some interesting questions around the focus of therapeutic work outdoors and the relationship between the current environmental crisis and its emotional effect on people. Ecotherapy positions itself as having a central role to play in mediating both the effect of and solution to our emotional relationship to the natural world (Buzzell and Chalquist, 2009). More research needs to be undertaken exploring the relationship between affect, climate change, species extinction and environmental degradation and the role that counselling and psychotherapy has to play in addressing these issues. Some therapists are adopting a dual focus for therapeutic work focusing on both emotional wellbeing in nature and developing sustainable identities. This would also seem to reflect

concerns that occupy some of us at this time in history regarding the environment and the future of human life on the planet.

Finally I am looking to continue my research at postdoctoral level into the relationship between nature and emotional wellbeing. It is my aim to research clients of outdoor therapy experiences and seek to illuminate, through their narratives, the experience of engaging in therapy in outdoor natural spaces. This will all add to my existing research and build a body of research aiming to understand the therapeutic effect of natural spaces on the psyche. I have also been offered a book contract by Routledge publishers to produce an adapted version of the thesis as a book entitled –‘Nature and Therapy – Understanding counselling and psychotherapy in outdoor spaces’. I hope to write the book in 2014.

Lastly I will be trying to spend more time outside both for personal therapeutic reasons and in order to facilitate the training of therapists in how to work outdoors safely and coherently. I am looking forward to spending more time in the woods and mountains.

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Appendix 1

Martin Jordan
63 Sandgate Road
Brighton
Tel: 07876716700

Beginning Psychotherapy

These are certain arrangements that may be helpful for you to know

- The session lasts 60 minutes for which you will be charged £ – you can pay weekly or monthly
- I will charge you the cost for last minute cancellations (£) unless you give me a weeks notice
- I will give you advance notice of my holidays It would be useful if you could also do this in advance
- Counselling/Psychotherapy is a confidential activity, but in certain circumstances it may be helpful for me to contact your doctor, in emergencies I reserve the right to do this
- In terms of working with environmental issues which may affect us in outside/natural settings; we at times may need to negotiate around the weather, terrain and other factors such as noise, temperature and people wandering into our space, these may impact upon a session. As far as possible I will try and maintain a safe therapeutic space for you to work in.
- I practice under the codes of ethics of the organisations listed below –

United Kingdom council for Psychotherapy -
http://www.psychotherapy.org.uk/contact_form.html

British Psychological Society – Division of Counselling Psychology -
<http://www.bps.org.uk/>

Appendix 2

Participant Information Sheet

Title of Research: Taking Therapy Outside – A narrative inquiry into counselling and psychotherapy in outdoor natural spaces

What is the Research Project about?

The aim of the research is to describe the process of counselling and psychotherapy in natural environments. These descriptions will be from the accounts of counsellors and psychotherapists working in natural environments and from my own experience of conducting therapy in natural environments.

Who are the Researchers?

The sole researcher on this project is Martin Jordan

Why am I being asked to be in this research project?

You are being asked to participate because you have some personal experience of providing therapeutic experiences in natural environments as a therapist.

Do I have to take part?

It is entirely your decision whether to take part or not. If you decide to take part you will be asked to sign a consent form. If you decide to take part you are still free at any time to withdraw from the research without giving a reason. A decision to withdraw at any time or not to take part, will not have any negative repercussions.

If you choose to participate in this research project, you will need to answer some questions which will explore your experience of providing therapy in natural environments. This will initially be in the form of a semi structured interview which will be tape recorded and will last up to one hour. Subsequent to this interview I may contact you to clarify any issues raised during the initial interview and to confirm you agree with the transcript of the interview. As a result of this and with your consent, we may agree to meet again (at most once) to further elaborate any points raised in my analysis of the initial interview, however if there are no points or issues arising from the initial interview this may not be needed.

Location of interviews

The location of these interviews will be on university premises and through the medium of telephone and skype for participants who live some distance from the researcher. It is possible that some interviews will take place in outdoor contexts, in terms of issues of confidentiality in natural spaces, the researcher will only conduct the interview where you feel comfortable and issues of confidentiality will be taken into account.

What tasks shall I be required to perform?

You will not be required to perform any tasks other than to answer the questions and to talk about any associated experiences you feel may have relevance to the research, during our meeting.

Is there likely to be a benefit to me?

There is no direct benefit to taking part. It is hoped that you will gain more insight into your experience of conducting therapy outside by being able to reflect upon your experiences during the process of talking to Martin Jordan.

What are the possible risks and side effects for me?

There are possible risks that in talking about your personal emotional experience you may become more aware of upsetting emotions deriving from the experience which you previously may not have been aware of. If you become too upset during the process we will terminate the interview and explore options for emotional support if needed.

If in the unlikely event that issues of professional malpractice come to light as part of the research interview, the researcher may be bound by the codes of ethics of his professional registering bodies to act (The Health Professions Council and United Kingdom Council for Psychotherapy) but will discuss any concerns with you prior to any possible action in relation to professional misconduct.

What will be done to make sure the information is confidential?

Confidentiality will be ensured by keeping the transcribed interview documents in a safe location at the researcher's home only accessible by the researcher. Documentation regarding the interview will be kept on a password protected computer only accessible to the researcher. Each participant will be given a number/pseudonym in order to keep identity confidential.

It is likely that research results will be published and disseminated either in books, journals or at conferences, any interviews published within the research will be kept anonymous and no identifying features such as name or occupation will be published.

If you have any concerns regarding this project and your rights as a participant you can contact Graham Stew who is supervisor of this project and can be contacted on:

email: G.Stew@bton.ac.uk

Phone: 01273 643469

Appendix 3

Consent Form

Title of Research: Taking Therapy Outside – A narrative inquiry into counselling and psychotherapy in outdoor natural spaces

- ◆ I agree to take part in this research whose purpose is; To describe and understand the process of counselling and psychotherapy in natural environments.

- ◆ The researcher has explained to my satisfaction the purpose of the study and the possible risks involved.

- ◆ I have had the procedure explained to me and I have also read the information sheet. I understand the procedures fully.

- ◆ I am aware that I will be required to answer some questions in the form of talking about my experience of counselling and psychotherapy in natural environments.

- ◆ I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else.

- ◆ I understand that I am free to withdraw from the investigation at any time.

Name (please print)

.....
.....

Signed
Date

Appendix 4

Sample Questions

In terms of sample questions from the semi structured interviews these will take this form:

How do you understand some of the therapeutic experiences you have had in your contact with the natural world?

Why did you make the decision to go outside?

What happened when you went outdoors? Can you describe some of your experiences of conducting therapy in a natural environment?

How did you manage issues of contracting, confidentiality, the weather and other things to do with the frame of therapy?

Were you able to draw on your previous therapy training in order to help you with the transition outdoors?

If so what did you find useful?

What wasn't useful?

What knowledge and evidence do you draw upon when conducting therapeutic experiences in the natural world with your clients?

Appendix 5

Table of Participants

Participant vignettes

Bob – 37 year old male counsellor, member of BACP and CAPO, described his theoretical training and orientation as person centred and existential. Worked mainly privately in his counselling role but alongside this worked therapeutically with rough sleepers and homeless. The context of his work was varied between nearby nature such as parks and woodlands and more mountainous terrain.

Karl – 57 year old male counsellor, member of BACP and CAPO, described his training as person centred and play therapy, described his orientation as being influenced by this and Transactional Analysis theory and ideas and practices from shamanism. The context of his outdoor work was in woodland and beaches and predominantly in nearby natural settings to his indoor therapy space.

Harriet – 48 year old female psychotherapist, member of UKCP and CAPO, described her training as in Transactional Analysis. The context of her outdoor work was in private practice working one to one in woodland and moorland settings, and also working with groups on therapeutic wilderness trips extending over five days or more.

Elizabeth – 53 year old female counsellor, member of BACP and CAPO, described her training as person centred and is currently involved in Buddhist based training programme. Her outdoor work was with groups as part of a counselling organisation with people experiencing both bereavement and life change issues. Had also participated extensively as a client of outdoor therapy programmes

Nigel – 42 year old male, member of Outdoor Therapists Peer Group, described himself as in training and having an orientation towards Transactional Analysis. Had a long history of training and experience as working as an instructor in the outdoor field. Worked in private practice therapeutically both one to one and with groups in more wilderness terrains such as mountains and utilising kayaks and climbing equipment.

Delia – 56 year old female psychotherapist, member of UKCP and CAPO, described her training as creative arts therapy. Had also trained as a nurse and holistic therapist. Worked mainly with groups with some one to one work in private practice. Her group work was with organisations in residential and day centre, working with adults in palliative care, predominantly in woodland settings.

Maria – 52 year old female psychotherapist, member of ecopsychology UK and UKCP, described her training as arts therapy and Jungian analytical psychotherapy. Worked in private practice one to one and also worked therapeutically with groups around ecopsychological changes issues. Worked in nearby nature in local woodlands and in more remote wilderness terrain with groups.

Ali – 44 year old female psychologist, member of Ecopsychology UK, described her training as in clinical psychology and herbalism. Worked mainly with adults and children in one to one settings. The context of her work was in nearby costal settings on beaches and marshes.

George – 54 year old male counsellor, member of CAPO and BACP, described his training as humanistic and had also completed training in wilderness therapy. Worked mainly in private practice one to one, and also had been involved in training other therapists using outdoor therapy processes. The context of his work was both in nearby nature and in more wilderness settings such as mountains.

Maisy – 42 year old female psychotherapist, member of ecopsychology UK and UKCP, described her training as integrative encompassing elements of humanistic , psychodynamic, transpersonal and CBT approaches. Her work was with groups therapeutically exploring personal and social change issues to do with sustainability. The context of her work was in more wilderness terrains, such as mountains.

Justine – 46 year old female psychotherapist, member of CAPO and UKCP, described her training as humanistic and integrative and had also studied to be an ecologist. She worked in private practice one to one with clients. The context of her work was in nearby natural settings such as parks and fields.

Peter – 41 year old male counsellor, member of CAPO and BACP, described his training as in Gestalt therapy. Worked in private practice one to one and with groups exploring therapeutic issues with personal change processes. The context of his work was in foreign wilderness regions including more desert and arid terrains.

Doug- 42 year old male, member of Ecopsychology UK, training as a psychotherapist within a psychodynamic modality. Had also extensive experience and training as an outdoor pursuits instructor and climber. His work consisted of working therapeutically with groups on personal and professional change issues in relation to sustainability. The context of his work was in more wilderness and remote terrains such as mountains.

Lou – 56 year old male counsellor, member of CAPO and BACP, described his training as in integrative counselling and play therapy. Worked as a counsellor in private practice one to one, and for organisations working therapeutically with families experiencing problems. The context of his work was in nearby nature in parks and local woodlands.

Victoria – 49 year old female, member of CAPO and HPC, described her training as arts therapy. She worked as an arts therapist within the NHS and in private practice. The context of her work was with adult mental health patients in both inpatient and outpatient settings and she had set up arts therapy groups in the outdoors utilising natural locations.