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# Openness to the Other: Considering Context in Counselling Psychology Practice

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Portfolio for the Professional Doctorate in Counselling  
Psychology

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October 2017

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Exploring New Pastures: Ecotherapy and its relevance to counselling psychology

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**THE FOLLOWING PARTS OF THIS THESIS HAVE BEEN REDACTED  
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A client study exploring facilitating change using a person-centred approach

pg.13-32

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## Preface

‘Our world is unimaginably diverse, our experience is full of paradoxes, and our selves are multifaceted. Much depends on the contexts in which we are always inescapably, relationally embedded.’ (Kasket, 2012, p.65).

This quote, taken from Kasket’s understanding of what it means to be a counselling psychologist, emphasises the importance of context in counselling psychology practice. We are not isolated islands separate from the world, but instead we are connected in infinite ways to the people, and the world around us. This portfolio invites counselling psychologists to reflect on context within their practice.

This portfolio comprises three pieces of work which reflect the theme of considering the context in counselling psychology practice. My interest in the importance of context in therapy developed during my training as a counselling psychologist and has influenced the theme of this portfolio. As a trainee I worked in several different contexts including a school, a charity, and several different NHS services. Each of these services had a different perspective of the client, typified by the name they gave clients, and different ideas about the therapeutic work that should be undertaken as a result. My training in the three main therapeutic approaches (person-centred, CBT and psychodynamic) enabled me to adapt to these different contexts, but I became aware that the context in which we work could alter how we perceive our clients. Being able to work in these different contexts, and not be restricted to one, was an important part of my counselling psychology training. It has made me more aware that we can construct ‘the Other’ in therapy not only based on the client’s context, but our own as well.

This awareness was developed through the range of clients with whom I worked throughout my training. This range included the types of presentation, but also and as important, included a vast spectrum of different backgrounds. These contexts played a huge part in the lives of these clients and they negotiated their identities in relationship to other contexts. This made it very important that I viewed the client holistically not just as passively relationally embedded, but as unique individuals continuously interpreting, constructing and managing those contexts. A client might foreground one context with one person, but it be less important with another, or they may interpret one context differently to someone else. A label such as ‘British woman’ is meaningless without understanding how that person interprets that. Counselling psychology emphasises this understanding of the client, and my experiences underlined the importance of considering context in counselling psychology practice. This portfolio seeks to build on these experiences through encouraging counselling psychologists to reflect on context in their own practice.

These experiences influence the theme for this portfolio as I wanted to explore in more depth the context in which counselling psychologists practice and how this can influence how we work. I feel that the three pieces I have included in this portfolio initiate discussion about context and help counselling psychologists to consider it in their own practice.

The theme for this portfolio was also influenced by my first degree in sociology which impacts how I interpret the world. Sociology aims to explore the wider social discourses such as, but not limited to, gender, sexuality, power and inequality, and so on, that establish the frameworks which influence behaviour. This background has also made me more aware of the physical space around us and the discourses around how we use it and who has access to it. These discourses relate to such things as culture, power, status and so on, and are the social rules we follow, often without being aware of them. These discourses filter down to the client and the therapist and are present within the therapeutic space. Therapeutic approaches recognise them but with different terms such as conditions of worth or core beliefs, and are often what we work with as counselling psychologists. Counselling psychologists are not immune to these discourses but it is only when we become aware of them either as individuals or as a discipline can we engage in debate and negotiate how we work. The theme for this portfolio reflects this epistemology as the portfolio explores context and hopes to bring into awareness the ways in which context, and some of the discourses around that, can influence practice.

My sociological background has also made me aware of the value to alternative discourses from different nationalities, cultures, and/or sub-groups. There is a great deal to learn about ourselves from exploring alternative ways of being in the world. This understanding underlies my belief that there is no singular 'right' way of doing something, it is just *one* in a number of options. It is important to enter into debates with different ideas and worldviews with an open, critical mind. Considering alternatives allows us to adopt a critical stance towards our own assumptions, and develop counselling psychology as a whole. This influenced my choice of publishable paper and thesis which both explore aspects of ecotherapy, an alternative context in which to work therapeutically. These contributions invite counselling psychologists to consider the context in their own practice and hopefully broaden the discipline.

On a personal level this theme developed from my own interest in different contexts and how they can influence how I feel. The particular context which I choose to foreground, such as my gender, my socio-economic status, my professional status, can cause me to feel a range of emotions depending on who I am with. The physical context also influences me. As discussed above in my placements as a trainee I experienced a range of different placements and I noticed how this affected me as a

practitioner. In some placements there was a dedicated therapy room with the furniture and décor designed to be neutral and calming e.g. plants, lamps, pictures, relatively comfortable chairs. In these spaces it was easy to use the moments before a session to focus my thoughts and to become present for the client. In other placements the room was shared with a variety of different professionals who each made claim to the space. I frequently found myself having to find any kind of chair and tissues, and move rubbish or the equipment of the other professionals in order to just start work. The lighting was harsh and the rooms were too hot and smelt bad due to lack of windows and fresh air. I noticed I began to feel more miserable from the moment I entered the room, and this made me reflect on how space can impact our mood and how my own feelings about my environment might be impacting on therapy. I wondered about the living conditions of my clients, particularly as I worked in very deprived parts of London, and how this might also be impacting on their feelings on top of other social contexts such as financial difficulties. I have found that I can alleviate some of my own feelings when I have been indoors too long by going outside to a green space. I am frequently struck by my response by the transition of a physical context; from being indoors to out and vice versa. This interest in both the physical and relational context has influenced the theme for this portfolio.

The three contributions within this portfolio explore context in different ways. The first piece, the client study, was chosen as it represents how considering context influenced my practice. Evaluating and considering the client's context at the start of therapy allowed me to use the most appropriate therapeutic model for him, rather than the recommended CBT approach. Taking a person-centred approach, I used my understanding of the client's context to enable me to offer the core conditions. Nick's worldviews and his relational stance to others were very different from mine, and initially this made therapy difficult as I struggled to see the world from his perspective. Using a private formulation enabled me to step out of my context and into his, and through this understanding, offer him the core conditions. This client study also reflects my context as a trainee counselling psychologist. During my work with Nick I experienced my own internal pressures to meet external expectations such as being assessed and meeting the course standards, or reducing CORE scores for the organisation. This context for me impacted the work I did with Nick, certainly at first, where I felt anxious about being a 'perfect' therapist but struggled with my dislike for the client and was apprehensive about how I presented myself to Nick. As the relationship developed and I was able to view Nick more holistically I became more accepting of myself as a practitioner which in turn strengthened my valuing of Nick. This use of the different ways to consider context, meant that this client study was an important contribution to this portfolio.

The second contribution to this portfolio is the publishable paper which explores the relevance of ecotherapy to counselling psychology. This paper was included as it invites counselling psychologists to consider developing their practice to include a nature-based context at some level in their work. Ecotherapy is an approach which incorporates an environmental context into therapy. This paper discusses this context, why it is relevant and how, due to the pluralist nature of counselling psychology, it can readily be encompassed by the discipline. This non-mainstream approach can be viewed as an alternative way of working for counselling psychologists and the aim of the paper was to invite counselling psychologists to be open to 'the Other'; this time the therapeutic approach, and to consider why they might consider expanding their practice to become more aware of this overlooked context.

The third contribution to the portfolio is the thesis, which explores how working outdoors impacts the therapeutic relationship. The aim of this research was to get an understanding of how working therapeutically outside (in a physically different context) affected the relationship. This research used grounded-theory and a constructivist approach which recognised that the study that emerged was a co-construction between myself and the participants, and as such was subject to my context as a researcher. The study found that the outdoor environment was dynamic within the relationship impacting different areas, and argued that the space in which the therapeutic relationship is constructed is important. The study suggested that it would be useful for counselling psychologists to reflect on the findings whatever their context to develop counselling psychology as a discipline.

My training as a counselling psychologist has enabled me to experience a range of different contexts and worldviews, through placements, training, and in research. Counselling psychology ethos is to understand the client holistically, and this inherently requires flexibility in how we approach the people with whom we work. This background has given me the confidence to engage with a range of contexts in the future both similar and dissimilar to my own. Understanding how our contexts impact us and 'the Other' is the work of the counselling psychologist, and this portfolio contributes to that discussion.

## References

Kasket, E. (2012). The counselling psychologist researcher. *Counselling Psychology Review*, 27(2), 64-73.



# Part 1: Client Study

Facilitating Change Using a Person-Centred Approach

**The Professional Practice Component of this thesis has been  
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## Part 2: Publishable Paper

Exploring New Pastures: Ecotherapy and its  
relevance to counselling psychology

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## Part 3: Research

The Impact of Working Outdoors on the  
Therapeutic Relationship

## **Abstract**

Ideas around nature improving wellbeing are strengthening, and an increasing number of therapists are choosing to work outdoors. There is a paucity of research focused on the impact of working therapeutically outdoors. The present study aims to contribute to an emerging theory: How does working outdoors impact the therapeutic relationship? A constructivist grounded theory methodology (Charmaz, 2006) was adopted for this study and 9 semi-structured interviews were conducted with therapists who work outdoors around the UK. The data was analysed in accordance with this methodology. A core research category 'Constructing the Therapeutic Relationship' was generated and comprised four categories: Using Nature as a Therapeutic Opportunity, Allowing the Outdoors to Effect Change, Constructing the Therapist Role, and Power dynamics in the Therapeutic Relationship: Outdoors vs indoors. The findings indicate that the therapists use the varied therapeutic opportunities afforded by working in a dynamic environment to enhance the therapeutic relationship. The outdoor environment alters the internal states of the therapists and their clients, and becomes part of the therapeutic relationship by blurring the boundaries between the therapeutic space and the relationship. The outdoors also alters the therapeutic roles and therapists actively reconstruct therapeutic roles to maintain the relationship. Finally working outdoors highlights and begins to balance power dynamics within the relationship. These findings are contextualised with existing research and theories drawn from different disciplines.

## **Section 1. Introduction and Literature Review**

### **The Research Question: How does working outdoors impact the therapeutic relationship?**

The literature review aims to contextualise the research question through exploring the wider discourses around nature and to position this study as relevant to counselling psychology as a discipline. The BPS guidelines for counselling psychology state that practitioners must consider the context in which they work and the impact of the client's context in therapeutic experiences. These considerations can include all contexts from the socio-economic or political contexts down to the organisations in which we work, or the space in which therapy occurs. The outdoors is one of these contexts in both the broader sense of the environment and environmental issues, and the narrower sense of the space which humans use. This makes the research question relevant to counselling psychology.

As the literature review will demonstrate, ideas around nature improving well-being are strengthening, alongside an increasing body of research. This has filtered into the therapeutic sphere as well. Manafi (2010) argues that as a discipline counselling psychology focuses on well-being rather than psychopathology. This makes understanding spaces which potentially improve well-being, such as the outdoors, relevant to counselling psychologists. However as the literature review will highlight, there is a paucity of research which focuses on working therapeutically outdoors. This study aims to begin to address that gap through exploring the research question; How does working outdoors impact the therapeutic relationship?

### **Introduction to the literature review**

The purpose of this chapter is to explore the relevant literature relating to working therapeutically outside in order to position this study within existing research. Firstly, I will discuss the debates around when to undertake a literature review when using my chosen methodological approach of grounded theory, to explain why this review is positioned here rather than elsewhere in the study. Then I discuss ideas relating to the therapeutic setting, focusing on the debates around the therapeutic frame which have governed the appearance of therapy since it was developed. I will then explore ideas about the outdoors with particular focus on the historical development of ideas about nature and how religious, cultural and philosophical movements have influenced contemporary ideas about nature. I will discuss the debates, research studies and key theories exploring the impact of being outdoors on well-being, and current approaches to undertaking

therapy outdoors. Finally, this chapter ends with the position of this study and the development of the research question.

## **Literature Review**

There is considerable debate within the grounded theory literature regarding how and when the literature review should be undertaken. In *The Discovery of Grounded Theory* (1967), the pioneering text on grounded theory, the authors Glaser and Strauss advise that the literature review should not be done until *after* the analysis as they believed a researcher should not be influenced in their analysis by earlier ideas and theories. They saw this approach as a way to enable the analytical categories to emerge from the data untainted by prior knowledge. Over the course of the development of grounded theory other authors have resisted their views as being too naïve (Charmaz, 2006), and Bruce (2007) points out that it is unrealistic for a researcher to have no prior knowledge as they may have had to complete research proposals and recruit participants prior to commencing their study. These views are developed by the important grounded theorists, Henwood and Pidgeon (2003), who refute the ‘theoretical ignorance’ (p.138) implied by Glaser and Strauss, and instead propose ‘theoretical agnosticism’ (p.138) which acknowledges that it can be helpful to grounded theory researchers to have an understanding of key concepts explored in the previous literature, whilst simultaneously taking a critical stance towards it in order not to become wedded to any particular theory. This approach is echoed by Dunne (2011) in his comprehensive discussion on when to carry out the literature review. He argues that it can be useful to do an early literature review as it can provide a rationale for the study, whilst simultaneously ensuring the study has not been done before and highlighting gaps in the literature. Dunne (2011) emphasises that although it is useful to carry out an early literature review, it is important that the researcher should be sufficiently open to new and possibly contradictory findings within their own data. Thornberg (2011) continues this theme and argues that because observation of a phenomenon is inherently laden with prior knowledge, the constructivist grounded theorist should recognise that inherent knowledge and then challenge it thoroughly. These authors provide a convincing argument for carrying out some form of literature review before undertaking grounded theory research, albeit with a critical stance, and this has been done in this study.

This study is informed by constructivist thinking and therefore reflexivity is important. Prior to commencing this study I carried out a brief literature review for the research proposal so I already had some idea of previous literature on the topic of working therapeutically outside. The literature review for this study is broader and more in depth and I have approached the literature with a critical stance particularly regarding the unchallenged but frequently perpetuated arguments some

of the literature adopts. This helped me to maintain an open mind to the literature whilst simultaneously recognising the cultural constructions from which the literature originates. This review is an exploration of the established western cultural discourses which have contributed to the development of the research question, to contextualise this study in the wider debate around therapy. Further literature reviews were carried out post analysis and have been weaved throughout the discussion to provide more context for where this study is placed. This literature review section will explore why this research question has been asked, through discussing literature on the therapeutic setting and wider cultural ideas about nature and wellbeing.

In this study the term therapist is used as an umbrella term to mean the terms counsellor, psychotherapist and psychologist. As Pilgrim (2002) highlights there is no way to define psychotherapy succinctly as there are so many different approaches and trainings so whilst I recognise that there is considerable debate regarding how to use these terms, for reasons of space I have used the term therapist. I have also used the terms 'nature', 'outdoors', 'outside', 'physical environment' and 'environment' interchangeably to mean the space not within a human-made building or structure, and relating to the physical world of flora and fauna and other non-human made features. I recognise that this human-nature divide is a social construction and debated in the literature (and this study will discuss this debate). However this divide is extremely pervasive in the wider western society (of which I am a construction), and is necessary to use in order to undertake this study comprehensively.

The concept of the 'therapeutic relationship' is difficult to define as it can be interpreted as both the contract between the therapist and counsellor, and also as a performative indicator to distinguish itself from non-therapeutic relationships (Tudor, 1999 p91). The emphasis placed on the importance of the therapeutic relationship differs with therapeutic modality, but for most modalities it is synonymous with the term 'therapy' i.e. in order to do, or be, in therapy this means that the therapist(s) or client(s) is in some form of healing relationship with the other. The relationship is the conduit for all therapeutic processes to occur, even if the relationship itself is not given central priority by a particular therapeutic approach.

For the purpose of this study I have defined the therapeutic relationship as the connection between the therapist and the client whilst in the undertaking of therapeutic practice. In my own practice the therapeutic relationship is interchangeable with the term therapy because without both the relationship and the therapeutic processes occurring at the same time, there could be no act of therapy (i.e. the acts of intervening according to a particular therapeutic approach). This underlying assumption has influenced both the development of the research question and the findings in this

study because I have chosen to focus on therapists. This is because it is therapists rather than clients who have trained, studied, reflected on and use the relationship as a vehicle for change. This is not to deny clients' agency within therapy, but it is mostly therapists who consciously offer their skills through the relationship.

## **The therapeutic setting**

According to the clinical psychologist Laor, the therapeutic setting is the '... structure, the space, the walls, the conditions under which therapy takes place.' (Laor, 2007, p.29). The therapeutic setting is frequently overlooked in the therapeutic literature which raises the question why explore how a different setting (the outdoors) may have an impact on therapy? One reason the setting is often overlooked is because the setting in most therapies is assumed as being indoors in a private room. As people spend a large proportion of their time indoors being indoors feels 'normal' and so the setting is not brought into awareness and remains unchallenged in therapeutic practice. The weakness in this assumption is that from a constructivist perspective therapy is a social construction, therefore the setting for therapy can also be socially constructed through the interpretation of the meanings that are consciously and unconsciously implied through all elements relating to therapy, and the setting is no exception. For example, where therapy takes place can be constructed differently according to the organisational setting, such as therapy in a hospital may imply a more medical construction of therapy compared to therapy in a therapist's front room. As a result of these constructions the therapist and/or the client may adopt different roles and behaviours which will impact on the relationship. Therefore the impact of the setting on therapy is an important question to be explored.

The assumption that therapy should occur indoors stems from the development of psychotherapy. According to Winnicott (1954, p.21) Freud recommended that

'[Analysis] was to be done in a room, not a passage, a room that was quiet and not liable to sudden unpredictable sounds, yet not dead quiet and not free from ordinary house noises. This room would be lit properly, but not by a light staring in the face, and not by a variable light. The room would certainly not be dark and it would be comfortably warm. The patient would be lying on a couch, that is to say comfortable if able to be comfortable, and probably a rug and some water would be available.'

Anderson, Klimek-Holberg and Carson (2000) argue that Freud did this to encapsulate and purify the therapeutic relationship to prevent it becoming contaminated by external influences. The idea of

having a constant undisturbed setting was further promoted by other psychoanalysts until this type of setting became synonymous within therapeutic approaches. These ideas have been developed by the psychoanalyst Langs who has been most explicit in the literature regarding the rules for the setting and actions taken by therapists, which he termed the therapeutic frame (Langs, 1979). These rules relate to such things as the room, the setting of fees, frequency, length, roles, boundaries etc., and evolved to contain the transference evoked in therapy, as well as to prevent transgressions occurring between the therapist and client (Jordan & Marshall, 2010). Psychoanalysts such as Langs (1979) argued that the frame should be held constant and not altered, in order to provide the client and the therapist with a therapeutically holding and safe space.

Counter to this argument Jordan and Marshall (2010) highlight that developments in therapy from psychoanalysis have meant that therapy now occurs in non-traditional settings such as in client's homes, institutions and within the community, as well as in more traditional settings, and these developments challenge the argument that the frame has to be rigidly held as these settings may not afford that rigidity. Indeed, Anderson et al. (2000) note that within managed care therapists are not able to control many parts of the frame such as the fees or setting, and so the notion of the frame in this sense is illusory. This counter-argument is developed by Price and Paley (2008) in their grounded theory study on how an NHS therapeutic setting affects therapists, who argue that when the setting is disturbed this can be a useful, and potentially under-utilised, source of therapeutic material which can be incorporated into therapy. These ideas suggest that there has been a cultural shift away from a strictly rigid frame towards a more flexible approach to working reflecting changing cultural attitudes to what therapy constitutes. As Anderson et al. (2000) argue therapy is a dynamic cultural practice regarding ideas about what constitutes psychological distress, those who experience it, their treatment and the people who are to treat it. This supports the constructivist argument that it is important to explore many of the under-researched, taken for granted mores of therapy such as the setting, which this study seeks to address.

## **The 'Great' Outdoors**

### **Historical perceptions of 'nature'**

Nature is defined as 'the phenomena of the physical world collectively, including plants, animals, the landscape, and other features and products of the earth, as opposed to humans or human creations' as well as 'the physical force regarded as causing and regulating the phenomena of the world' (Oxford Dictionaries 2013). The idea of nature as we perceive it today has not been continuous through time or place, and is the product of a history of cultural ideas as this section will describe. Throughout history there have been major cultural, political, philosophical and religious movements

which have influenced thinking and behaviour. These historical movements have left an imprint on contemporary cultural ideas in general, and ideas about nature and the outdoors are no exception. This section will discuss early religious ideas and the Reformation, and the Enlightenment and Romantic movements in the nineteenth century, as these have had the most impact on cultural attitudes towards nature. For reasons of space this description of the perception of nature has a largely western-centric view because it contextualises this study which was undertaken with western therapists. I recognise that there are many different ways to perceive nature which are culturally dependent and which are briefly discussed in the section 'Contemporary views of nature'.

### **Early religious perceptions of nature**

The natural world has always been of interest to humans encompassed in the ancient pagan religions in which nature was personified as a singular goddess and worshipped. With the introduction of Christianity and into the mediaeval period, people's relationship to nature became more ambiguous, and nature became personified in two competing ideas which enabled people to make sense of the world; in times of plenty 'nature was personified as a mother, a provider, a goddess who sustained and nurtured; whereas in times of famine or plague, nature became personified as a jealous and capricious monarch' (Macnaghten & Urry, 1998, p.10). This period produced a change in people's ideas about nature from being a singular being to being multiple in concept.

In the 15<sup>th</sup> and 16<sup>th</sup> centuries a major religious movement, the Protestant Reformation, occurred which altered perceptions of nature again. The Reformation was a religious split from the perceived corruption of the Catholic Church, and emphasised a direct relationship between God and an individual and was also tied up with burgeoning capitalism and increased education. Uhlik (2009) claims that during the Reformation nature became 'stripped of symbolic meaning', and the divine became related to 'the newly discovered mechanical universe' (Szerszynski, 2005, p. 20 cited Uhlik, 2009, p.114). In their important book exploring the social construction of nature Macnaghten and Urry (1998) argue that during this time nature came to be seen as something that was understandable and could be discerned through study particularly through the emerging natural sciences of physics, astronomy and mathematics. Nature was no longer an unpredictable personification to which humans were subject. They argue that simultaneously there occurred an increasing rhetoric around the 'contrast between a state of primeval nature and a formed human state with laws and conventions.' (Macnaghten & Urry, 1998, p.11). The ideas in this period established the separation of nature from humans and God.

### **The Nineteenth Century**

Two major, but largely competing, movements in the nineteenth century were the Enlightenment and Romanticism. These movements had major cultural influence but perceived nature in opposite terms. The Enlightenment movement, aimed to challenge ideas around tradition and faith and develop knowledge through scientific inquiry. Through ideas developed through the Enlightenment nature became separated from God and humanity and became an object to be studied. These ideas stemmed from Descartes' ideas of 'nature as a machine' which promoted the separation of people and nature for much of society (Pretty, Griffin, Sellens, & Pretty, 2003, p.17). The movement perceived nature as something that was uncivilised, and it was the role of civilised society to dominate nature and overcome 'natural disadvantages' (Hobbes cited in Macnaghten & Urry, 1998, p.11). This separation of humanity and nature paved the way for practices which sought to use and interfere with nature, from heavy agricultural farming practices to the industrial revolution (Macnaghten & Urry, 1998). As a result of ideas from the Enlightenment nature was perceived as something to be subdued and controlled, and human progress (i.e. industry) should be evaluated in its ability to dominate nature.

In contrast to this movement was Romanticism which was more intellectual than political and was typified by people such as Hegel, Byron and Wordsworth. It contrasted with the rationality of the Enlightenment and was relativist in its approach, seeking a deeper understanding of phenomena. The Romantic movement portrayed the presocial state of nature as a state of 'peace, goodwill, mutual assistance and cooperation' (Locke quoted in Macnaghten & Urry, 1998). Curtis (2010) argues that as a result of the negative impacts of industrialisation such as pollution, coupled with Romantic ideas, wilderness landscapes came to be viewed as the ideal because they were untouched by industry. There developed a competing view about nature to the one of industrial domination, of nature as something that could be destroyed, and it was during this period that campaigns to 'conserve' areas of 'natural' space developed, such as Ruskin and Wordsworth's influence on the Lake District. This later developed into the preservationist movement which saw nature as something that needed to be protected officially by the state from the growth of cities and industry (Macnaghten & Urry, 1998). The preservationist movement introduced ideas regarding nature as 'unspoilt' and importantly wanted to preserve the 'relics, customs and mystery of the English countryside' (Macnaghten & Urry, 1998, p.38). Thus the countryside for supporters of the movement became an almost untouchable, pure other which coupled with ideas from the Romantic Movement, served to introduce ideas of the importance of maintaining landscapes in their natural form, or rather in the form in which they were perceived to be natural.

The Romantic Movement was also highly influential in altering the way people interacted with nature. Nature as a spectacle became a hugely dominant view in the nineteenth century and with it

came discourses that transformed what had been terrifying and hostile, to be 'reinterpreted as part of a meaningful aesthetic experience' (Macnaghten & Urry 1998, p.114). With this transformation also came a change in the way nature was used. It became an object to be gazed upon (helped by the invention of the camera and development of postcards), to be used as a leisure and pleasure tool through enjoyable walks in the countryside, parks and by the sea, on boats, and as gardens which were made to resemble 'natural' scenery (Macnaghten & Urry, 1998). What had previously been the realm of farmers and landowners became a tourist attraction, somewhere to have fun and enjoy oneself. This development can be seen as the change in perception of nature as something aesthetic rather than practical, pleasurable rather than useful (although for those who still work or own the land nature is perceived differently) which in many ways remains a contemporary view of nature. This period indirectly established the idea of the psychological benefits of nature.

Thus it can be seen that cultural ideas about how we understand the world impacted on how nature was perceived; no longer a goddess to which humans are inextricably linked; but either as something wild which needed to be dominated, or something ideal which needed to be protected in its natural form for civilised (urban) society to enjoy. These competing views are still in existence today to a greater or lesser extent. For example the development of genetically modified crops demonstrates human 'mastery' but the debate about their use indicates an idea of nature as something that should not be deliberately transformed. It can also be seen in the continuing popularity of national parks in many countries, which aim to preserve the 'natural' form of the land and typified by the recent creation of the South Downs National Park in 2011, a history which involved struggles between landowners, industry, and users of the park (South Downs National Park Authority).

The difficulty with this argument is that there is some debate about how 'natural' some of these landscapes are which relates to the division between the different perceptions of nature.

Macnaghten and Urry (1998) note that the term 'the countryside' first came in to wide usage in the 18<sup>th</sup> century (p.174), and suggest that this term relates specifically to what Bunce notes as 'the aesthetic and amenity qualities of a universally domesticated rural landscape and especially to the landscape of agricultural enclosure'. (Bunce, 1994, p.4 cited Macnaghten & Urry, 1998, p.174). In some national parks such as Yellowstone, or wild landscapes such as the Amazon, there is evidence to suggest that these 'natural' landscapes have been managed by the indigenous people for thousands of years, so that what is perceived as 'natural' and therefore beautiful, can often be the result of a landscape managed by humans (BBC Unnatural Histories). Thus the debates around what is natural are not clear-cut and are clearly influenced by the Enlightenment and Romantic movements.

As a result, Macnaghten and Urry (1998) argue, there are multiple perceptions of nature the development of which have been shown here. As Macnaghten and Urry (1998) argue, the development of how we perceive nature today suggests that 'nature' and the outdoors is not a single objective reality, but a social construction based on society's values and rules regarding human belief and human behaviour. This construction has changed over time from the religious depiction of nature as a Goddess to which humans were subject, right through to the positivist attitude of domination and objectification of nature, over which humans are the undisputed masters, there to bend it to our will or protect it as we culturally see fit. As a result human use of nature has changed too; from the worship of nature to its domination, from simply a place in which to obtain sustenance through to a place to be gazed upon and used in a pleasurable way. If, as has been shown, the idea of 'nature' is socially constructed through the dominant views of society, then it is important to reflect on how nature is viewed today and what we choose to reproduce, legitimate, exclude and validate within that construction (Macnaghten & Urry 1998, p.15).

### **Contemporary views of nature**

In many ways Western contemporary views of nature are strongly tied to the Enlightenment and Romantic Movement. Curtis (2010) argues that in the contemporary period, nature, particularly wilderness, has become viewed as something to be conserved from our industrial demands, a relic of the Romantic Movement. She suggests it is seen as offering an escape from the 'impoverished, crowded and polluted city centres and sprawling soulless suburban development' (p55). In a similar vein, Macnaghten and Urry (1998) argue that nature continues to be viewed through Western-centric modernist assumptions, which includes the separation of humans and the environment, which is influenced by the Enlightenment. There are of course other ways to view nature which have not been subject to these cultural movements; Pretty et al. (2003) argue there are many cultures which continue to view the physical environment and humans as part of a larger whole, such as the Ashéninha of Peru, or the forest dwellers of former Zaire. Pretty et al. (2003) note that within these cultures through cultural practices and societal norms, the dichotomy between people and the environment becomes blurred. These examples highlight the argument of this study, that nature is not a single objective entity but is subject to constructions of what it is which then effect how we relate to it.

Uhlik (2009) bemoans that nature in the West is no longer held in the same esteem as it was pre-Enlightenment. He argues that even up to Darwin and other Enlightenment philosophers and scientists, nature as a word was capitalised, indicating its proper-noun status. However it has now been diminished to a more common status, and uses a lower-case 'n', which Uhlik argues is

indicative of the demotion of nature in society's view. Uhlik argues that due to the new religion of science Nature is no longer connected with spirituality but instead has come under the rule of humans. This argument suggests that because something is viewed from a scientific perspective it somehow becomes lesser in society's view. I dispute this as an argument because it is not necessarily scientific discourse nor the change from pre-Enlightenment views that demote a phenomenon. This can be seen with the rhetoric around space which has followed a similar development in perception to nature and is now viewed in very scientific terms but still allows excitement within discovery as the recent media coverage of the finding of Higg's boson reflects. I also dispute his argument that nature has become diminished in society's view, as shown by the reaction to natural events such as typhoons, floods, earthquakes, and the international popularity of particular landscapes and natural occurrences such as the Grand Canyon, the Lake District and the cherry blossom festival in Japan.

In contrast to Uhlik I contend the importance of nature as an influential phenomenon in contemporary views has not been expunged, merely altered. Due to the influence of the Enlightenment and Romanticism, rhetoric that nature is beneficial to humans both physically and psychologically has developed. An increasing body of quantitative (and to a lesser extent qualitative) research is being produced to support these ideas, which will be discussed below. These arguments are typical of an increasing body of literature which uses knowledge developed from science and biological evolutionary perspectives, to uncritically view nature as something we cannot live without. In contrast to arguments that nature is being disregarded, these studies indicate nature is becoming dominant again through a new label as a healer; as an entity which can improve humans' physical and psychological well-being.

## **Nature and well-being**

### **Evidence for being outdoors being good for health**

There have been an increasing number of studies which seek to demonstrate the positive impact of being outdoors upon well-being and some typical studies are discussed below (see Frumkin, 2001; Curtis, 2010; Mackay & Neil 2010; Di Nardo et al., 2010 for further discussion on this topic). The study by Barton et al. (2012) measured the self-esteem and overall mood of 53 participants experiencing a range of mental health problems who attended either a weekly social club, and swimming group, or a weekly countryside and urban park walking group for six weeks. They found that the change in self-esteem in participants in the walking group was significantly greater than the social group or the swimming group, although there were improvements in both groups. They concluded that green exercise was as effective as existing programmes as a health promotion initiative for people with mental health problems. A weakness in their argument was that there were

several limitations to their study; firstly that it was quasi-experimental and the swimming and social group were existing groups so would have had existing group dynamics which may have had an impact on self-esteem or overall mood. Secondly the groups were difficult to compare as they were not demographically the same e.g. the social group had a higher average age than the walking group, and in the walking group 50% of participants attended only one session (to avoid exclusion issues) compared to 14% in the other two groups which may have affected the results, and finally they did not measure the environmental conditions and as the walking group was measured in a different summer to the other two, this could have had considerable impact if the weather had been particularly cold or sunny. Having a more randomly controlled participant group may have improved the internal validity of this study.

In one of the few books on ecotherapy Chalquist (2009)'s argument for the psychological benefits of nature highlights a study that shows that going outside for physical activity improved psychological health more than doing physical activity in a shopping centre. In support of this argument a key, and frequently cited, study by Mind (2007) found that people's psychological health improves after activities in natural surroundings and as a result Mind introduced the Ecotherapy Works campaign in 2013 to promote ecotherapy. Their findings are supported by reports from the Forestry Commission (O'Brien, 2005), and the RSPB (Bird 2007) which focused on studies relating to children. One challenge to these arguments is that these organisations are strongly linked with natural resources and Mind has been running Ecominds, ecotherapy projects, for five years so there may have been greater championing of these results which support their work, then if the results had not.

A recent study by Van den Berg, Maas, Verheij, and Groenewegen (2010) found that in their study respondents who had access to a large amount of green space within a 3km radius were less affected by experiencing a stressful life event than those respondents who only had access to a small amount of green space within 3km. Interestingly they found that the moderating effects of green space were found only for green space within 3km and not 1km, which they attributed to having a larger areas of green space which could sustain deeper forms of restoration. This study is interesting as it explores the buffering effect of green space which is a different dimension of the impact of green space on health, but limitations in their study are that they did not measure how natural space was used by the people in the study, nor the type of natural space. It could be that the green spaces within 1km were more crowded or less aesthetically pleasing and so may not have been used as much or did not have an impact for this reason. It would be useful to measure these factors as well to improve this study.

Scheinfeld, Rochlen, and Buser (2011) found that when adventure therapy was used as a supplementary group therapy experience for eleven middle aged men the participants reported finding that adventure therapy encouraged a deeper therapeutic processing than traditional group therapy, and they noted that the outdoor environment was one of the factors for reflection and therapeutic processing. A limitation with this study is that obviously this sample was very small and there was no control group which might suggest it was the extra therapy that was beneficial rather than being outside.

Mayer, McPherson Frantz, Bruehlman-Senecal and Dolliver (2009) carried out three studies in which they measured positive affect and ability to reflect on a simple life problem. In the studies participants spent 15 minutes walking in a natural setting as compared to walking in an urban setting (study 1), or watching videos of nature or urban settings (studies 2 and 3). They found that in all three studies exposure to nature increased connectedness to nature, attentional capacity, positive emotions and ability to reflect on a life problem, but there was a stronger positive effect in the actual rather than virtual nature conditions. They also found that through doing a mediational analysis the positive effects were not mediated by increases in attentional capacity and were partially mediated by connectedness to nature. This study is particularly useful for their finding that there is a stronger positive effect when participants experienced nature directly than when it was virtual (on a screen or out the window) as many studies ignore this element and use virtual natural scenes. Unfortunately they did not do a comparative study of virtual compared to real urban scenes, so it is difficult to tell whether it is due to being in nature or another cause, such as the psychology students in their study may have felt more positive being away from reminders of their work.

This weakness was explored in a robust study by Hartig, Evans, Jamner, Davis and Garling (2003) who found that out of 112 randomly assigned adults, participants who were assigned to a natural environment setting (sitting in a room with tree views followed by a walk in a nature reserve and performing an attention test) had a more rapid decline in diastolic blood pressure and increased positive affect and decreased anger, than the group assigned to the urban setting (sitting in a room without views followed by a walk in an urban area and performing an attention test). They concluded that their study supported theories about the restorative capacity of nature and the strength of their study certainly contributes to this argument.

The above studies are a small sample of the numerous quantitative studies providing support for the argument that going outside is good for your physical and psychological wellbeing. One of the few qualitative studies to explore this relationship was done by Conradson (2005) who studied the experiences of guests at a respite care centre which had extensive access to a scenic natural setting.

He found that participants used the setting through practices such as bird-watching, gardening and exploring and that these activities facilitated feelings of calm and internal expansiveness, as well as increasing a sense of selfhood. This study contributes a more in depth voice to the arguments established by quantitative studies.

Overall the weakness to all these arguments is that they do not question the cultural construction of nature and landscapes such as the construction of the aesthetic quality of 'natural' environments, or the human-nature divide. For example according to Curtis (2010) Palka's (1999) study in which visitors to Denali National Park, Alaska were given a questionnaire, found that visitors appreciated the unspoilt, pristine natural landscape; its scale, beauty, wildness and diversity. They also spoke about feeling more relaxed and revitalised. Curtis claims this supports our understanding of why people enjoy natural landscapes. The counter-argument to this is that visitors to Denali had access to the park via a bus tour. This suggests that people may well be appreciating the things they say they do, but from the comfort of a bus, observing nature and experiencing a cultural view of nature that someone else (the park authority perhaps) has felt was important. Indeed, possibly many of the participants chose the park because they had seen representations of its beauty through photos, postcards and literature all extolling its virtues. Curtis therefore makes a circular argument because the understanding of why people enjoy natural landscapes stems from a cultural discourse that it is enjoyable to be in natural landscapes, not necessarily the landscapes themselves.

In much of the quantitative literature there is also an assumption that all people will experience the environment in the same way, however this does not seem to be the case. De Groot and Van den Born (2003) found that there were differences in response according to social groups; for example, they found that people with lower levels of education found arcadian cultivated landscapes preferable whereas the highest educated had a preference for 'greatness and forces' landscapes such as the sea or high mountains. Miligan and Bingley (2007) studied young adults responses to woodland and found that for most of the participants woodlands were perceived to be places which were restorative and therapeutic and an important resource for the promotion of well-being, but that for others woodlands were perceived to be scary places full of danger. There were also differences in the perceptions of woodlands that benefitted the young adults well-being with some preferring denser forest, whereas others preferred more sparse woods. Miligan and Bingley (2007) argue that these differences were due in part by their positive or negative early childhood experiences. They also attributed these differences to both positive and negative myths about woods and media depictions of 'stranger danger' particularly for women. They argue that the children who had less supervised play in these spaces had a greater sense of agency and confidence in their abilities to assess risk, and an inner strength they could use when facing stresses in

adulthood. Miligan and Bingley (2007) criticise the literature on therapeutic landscapes as not recognising how different environments may be experienced by individuals, and influences upon people affecting perception. That people may experience the natural environment differently supports the argument that the idea of nature is a social construction because people's experience is mediated by cultural and developmental influences as shown above.

### **Key theories relating to nature and wellbeing**

Contemporary views of nature increasingly turn to evolutionary arguments rather than cultural and historical developments to explain the importance of nature to humans. This evolutionary argument uncritically uses the prevalent scientific discourse to lend weight to the contemporary perception that nature is beneficial to humans, and that humans prefer natural spaces to more industrialised spaces. For example, Davis and Atkins (2004) assume that human ancestors held a 'deep respect of the mysterious and humility regarding the infinite beauty and complexity of the natural world' (p.213) and that they somehow 'knew better' than modern humans (p.213). Their argument fits in to the contemporary discourse around 'nature' which is that 'natural' is in fact 'better' than our current way of living. There is a sense that human ancestors were in some way better off through their close relationship to the physical environment, and that it is important for modern humans to reconnect with this ancient, evolutionary part of us.

Continuing this theme, the sociobiologists Wilson, Killoran Ross, Lafferty and Jones (2008) argue that there is evidence to support the evolutionary perspective as studies have shown that humans do seem to have a preference for landscapes that contain vegetation and other distinguishing features similar to the savannah environment. For example, they cite Purcell et al.'s (1994) study which shows that both Australians and Italians had the greatest preference for photos of scenes of natural landscapes such as lakes and the least for landscapes that were of an industrial area. A criticism of their argument is that they overlook that the study also indicated that there were cultural differences for the more complex scenes, which suggests that our preference for natural surroundings is at least in part, mediated by our cultural beliefs. Wilson et al. (2008) also identify the study by Newell (1997) who found that over half of participants from Senegal, Ireland and the US identified their favourite place as being a part of the natural environment due to the capacities of those places to recharge and relax them. They claim that this demonstrates the cross-cultural nature of habitat selection theory which gives gravitas to evolutionary theory. A limitation to this study was that the participants in the study were all at universities within those countries so there may have been more similarities between the cultures than was presumed such as education level, urban dwelling etc. Interestingly Newell (1994) found that more participants from Senegal were more likely

to have as favourite places built environments particularly those that enabled social interaction, such as sports halls, which again suggests that cultural values are an important factor in establishing preferences for environments and consequently nature. Continuing the evolutionary argument Ward Thompson (2011) argues that people's preference today for 'greens and blues' within the environment is the result of an evolutionary advantage in the environments that had a prevalence of these colours which were more conducive to survival for prehistoric humans. She overlooks that these preferences may also be culturally constructed as a result of social ideas about what nature is.

As a result of the increasing evidence indicating a positive correlation between improved well-being and natural environments three key theories, which are all predicated on evolutionary thinking, have been developed to explain why there may be a tendency for humans to experience improved well-being when they are outside; these are the biophilia hypothesis, the attention restoration theory and the stress recovery theory.

### **The biophilia hypothesis**

According to Wilson, the biophilia hypothesis claims that 'humans have an innate tendency to focus on life and lifelike processes' (Wilson 1984, p.1 cited Gullone, 2000, p.294). This theory claims that prehistoric humans would have affiliated with environments which had the elements necessary to ensure survival such as fresh water, edible plants and animals, and shelter to avoid attack and exposure to the elements (Gullone, 2000). This theory claims our modern human preferences are the result of this evolutionary affiliation and can be seen in our preference for landscapes that are savannah-like such as open green spaces with some tree coverage close to water. According to Gullone, the hypothesis argues that our inherited human brain is 'attuned to extracting, processing, and evaluating information from the natural environment' (Gullone, 2000, p.295). A critique of this theory is that it assumes that modern human behaviour is the result of genetic behaviour to promote genetic fitness, and not also the result of cultural influences (Kahn, 1997). In Joye and De Block (2011) comprehensive critique of the biophilia hypothesis they argue that it has been subject to a range of interpretations and assumptions which have all seemingly provided evidence to support it such that:

'If one considers biophilia as the sum of all these assumptions then biophilia can probably better be defined as *'a set of genetic predispositions of different strength, involving different sorts of affective states toward different kinds of life-like things'*. The obvious problem with the breadth of such a description is that almost any possible affective attitude towards life-like entities could then be accommodated within a biophilic framework. Biophilia thereby

seems to become almost entirely immune to possible counterexamples.’ (Joye and De Block, 2011, p193)

Their argument holds some weight and therefore two more specific evolutionary arguments shall be discussed. These are Attention Restoration Theory and Stress Recovery Theory which hypothesise the mechanisms behind the positive relationship to nature.

### **Attention restoration theory**

Attention restoration theory (ATR) proposes that there are two types of attention: directed and involuntary. Directed attention requires significant mental energy to maintain focus on a specific thing, whereas involuntary attention requires little effort and occurs when the stimuli are inherently interesting (Stack & Shultis, 2013). From an evolutionary perspective it is argued prolonged directed attention on a specific object or space would have made human ancestors vulnerable to other threats and therefore it was adaptive to find mental fatigue unpleasant (Stack and Shultis, 2013). It is proposed that natural landscapes have interesting elements that hold our attention but do not require effort to be observed (Curtis, 2010), and enable short periods of directed attention (Stack & Shultis, 2013). As a result people have a positive response to natural environments because they can repair mental fatigue and allow us to return to direct attention (Curtis, 2010).

### **Stress recovery theory**

The stress recovery theory (STR) proposes that there is an inherent reflex associated with the limbic system that there will be an immediate and rapid reduction in stress on being exposed to nature. This is the result of an evolutionary advantage for those who possessed this reflex by remaining in areas of safety and food and being mentally alert after stressful situations (Bird, 2007). Ulrich, the originator of STR, claimed that this explained the restorative response to nature, and why modern humans are more drawn to restorative elements in nature such as calm or slow moving water, savannah-like spaces, unthreatening wildlife etc. (Bird, 2007). As evidence to support this theory Ulrich et al. (1993) invoked a mild stress response in 120 participants by showing them a stressful movie. Participants were then shown a further film depicting natural or urban scenes, and a range of physiological measures were taken. The findings from that study showed that there was a faster and more complete recovery when participants were shown the natural film than the urban one. They concluded that this supported the theory of the restorative impact of nature which involves a shift towards a more positive state and more positive changes in physiological activity.

Weaknesses in the theories are that both ATR and STR explain a modern preference for a particular landscape by hypothesising that in a prehistoric era those preferences would have been

advantageous. The difficulty with this argument is that it seems unlikely that a preference could have developed for 'natural' environments as all the landscape would have been natural, even those environments in which humans did not have the skills to survive. Another weakness in the argument is that the theories argue that humans would have preferred savannah-type environments as this would provide opportunities for shelter and food, but this overlooks the counterpoint which is that these environments would also have contained risk from predators as well, and are unlikely to have allowed prehistoric humans to 'switch off' from being alert to danger for long periods of time. Continuing this critique Joye and Van den Berg (2011) convincingly argue that STR is predicated on the advantages of certain environments to provide food and shelter, but not all natural elements provide sustenance, so it is unlikely that a *general* positive response to natural elements would have solved the problem of finding food and or shelter. They also argue that aspects of the landscape which signal safety such as tree-groups, are not safe per se but because they can be used in ways which provide safety. They dispute that evolution would have selected for specific natural features, as hypothesised by STR, rather than categories of organisation such as 'things that offer opportunities for hiding' (p.264).

Their argument also introduces the idea of the adaptability of humans to their environment, which is overlooked by evolutionary psychologists. As each environment would provide opportunities and disadvantages for safety and sustenance it is questionable how a general preference in the whole prehistoric population would have developed. Evolutionary psychologists overlook that knowledge about the environment, for example poisonous plants, or what can be eaten, is not innate but is learned through being taught and through experience. This speaks more for social groups than developing a preference for a specific environment itself. Finally studies in support of evolutionary arguments for the benefits of being outdoors may not compare very different groups. As has already been mentioned there are often similarities in the demographics of the participants such as education, or proximity to urban areas, which may result in comparing groups who have similar experiences or knowledge of similar type environments despite living in different countries. It would be useful to compare preferences between very remote groups of people living in extreme environments to further our understanding of whether it is specific environments that are preferred rather than simply being what people are used to and understand.

The key theories to explain the mechanisms behind the relationship of improved well-being and nature such as ATR, are useful to explain some of the processes around being in nature such as the restorative aspect of ATR. The challenges to evolutionary accounts of how nature improves well-being discussed above highlight that the evolutionary argument is insufficient to explain the process. Furthermore they ignore the social constructions discussed regarding nature being good for you and

social (typically urban) ideas about nature. It may be that there are several mechanisms such as attention restoration combined with a cultural discourse around the benefits of being outdoors that contribute to the positive relationship for some people between natural space and well-being.

So far this literature review has discussed the development of ideas pertaining to nature being perceived as a useful resource in the improvement of psychological well-being. It has shown that this has a long history dating back to early religious and folklore imagery. The establishment of nature being beneficial really took hold in the nineteenth century with the formation of Romantic ideas contrasting with the negative impacts of the Enlightenment. This led to changes in the way natural space was thought of and used. The influence of the Romantic Movement and the Enlightenment continue in the way that nature is perceived today through the ideas of the benefits of nature on psychological and physical wellbeing, and an increasing number of mainly quantitative studies support this argument. These studies are largely predicated on evolutionary psychology which contends that modern human behaviour, including a positive response to nature, is the result of behaviours that would have had evolutionary advantages. The studies show that nature has a beneficial effect, but the evolutionary argument to explain the mechanism is insufficient, and ignores the cultural construction of nature as beneficial which may also play a role. These ideas have filtered down to some approaches within therapy in which the outdoor environment is seen as beneficial to the therapy.

### **Therapy outside**

As a result of the growing body of research regarding the benefits of the natural environment an increasing number of therapists are choosing to work outside. There are as many ways to work outside as there are therapeutic approaches, with three groups of approaches creating umbrella terms. These are adventure therapy, wilderness therapy and ecotherapy (which encompasses the concepts of ecopsychology and ecocounselling). These three approaches can overlap and can be hard to define succinctly and, as with other therapeutic approaches, there is much debate and justification within these groups for being in one camp or the other. Adventure therapy uses challenging experiences in natural environments with a high level of perceived risk (but actual low risk) to enhance an individual's sense of well-being and help them recognise maladaptive patterns in their life (Kyriakopolous, 2011). Wilderness therapy is often used interchangeably with adventure therapy but Peel and Richards (2005) distinguish it by arguing that it places more emphasis on the healing effect of nature, and self-meaning is gained through prolonged contact in natural environments (weeks or months). Ecotherapy is the 'application of ecopsychology... to therapeutic practice' (Davis & Atkins, 2004, p.212). These definitions of these therapeutic approaches are broad

and there can be considerable overlap between them. However fundamentally all require some form of therapeutic relationship in the outdoors.

Despite the increasing forms of therapy outside, and the increasing research on the psychological benefits of being outdoors, there is a dearth of recent research literature that explores therapy outside. Research tends to focus on the effects of being in nature, nature on wellbeing (as discussed above), or more rarely the efficacy of the approach, rather than on therapy outdoors itself. For example, advocates for developing robust efficacy research in adventure therapy Gillis et al (2008) criticise the broad definition adopted by adventure therapy research studies which make meta-analyses difficult. In their own quantitative study they found that youth offender participants who participated in an adventure therapy programme had significantly fewer re-arrests over a three year period than participants in an outdoor residential treatment programme or a 90-day boot camp. The authors conclude that adventure therapy is an effective treatment modality for young offenders (Gillis et al., 2008). Limitations to their argument are that they acknowledge these groups were not comparable as this was a quasi-experiment using established data. This research also does not reflect the positive impact on nature, but therapy, as being an effective treatment and a limitation was that they did not compare statistics from other therapy programmes.

As a counter to this trend Kyriakopoulos (2010) used an Interpretative Phenomenology Analysis approach to explore the experiences of clients already in counselling with self-reported anxiety undertaking adventure therapy. His study aimed to address gaps in the outdoor therapy literature relating to the processes of change rather than outcomes. The adventure therapy procedure involved an outdoor activity in a natural resort in which participants were not encouraged to discuss personal problems but were encouraged to work together to overcome obstacles, followed by individual counselling. He found that participants reported that the natural surroundings enhanced their well-being and overcoming the challenges improved their self-assessment which was transferable to outside of therapy. He convincingly argued that the study suggested that the therapy and outdoor experience were both necessary components as one without the other would not have reached full therapeutic potential. He proposed that the mechanism for this was due to it representing a '...a child's early psycho-emotional development and process of individuation' (p318) rather than the impact of being in nature as other arguments have proposed. This study is useful for furthering understanding client's experiences of therapy outside, but overlooks the experiences of therapists.

Jordan and Marshall (2010) address this oversight in their paper in which they reflect on their experiences of working outside with particular focus on issues relating to managing the therapeutic

frame. In this paper they argue that the outdoors is more neutral as a therapeutic space between the therapist and client and that the relational dynamics will reflect this as a result. Importantly they claim that 'the ways in which the therapeutic dyad relates to the setting can act as a magnifier for the central therapy process' (p.350). They emphasise that it is important when working outside to think more about mutuality in the therapeutic relationship as this is often more immediate than indoors, as well as to have clear contracting and boundary setting. They also raise the point that the magnification of mutuality and asymmetry of the relationship can be challenging for the therapist but it is important for the therapist to hold these tensions. This paper is extremely useful for gaining an understanding about the processes and challenges that may occur within the therapeutic relationship when working outside. The limitation to their argument is that it is based on their own experiences and it would be useful to gain more in depth understanding of the processes that occur outdoors through researching other therapists. This study seeks to address this gap.

### **Positioning of this study**

This literature review has provided an overview of the literature regarding the setting for therapy and provided an account of the development of how nature is perceived today. This has shown that the perception of nature and what is 'natural' is a social construction influenced by history, culture and the development and introduction of certain technologies. The idea that being outside is good for you is pervasive in western society, and the increasing body of quantitative and qualitative research certainly reflects a positive relationship between being outdoors and improved psychological well-being. The evolutionary argument to explain this mechanism is insufficient and more focus needs to be paid to the historical and cultural constructions of nature to explore this. The exploration of these mechanisms is beyond the scope of this study but these ideas have been presented to situate this study within these contemporary discourses which have led to an increase in therapy outdoors. Despite the increasing literature exploring the positive relationship between being outdoors and improved well-being, and the increase in therapy outdoors, there remains little research on how being outdoors impacts therapy itself, with notable exceptions being Kyriakopoulous (2010) and Jordan and Marshall (2010). Thus this study seeks to address this gap in the literature through exploring the research question: How does working outdoors impact the therapeutic relationship?

I have chosen to focus on therapists because most of the (limited) literature that explores working therapeutically outside explores the experiences and outcomes for clients taking part in outdoor therapy. For example Kyriakopoulous (2011) found that being outside gave his participants an escape from personal problems and stress, made them feel calmer, happier and more optimistic and

improved well-being. Much of the quantitative literature measures the outcomes for clients. Whilst this is certainly useful it is interesting that therapists have largely been overlooked in the research. If an important factor in therapy is the relationship, and the relationship is defined as 'the state of being related' in which two or more individuals create 'a bond in the space between them, which is more than the sum of the parts.' (Clarkson, 2003, p.4), then it is odd that outdoor therapy research tends to ignore the therapist. This may well be a throwback to positivist research in which it is believed that the therapist is neutral, unaffected by that which is going on around him or her. From a constructivist perspective, this seems unlikely because therapists are part of the relationship and subject to the similar processes to the client, although their interpretation and response may be different. Developing this argument Scott and Duerson (2010) cite a study by Marchand et al. (2009) which explored the high turnover rates of field instructors in wilderness therapy and found that some of the reasons cited were an unsafe physical environment, work related pressure, lack of psychological support and sleep deprivation, but the benefits were personal growth, living in the wilderness and having a break from home related pressures. This suggests that therapists are affected by their context, so it is useful to address this imbalance in the literature and explore how working outdoors impacts the therapeutic relationship through using therapists who are well-placed to reflect on both the relationship and the outdoors.

### **My personal relationship with the research**

My interest in researching working therapeutically outdoors developed from a combination of professional and personal factors. As a trainee counselling psychologist, I have learned a variety of therapeutic approaches and worked in a number of different settings, such as a school, a voluntary organisation and the NHS. Each of these settings have had their unique ethos relating to the client, therapeutic practicalities, and care, which have brought with it advantages and challenges, and developed my skills and experience as a trainee. As a result I have become interested in different therapeutic settings and how that can affect the way we work as counselling psychologists.

This study's focus on working outdoors therapeutically stems from my own enjoyment from being outside and how it can alter how I feel. Further research revealed that it was possible to combine my own interests with my identity as a counselling psychologist through working outdoors therapeutically. I discovered the world of adventure therapy and later ecotherapy both forms of outdoor therapy. I became interested in exploring how the outdoors as a setting for therapy, might influence therapy, and from a personal perspective, whether it could be an approach that I might want to consider.

My interest in the therapeutic setting also stems from my background in sociology. As a sociologist I am aware of how context can influence how people behave. This relates not only to the physical space in which we inhabit, but also the wider discourses around who, and how, that space is defined and used. These discourses are often implicit, and it is challenges to social norms which make these discourses more available. I was curious about how working therapeutically outdoors, a challenge to the norm of therapeutic practice, differed. As a trainee counselling psychologist I did not have access to a placement in which I could experience working outdoors, and I could find very little research on how it felt to be a therapist outdoors. I thus became curious about how working outdoors impacts aspects of therapy such as its processes, or how it differs to working inside. The research question; How does working outdoors impact the therapeutic relationship? developed from this.

## **Chapter 2: Methodology**

### **Rationale for choosing a qualitative approach**

A qualitative methodology was chosen for this study as a more suitable approach than quantitative methods for exploring the research question; How does working outdoors impact the therapeutic relationship? Quantitative methods 'emphasise the measurement and analysis of causal relationships between variables, not processes' (Denzin & Lincoln, 2000, p.8). This is done through identification of pre-defined variables which are controlled in the study. As the research question for this study was open-ended and exploratory and its aim was to understand a process rather than to measure a specific variable, a qualitative approach was more suitable. Quantitative researchers rely on 'more remote, inferential empirical methods and materials' (Denzin & Lincoln, 2000, p.8) and assume objectivity in a study. Whereas qualitative research is interested in exploring how participants construct their social realities and give it meaning (Denzin & Lincoln, 2000). Qualitative researchers are interested in the 'quality and texture of experience, rather than the identification of cause' (Willig, 2008, p.8). This study intended to explore processes around working outside as perceived by those involved and so a qualitative methodology was chosen due to its emphasis on the subjective and inter-subjective experience which could be used to explore participant's experience and meaning-making regarding working outdoors.

A qualitative approach was also felt to be most appropriate as there is not a large body of existing research on working therapeutically outdoors, and much of the existing research is frequently quantitative measuring outcomes rather than the therapeutic process, so there was no definition of the variables to be measured. As this specific topic has not been studied before, it was felt important to be able to achieve more depth and breadth which made a qualitative approach suitable.

### **Rationale for choosing Grounded Theory**

Grounded theory aims to enable the researcher to understand a phenomenon through providing guidelines for collecting and analysing data from which a theoretical framework can be built and which then is derived from, and explains, the collected data. Grounded theory differs from other qualitative methods such as the interpretative phenomenological approach (IPA), as it was developed to explore 'processes, patterns and meaning within context' (Tweed & Charmaz, 2012, p.134). IPA was considered as an approach for this study but was not selected as IPA aims to make sense of how individuals make sense of their lived, personal experience (Eatough & Smith, 2008) which emphasises a more internal process. In contrast grounded theory focuses on external processes as they are perceived and interpreted by the actors (Henwood & Pidgeon, 2003), which made grounded theory a more suitable methodology as it reflects the research question exploring

the external context of nature impacting on the therapeutic relationship, not how the actors feel about nature.

In the literature grounded theory is recommended as a useful approach when there is not much prior research on the topic. For example the constructivist grounded theorists Tweed and Charmaz claim that grounded theory is useful where 'existing theories or areas of research are under-defined or patchy' because it 'has the flexibility and sensitivity to be responsive to changing contexts and conditions' (Tweed & Charmaz, 2012, p.134). As there is scant existing literature on the research topic it was felt that this flexibility made grounded theory an ideal methodology for this study.

As an approach grounded theory also appealed on a practitioner level because of its focus on exploring processes. In her comprehensive text on qualitative research the counselling psychologist Willig (2008) argues that in grounded theory '...the researcher attempts to identify and map social processes and relationships and their consequences for participants...' (p.45). As a trainee counselling psychologist my practice focuses on exploring the meaning making by the client of processes and relationships in their experiences. This focus makes grounded theory very compatible, and therefore a useful methodology, with my practical work.

A final reason for choosing grounded theory as an approach is that it has been developed to be compatible with constructivist thinking. As will be discussed in the next section it aligns comfortably with my own personal ontological approach which has been strongly influenced by my humanistic practice as a trainee.

### **Research paradigm and epistemology**

According to Ponterotto (2005), a paradigm is a 'set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organized study of that world' (Filstead, 1979, p. 34: cited p.128). He contends that the research paradigm 'guides the researcher in philosophical assumptions about the research and in the selection of tools, participants, and methods used in the study' (Ponterotto, 2005, p.128). There are numerous research paradigms which form a continuum, however for the purpose of this study two contrasting paradigms, positivist and constructivist, are briefly discussed here to contextualise the approach of this study.

Positivists assert that reality does exist independently of human interaction and can be measured objectively and rationally, using methods that are systematic and which focus on a predetermined hypothesis (Hall et al., 2013). The results of research are believed to be generalisable to larger populations. The product of positivist research is felt to be unbiased, and true to the phenomena

being investigated, without personal involvement from the researcher (Willig, 2008). The difficulty with the positive approach is that the researcher is not isolated from their context; what they choose to study and what they interpret, are filtered through a contextual lens which itself is the product of numerous beliefs about the world. This makes it impossible to be entirely separate from what is being studied.

In contrast to this, at the other end of the continuum is the constructivist paradigm which stems from an ontological position that there is no reality separate from our interpretations (Grossman Dean, 1993). Unlike positivists and post-positivists, constructivists argue that it is impossible to disentangle our beliefs and values from our observations (Grossman Dean, 1993), such that what is judged as being 'real' or useful or meaningful, is the result of the meaning-making activities of those observing it (Lincoln & Guba, 2000). These arguments more readily reflect my own beliefs about how we can understand the world, and as a result the constructivist approach has been adopted for this study.

Some commentators, such as Grossman Dean (1993), Hansen (2004), Andrews (2012) have argued that there is a distinction between constructivism and social constructionism, in that although both paradigms argue that there is no objective reality and that reality is created through the meaning-making activities of those who observe it, constructivism proposes that each individual mentally constructs their understanding of the world as they observe it (Andrews, 2012) whereas social constructionists emphasise it is the '...communities and cultures of which we are members [that] determine our ways of seeing the world.' (Grossman Dean, 1993 p128). Thus in social constructionism phenomena do not have inherent meaning; it is groups that assign meanings to them (Hansen, 2004).

Andrews (2012) argues that the two terms are often used interchangeably and the term constructivism is used to refer to both these paradigms. For example, in Cottone's (2007) comprehensive discussion on constructivism as a paradigm within counselling, he does not separate the positions but groups both constructivism and constructionism under the term social constructivism; and Charmaz's (2006: 187) definition does not make this distinction clear as she defines constructivism in her glossary as:

'...a scientific perspective that addresses how realities are made. This perspective assumes that people, including researchers, construct the realities in which they participate. Constructivist inquiry starts with the experience and asks how members construct it. To the best of their ability, constructivists enter the phenomenon, gain multiple views of it, and

locate it in its web of connections and constraints. Constructivists acknowledge that their interpretation of the studied phenomenon is itself a construction.'

Following these arguments this research has adopted a wider constructivist ontological position because I believe that reality is constructed through the meaning making of observers which is based on individual interpretations of socially determined ways of seeing the world. This stems from my experiences as both a psychologist and sociologist in which what we notice and understand in the world is socially ascribed through socialisation to particular communities, but the mental constructs of those phenomena are very individual. I have observed this as a trainee counselling psychologist who uses a humanistic therapeutic approach in which I can only work with reality as the client interprets it as a result of their experiences and relationships, rather than the 'truth', as this is all I have in the consulting room. However what clients choose to bring, their distress, is defined as distress by social meaning-making and their understanding of that. I try to understand and validate their experience as perceived by them, but I am aware that I can never have complete knowledge of their experience.

Willig (2008) defines epistemology as 'the nature of knowledge itself, its scope, the validity and reliability of claims to knowledge' (p.2). According to Lincoln and Guba (2005) the epistemological position of constructivism is that the researcher and participants construct the findings together through the interaction of the researcher with the participant. Thus knowledge is not discovered, but constructed and interpreted. As a result of my constructivist approach to this study I am aware that the findings in this study are not objective reality, but my interpretation of the constructions produced between myself as researcher and the participants in this study. This means that the findings in this study are specific to myself as a researcher, and subject to the factors which have influenced how I understand the world. A different researcher may have constructed the findings differently.

### **Introduction to grounded theory**

Grounded theory was developed by the sociologists, Glaser and Strauss (1967) in response, as they perceived it, to the pervading positivistic and quantitative research methods at the time (Tweed & Charmaz, 2012). They argued it was possible to use systematic methods to develop theories from data and move qualitative methods beyond description. Rather than testing hypotheses derived from existing theories, as a quantitative approach proposed, they developed an inductive approach which they claimed drew out theories from the data itself (Hall, Griffiths, & McKenna, 2013). In their publication, *The Discovery of Grounded Theory* (1967), Glaser and Strauss were able to combine their two backgrounds to develop the method: Glaser's positivistic notions of objectivity and rigour,

and Strauss's approach informed by symbolic interactionism which asserts that people ascribe meanings and interact with their environment rather than just respond to it (Hall et al., 2013). These two epistemologically different positions eventually led Glaser and Strauss to work separately and develop different ways in which grounded theory should be practiced (Willig, 2008).

Since the publication of *Discovery*, grounded theory has been revised and developed in numerous ways and by numerous scholars (Charmaz, 2006), but essentially grounded theory provides basic guidelines for collecting and analysing data to develop theories from the data (Charmaz, 2000). In her key constructivist version of grounded theory Charmaz (2006), argues researchers can adapt and use the guidelines in many different ways, according to the assumptions they bring to the research. This challenges Glaser and Strauss's original conception of grounded theory as a positivistic approach to qualitative research, and has led to debates and criticisms of grounded theory from positivists and constructivists. For example, Glaser (2002) strongly critiques Charmaz's constructivist revision of grounded theory as moving away from the explanatory power of the original grounded theory towards description. This criticism subscribes heavily to the positivist epistemology from which it was founded, and misses the constructivist point that theory cannot simply emerge from the data, and the interplay between the researcher and the data must be acknowledged (Henwood & Pidgeon, 2003). In her book Charmaz (2006) contends that constructivists view 'both data and analysis as created from shared experiences and relationships with participants and other sources of data' (Charmaz, 2006, p.130). In a counter-point to Glaser (2002) she argues that constructivists go further than looking at how individuals view their situations, instead the approach '...not only theorizes the interpretive work that research participants do, but also acknowledges that the resulting theory is an interpretation.' (p.130). This stresses the interpretative nature of a constructivist approach not a descriptive one. She emphasises that constructivist researchers should be reflexive about their own interpretations as well as those of their participants (p131) as a counter to the objectivist version of grounded theory which assumes it has discovered an objective truth. A key argument made by Henwood and Pidgeon (2003) proposes the term *generation* of theory rather than *discovery* as a more accurate term for describing the process within grounded theory which reflects constructivist ideas of interpretation and co-construction of knowledge.

## **Research process**

### **Obtaining participants**

Grounded theory literature uses the term 'sampling' to describe the action of obtaining participants. This term relates to quantitative approaches (a connection to grounded theory's origins), which require samples of the population being studied to make generalisations to the whole population. In

contrast the sampling that occurs in grounded theory is not the same as in quantitative studies, and although there is some debate in the literature about the action of sampling participants within the approach, there is little, if any, debate about the use of the term. This term relates to grounded theory's positivistic origins as notionally a sample would be necessary to discover theory from the data. As discussed earlier in this chapter, contemporary constructivist ideas dismiss this ideology, and instead recognise that within grounded theory theory is generated, which requires enough participants to obtain theoretical saturation (discussed below). This undermines the need for the term sampling although it remains used in the literature.

There is substantial debate around the type of sampling that is undertaken in grounded theory. In his comprehensive examination of methodological grounded theory debates Cutcliffe (2000) argues, because grounded theory uses a non-probability sampling approach and 'sampling of specific data sources continues until each category is saturated' (p.1477) as theory drives the sampling, sampling in grounded theory is frequently defined as theoretical rather than purposeful. These terms are not clear cut as Cutcliffe (2000) contests that not all theorists make that distinction, and that the terms theoretical and purposeful are interchangeable. According to Cutcliffe (2000) sampling in grounded theory is both theoretical as there are no calculated sampling decisions and is driven by theory; and purposeful because researchers begin with participants who have the relevant knowledge to generate theories. He asserts that grounded theorists 'enter into a process of purposeful sampling, which is then superseded by theoretical sampling as the data/theory highlight the direction which further sampling needs to follow' (Cutcliffe, 2000, p.1477). Charmaz (2006) similarly argues that initial sampling in grounded theory is 'where you start' (Charmaz, 2006, p.100) as opposed to theoretical sampling (discussed later on) which 'directs you where you go' (Charmaz, 2006, p.100). She advises that for initial sampling it is necessary to establish the sampling criteria before you begin, for example who to include, where to find them etc., and then to move onto theoretical sampling once theories have begun to emerge. A difficulty with this argument is that it remains unclear within the literature when this initial or purposeful sampling becomes theoretical sampling. Cutcliffe (2000) argues that each new theoretical sample should only be selected once analysis of the previous sample has been completed, so that the first sample provides the signpost for the direction of further theoretical sampling. This view is not shared by Charmaz (2006), who argues that theoretical sampling should not occur too early in the research, in order not to shut down any theoretical avenues the study could take. These different perspectives pose a challenge to the grounded theory researcher as there is no unified guideline, and instead raise more questions such as when is too early? Which signpost should I follow after one interview? In this study these questions about sampling were resolved through necessity. Due to time constraints, I felt it was

necessary to obtain data from therapists who were already working outdoors. I felt that they would have the most relevant knowledge from which I could answer the research question as suggested by Cutcliffe (2000). After six interviews I introduced theoretical sampling as the data and memos generated theories.

One of the most difficult parts of this study was finding participants. As there is no accrediting body for therapists who work outside, recruitment of participants involved searching the internet for therapists who offered work outside to clients as part of their work. There are organisations such as Counselling and Psychotherapy Outdoors (CAPO) and the Outdoor and Adventure Therapy Special Interest Group (OATSIG), which enable therapists who work outdoors to communicate with each other, get training and share ideas. I considered sending out an advert to recruit participants through these organisations, and I joined both organisations to find out more how they work and to attend some events in order to recruit. However neither of these organisations had a regular newsletter specific to them, so it was difficult to know how I would advertise. In addition, the membership of these organisations is broad in terms of therapist, and include art/equine/drama/animal therapists, outdoor educationalists, support workers and alternative therapists as well as therapists who are interested in working outdoors although they may not be working outdoors. I found that there was some blurring of terms, particularly for OATSIG members, some of whom made no distinction between those who viewed themselves as doing therapeutic work outside but had no formal psychological therapist training, and therapists who had formal training. In the end I decided not to recruit via an advert because I felt that the list of exclusion criteria would be off-putting to those who read it, and may cause unintended offence to some members.

I attended two events organised by CAPO and OATSIG in order to try to find participants. Again due to the nature of the term therapist and outdoor practitioner, although there were many delegates, I was only able to recruit two suitable participants from these events.

I chose to carry out an internet search for therapists who worked outside using the terms: 'outdoor' and 'therapist/counsellor/psychologist'; 'ecotherapist/ ecopsychologist'; 'wilderness therapist'; 'adventure therapist'; 'nature' and 'therapist/ counsellor/psychologist'. This produced a relatively high number of results globally. When I narrowed the search criteria to UK due to financial and time restrictions on my travel to the interviews, the results were reduced. I wanted to carry out interviews with therapists face to face because as a counselling psychologist I am more used to building rapport face to face and I find it more difficult to have the same level of interaction over the phone or via the internet e.g. Skype. In the end my final interview was carried out via Skype, which

slightly impacted on the interview as I felt less comfortable and was more aware of my surroundings, but it was not as difficult as I feared.

I identified twenty-five therapists who I felt met the following inclusion criteria:

- Certified therapists who had attended formal psychotherapeutic training
- UK based
- Identified as working outdoors either solely or as part of their therapeutic work

I excluded more therapists on the following exclusion criteria:

- Non-certified therapists
- Therapists who introduced an additional element into working outdoors e.g. equine/ animal/ art/ drama therapists
- Non-UK based

I sent an email to each therapist individually using the template (Appendix 1) which I altered according to where I had found them, their website etc.

In total nine participants were interviewed. Seven interviews took place in the therapist's home, and two in a café which were more convenient for the therapists.

### **Participants**

Nine participants were interviewed for this study (four men and five women) from all over England. All were practicing therapists who were accredited by an organisational body either the BACP, or UKCP. Many did not subscribe to one particular therapeutic model, but described themselves as having a background in a particular approach e.g. body psychotherapy or leanings towards a particular therapeutic model e.g. person-centred/ humanistic. The first six therapists had been working outdoors for a number of years (from 3- 5 years) and had had many clients with whom they had worked outside, two of whom worked solely outdoors. It was then decided to include therapists who were newer and had less experience working outside as part of the theoretical sampling. Therefore three therapists who had only had one or two clients with whom they had worked outside were recruited. All except the two therapists who worked solely outside had a mixture of indoor and outdoor work, although all had worked indoors at some point.

### **Research Procedure**

Fassinger (2005) highlights that although much has been written about the process of coding within grounded theory, little has been said on data collection. The majority of data for this study was

based on semi-structured interviews, which is a typical source of data within grounded theory (Fassinger, 2005). The semi-structured interview was deemed appropriate for this study as it allows the participant to tell their story in their own words through responding to open-ended questions, but provides some degree of structure to attempt to answer the research question (Fassinger, 2005).

An initial set of open ended questions, exploring several areas within the parameters of the overarching research question, was developed based on my knowledge and experience as a trainee counselling psychologist. This was then tested out through a self-interview (asking a colleague to interview me), to learn which questions were difficult to answer or needed to be refined. Although I do not have experience outdoors, this process was useful to help me to reflect on my assumptions and think about prompts in order to try to refrain from imposing constructions on participants (Fassinger, 2005). From this experience I realised I had made assumptions about the use of nature within the therapy, and therefore I introduced more questions which focused on the processes within therapy outdoors and in contrast to working indoors. The final semi-structured interview schedule (see Appendix 2) was drawn up to explore both the processes within therapy and how the decision to take the work outside impacted on the therapy.

The interviews lasted up to one hour and were recorded on a digital voice recorder.

## **Analytical process**

### **Coding and constant comparisons**

Charmaz (2000) argues that analysis of the data is necessary as it is important to dig below the surface of participants' meanings and look for 'views and values as well as for acts and facts' (p.525) to clarify the realities of participants rather than to challenge them. Charmaz (2006) strongly argues that coding in grounded theory is the essential element to developing an emergent theory, as through coding you define the process and the meaning of the data. According to Tweed and Charmaz (2012, p.136) coding serves to: 1) engage researchers with their data without applying preconceived concepts, 2) define what is happening in these data, 3) compare, sort and categorize fragments of data, and 4) begin connecting data with data, data with codes, and codes with codes.

Within grounded theory analysis begins with an initial coding phase. In this study line-by-line coding was carried out after each interview. Line-by-line coding, as opposed to word-by-word or incident-by-incident coding, was chosen in order to remain as open and as close to the data as possible whilst preventing uncritical immersion in my participants' worldviews (Charmaz, 2006). Charmaz (2006) recognises that line-by-line coding can sometimes feel like an arbitrary exercise as not all lines will contain complete sentences or seemingly contain meaning. Line-by-line coding is frequently advised

as a method in grounded theory but a difficulty I found with this approach which is not discussed in the literature, is what constitutes a line is arbitrarily based on the size of the column. This is an oversight within the guidelines which should be challenged. Essentially the aim of line by line coding is to provide a means by which the researcher remains close to the data (Charmaz, 2006) but does not code large chunks of data which may allow key points to be missed. Therefore it is the units of meaning in the line, rather than the line itself, which is key to coding, and does not require doggedly coding each and every line. On the whole it was possible to code line-by-line which enabled me to stick closely to the data and to gain more distance from both my own and my participants preconceptions. When a line had no meaning I chose to continue to the next line if that made more sense.

In the initial open coding phase I stuck close to the data, and in accordance with Charmaz (2006), used relatively short, specific codes formed around a gerund rather than applying pre-existing categories to the data. This was useful to detect processes within the data. An example of this phase can be seen in **Error! Reference source not found.**

Open coding using line-by-line codes	Transcribed Interview
Being interested by power dynamic Feeling more collaborative Distinguishing between being in her room Noticing power dynamic Feeling surprised at difference Taking pride in making things equal in room Not bragging about achievements  Being informal in the room  Trying to present a friendly and cosy image Rejecting a studied image  Trying to keep the room anonymous and comfortable Feeling surprised by the difference when outside Explaining the difference Sharing the environment – no greater claim  Feeling different in shared environment Being tempted to slip out of therapist role into friendship Feeling so different from her usual therapist experience  Emphasising not the different environment but the shared space Recognising her territory  Claiming the rooms as her own  Attributing the shared space to slipping into friendship mode Emphasising informality Delineating from her position within the quasi-professional setting  Comparing her room to other professional's rooms  Suggesting the overtones of professionalization Walking up and down hills is done with friends Noticing blurring of role Drawing back Reminding herself of the relationship  Drawing back Delineating between friend and counsellor role  Remind herself of her relationship with client	P9: so that was quite an interesting power dynamic. It felt more collaborative, and not to be in my room, oddly felt much more, like a very different power dynamic, and more different than I had expected. I kind of pride myself in trying to make things as equal as possible, in my room, and I don't have a kind of bragging wall of certificates, I don't have big bookcases full of learned tomes, it's really informal and erm, it aims to be as friendly and cosy as possible. You know it's not got groovy matching cushions or any of that kind of business! I try deliberately to keep it reasonably anonymous and um, and kind of comfortable. So I was surprised to feel how different it felt outside my room, because it wasn't my environment it wasn't her environment. It was a shared one, that neither of us had any greater claim to than the other. And I was, I felt quite different as a result. And there were moments when it was tempting then, to slip into it being more of a friendship rather than a counselling relationship because it felt so clearly different from a counselling relationship, as in so different from how I usually experience them in a counselling room, and even if, I counsel in other places as well, but they're still my territory really, so I arrange those spaces, and it's me that's there beforehand and afterwards for another client, so they're still my spaces. The impact of that is for me occasionally to slip into a sort of friendship mode. And that was also partly because it's very, it's very, very informal. It doesn't have that, me sitting opposite you in a quasi-professional setting, I suppose if you were seeing a solicitor or an accountant, someone like that, apart from the fact that there would probably be a desk in the room, it wouldn't be so different, would it? So in a counselling room you've still got those overtones perhaps. Whereas walking up and down hills, well to me that's something I do with friends, so, I had to kind of draw back from that and remind myself that that wasn't the relationship and occasionally draw back from possible responses that I might have made as a friend that I wouldn't make as a counsellor. So it was important for me to remind myself what the relationship was because it felt so different.

**Figure 1: Example of open coding**

The initial open coding phase generates descriptive labels, which then leads to the second phase of analysis, focused coding, which is the development of low-level categories (Willig, 2008), an example of which can be seen in Figure 2 below. In this analysis this was done through what Kelle (2007) describes as the 'constant comparative method' (Kelle, 2007, p.106) in which the initial codes were compared to other initial codes both within the same interview and in previous interviews. In accordance with grounded theory method, each interview was analysed before the next participant was sampled and interviewed. This was done to develop the tentative categories and explore ideas that were underdeveloped within the categories, in order to elicit theory (Fassinger, 2005). As I obtained more data I was able to revisit previous interviews and find incidents which I had overlooked, and so found the iterative process of data collection and analysis useful to build my theory. Bruce (2007) identifies that a limitation of this method is that this makes the process of collecting and analysing each interview very time consuming. I agree as this method impacted on

the number of interviews I was able to undertake within the time period I had. It might be more useful to carry out two or three interviews close together and analyse them as this would still allow categories to emerge and identify areas to focus on, but might enable more interviews to be undertaken in a shorter period of time.

To develop focused codes Charmaz (2006) advises looking for the most 'frequent and/or significant codes' (p.57) from the initial coding. This is a challenge to constructivist grounded theory overlooked in the literature as it suggests that the frequency of a code makes it somehow more important than other codes, which is indicative of grounded theory's positivistic roots. From a constructivist perspective as knowledge is co-created it seems problematic that frequency is valued over anything else, and this might explain Charmaz's inclusion of 'significant' (but this term is also problematic as how can a researcher judge a code to be significant initially?). On the other hand within psychodynamic psychotherapy literature there is the argument that that which repeats (insists) is important, and from a practical perspective codes have to be selected to be organised into categories. Therefore I mainly looked for similar codes which seemed significant. This obviously was subjective and as a trainee counselling psychologist I may have been more attuned to certain codes than others. In the constructivist literature the researcher's theoretical sensitivity is recognised as part of the research process. Henwood and Pidgeon (2003) argue that theoretical sensitivities can be both helpful and unhelpful to the research and it is important to maintain a balance between the researcher's theoretical sensitivities and being flexible enough to elicit codes and categories that fit with the data. One way to do this is through researcher reflexivity to make the research transparent (Fassinger, 2005). I tried to remain aware of my own influence on interpretation within this process through continually reflecting and using in vivo codes when possible. In vivo codes are the specific terms used by participants which, according to Charmaz (2006) are symbolic markers of participants meanings and 'help us to preserve participants' meanings of their views and actions in the coding itself.'(p.55).

Open coding using line-by-line codes	Transcribed Interview	Focused Codes
Being interested by power dynamic Feeling more collaborative Distinguishing between being in her room Noticing power dynamic Feeling surprised at difference Taking pride in making things equal in room Not bragging about achievements	P9: so that was quite an interesting power dynamic. It felt more collaborative, and not to be in my room, oddly felt much more, like a very different power dynamic, and more different than I had expected. I kind of pride myself in trying to make things as equal as possible, in my room, and I don't have a kind of bragging wall of certificates, I don't have big bookcases full of learned tomes, it's really informal and erm, it aims to be as friendly and cosy as possible. You know it's not got groovy matching cushions or any of that kind of business! I try deliberately to keep it reasonably anonymous and um, and kind of comfortable. So I was surprised to feel how different it felt outside my room, because it wasn't my environment it wasn't her environment. It was a shared one, that neither of us had any greater claim to than the other. And I was, I felt quite different as a result. And there were moments when it was tempting then, to slip into it being more of a friendship rather than a counselling relationship because it felt so clearly different from a counselling relationship, as in so different from how I usually experience them in a counselling room, and even if, I counsel in other places as well, but they're still my territory really, so I arrange those spaces, and it's me that's there beforehand and afterwards for another client, so they're still my spaces. The impact of that is for me occasionally to slip into a sort of friendship mode. And that was also partly because it's very, it's very, very informal. It doesn't have that, me sitting opposite you in a quasi-professional setting, I suppose if you were seeing a solicitor or an accountant, someone like that, apart from the fact that there would probably be a desk in the room, it wouldn't be so different, would it? So in a counselling room you've still got those overtones perhaps. Whereas walking up and down hills, well to me that's something I do with friends, so, I had to kind of draw back from that and remind myself that that wasn't the relationship and occasionally draw back from possible responses that I might have made as a friend that I wouldn't make as a counsellor. So it was important for me to remind myself what the relationship was because it felt so different.	Power dynamics
Being informal in the room		Power dynamics
Trying to present a friendly and cosy image Rejecting a studied image		Feelings indoors
Trying to keep the room anonymous and comfortable Feeling surprised by the difference when outside Explaining the difference Sharing the environment – no greater claim		Indoors vs outdoors
Feeling different in shared environment Being tempted to slip out of therapist role into friendship Feeling so different from her usual therapist experience		Power dynamics
Emphasising not the different environment but the shared space Recognising her territory		Therapist role
Claiming the rooms as her own		Power dynamics
Attributing the shared space to slipping into friendship mode Emphasising informality Delineating from her position within the quasi-professional setting		
Comparing her room to other professional's rooms		
Suggesting the overtones of professionalization Walking up and down hills is done with friends Noticing blurring of role Drawing back Reminding herself of the relationship		Indoors vs outdoors
Drawing back Delineating between friend and counsellor role		Being the therapist
Remind herself of her relationship with client		

**Figure 2: Example of open coding leading to focused codes**

### Theoretical sampling

Charmaz (2006) advises that once some preliminary categories have been obtained, but the properties of these categories have not been clearly defined, it is useful to undertake theoretical sampling in order to advance the analysis. The purpose of theoretical sampling is to 'elaborate and refine the categories constituting your theory.' (Charmaz, 2006, p.96). Theoretical sampling is collecting further relevant data to explore and develop categories, until nothing new is being said about the category, known as saturation (Charmaz, 2006). Charmaz (2006) identifies that theoretical sampling can create multiple directions in which to take the theory, and is dependent on the researcher's interest.

Following coding of the first six interviews in this study, it appeared that interviewing participants who were newer to the experience of working outdoors would be useful. It was also felt that therapists who had had fewer experiences working outdoors would also be able contribute to the

development of categories. Therefore a further three therapists were recruited. It was felt that these therapists might offer a different insight into working outdoors because of their inexperience which might have meant that they noticed the difference being outdoors more than therapists who were used to that type of work.

### **Saturation**

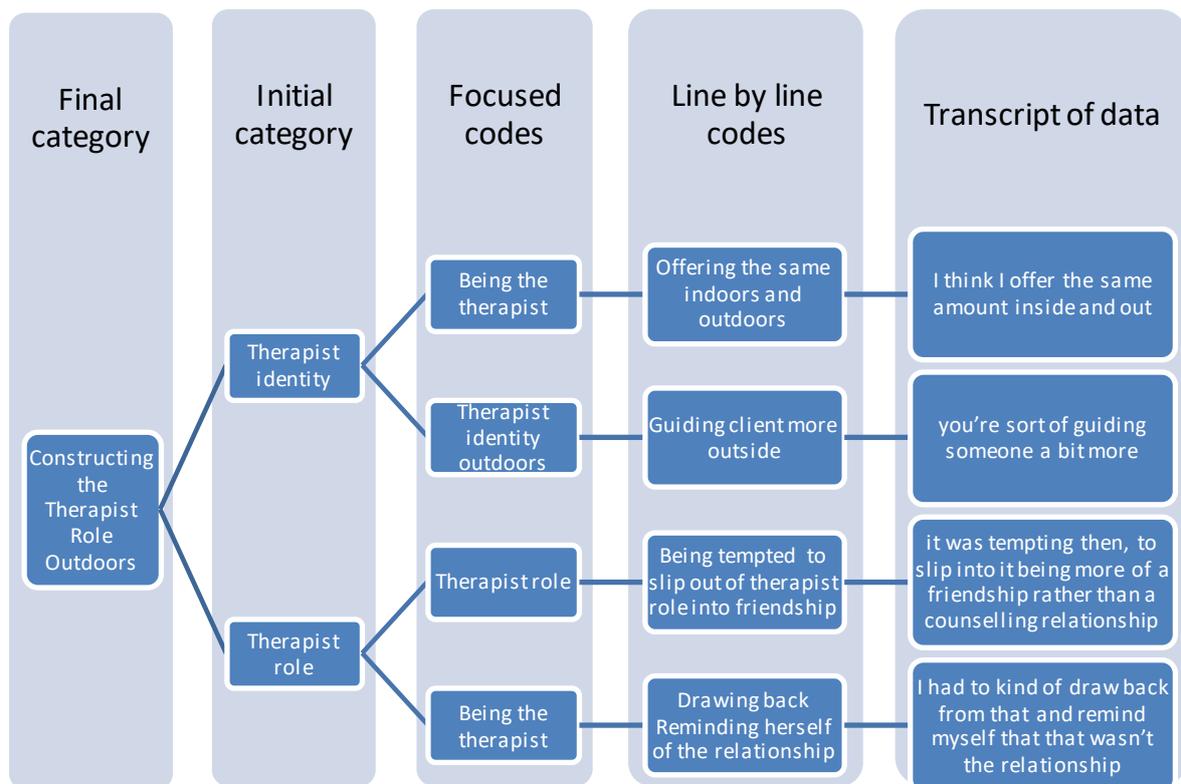
Theoretical sampling continues until no new categories can be identified, and data no longer generates new insights (Charmaz, 2006). However as Hallberg (2006) suggests saturation is a subjective decision as there is always the potential for further interviews to elicit more information. This is supported by Willig (2008) who suggests that changes in perspectives and modifications of categories can mean that it is not possible to fully achieve saturation and although it is something to strive for, it is a 'goal rather than a reality' (Willig, 2008, p.37). In this study saturation was aimed for but time limitations meant it was not possible to obtain full saturation.

The constant comparison method means that data collection and analysis are not linear but done in a more cyclical fashion. The gathering of data and the constant comparison method should stop when a researcher's categories are saturated (Charmaz, 2006). This is when '...gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories' (Charmaz, 2006, p.113). Charmaz (2006) warns against confusing saturation with repetition of events or statements. In a counter-debate Dey (1999) argues that the term saturation is misleading and that 'sufficiency' is better applied as it 'refers to the stage at which categories seem to cope adequately with new data without requiring continual extensions and modifications' (p.117). Continuing this he convincingly asserts that it is impossible to tell when a category is sufficient as there may always be the potential for the next round of data to introduce a new perspective or modify the data in some way (Dey, 1999). Dey's (1999) argument recognises a difficulty with the iterative methodology of grounded theory, in that it is probably impractical for most studies to achieve full saturation in their timeframes and, if not, saturation could make the data become unwieldy. In this study, due to time and participant number restrictions, an abbreviated version of grounded theory was carried out. According to Willig (2008) this version of grounded theory works with the original data only and follows the principles of grounded theory but aspects such as theoretical saturation 'can only be implemented *within* the texts that are being analysed' (p.39). This approach was useful as it provided rich data and the study feasible in the timeframe, but it felt similar to IPA analysis.

The next stage in grounded theory was to explore the relationships between the categories I had developed. Fassinger (2005) describes this as axial coding, in which 'relationships among categories

are organized and further explicated, grouping them into more encompassing (key) categories that subsume several (sub)categories;’ (p.160). Axial coding was proposed by Strauss and Corbin (1998) as a way to bring together the previously fractured data. They advocated using a specific method based on a more prescriptive, positivistic approach. Fassinger (2005) describes this approach as ‘controversial’ (p.160) and Charmaz (2006) recommends exploring and developing the links between categories and subcategories, but not using Strauss and Corbin’s framework. In this study I adopted Charmaz’s approach as it was more in alignment with a constructivist paradigm, by which a framework is developed from the data, rather than imposed from above.

From this process of axial coding overarching final categories were chosen which I felt best represented the data and explained the research question. A core connecting category was generated which linked the four categories. A few categories were dropped as they were not significant to this study and they lacked ‘power’ (Charmaz, 2006, p.159). The remaining categories were then developed into a model to better understand the complex relationship between the categories. This model can be seen in Figure 4 in the ‘Findings’ section on page 98. An example of the process of developing the final categories from the initial data can be seen in Figure 3.



**Figure 3: Example of the process of developing final categories from the original transcript**

## **Memo writing**

Throughout the research process, the grounded theory researcher writes memos. Memos are notes which contain the thoughts, ideas, connections and suggestions which help the researcher to analyse both the data and the codes from the data (Charmaz, 2006). According to Henwood and Pidgeon 'memos serve both as a means of further stimulating theoretical sensitivity and creativity, generating links to the literature, and as a vehicle for making public the researcher's emerging theoretical reflections.' (Henwood & Pidgeon, 2003, p.145). Memos begin as tentative ideas suggesting areas for investigation, and become more precise, theoretical and robust as the research process develops (Tweed & Charmaz, 2012). Memo-writing enables the researcher to compare 'data with data, data with code, code with code, code with category and category with category' (Tweed & Charmaz, 2012, p.141). Memos also provide the definitions and properties of the code (Tweed & Charmaz 2012).

I found memo writing to be particularly useful for helping me to grapple with large amounts of data and codes and to think about connections within the research and possible directions I should take. An example of a memo can be found in Appendix 3.

## **Ethics**

This study was carried out using the following ethical considerations in accordance with the British Psychological Society's code of ethics for research (2010).

### **Informed consent**

Participants were informed about the research procedure and were given an opportunity to ask questions and raise concerns at recruitment. Prior to the interview participants were given an information sheet about the study which highlighted what the study was about, how the information would be stored and used, the right to withdraw and how to raise any concerns (see Appendix 4). They were again offered the opportunity to ask questions and raise concerns.

### **Confidentiality**

Participants were assured of confidentiality and anonymity. All the recordings were transcribed by me and identifying characteristics were removed. All digital recordings, transcripts and analysis were stored on the researcher's personal computer under password protected files. All signed consent forms were stored in a locked file to which only the researcher had access in the researcher's home. Transcripts of interviews were coded to protect the identity of the participants. The recordings, transcriptions and consent forms will be destroyed at the end of the study once the work has been examined.

## **Risk**

It was not foreseen that any physical or mental harm would come to the participants being interviewed as the topic was not expected to be overly emotive. As the participants were certified therapists themselves, they were expected to have their own systems to manage any psychological harm. However at the end of the interview each participant was given a debriefing about the study, and was asked about their experience to assess for any risk. No participant indicated any distress, and indeed all the participants reflected that it had been an enjoyable and useful process to help them explore their own practice.

As I was travelling to therapist's homes and distant areas there was minimal risk to myself. However the participants were all certified therapists, and my partner was given the times and general areas of where the interview was to be carried out. It was arranged that I would call him after the interview. It was agreed that if he did not hear from me within three hours of the end of the interview, he was to open a sealed envelope containing the participants details and contact them if necessary. This did not have to be used for any of the interviews and the envelopes were destroyed.

## **Deception and debriefing**

The research question did not require any form of deception about the study, and participants were offered the opportunity to discuss the study in depth after the interview. Participants were also offered the opportunity to have a copy of the transcription and/or the research once it had been completed.

## **Reflexivity**

Orlans and van Scoyoc (2008) argue that reflexivity '...concerns itself with an awareness of the observer as the participant in any activity either in the therapy room...or as a researcher ...' (p.58) and it is a key defining feature of counselling psychology. It is also a key feature in qualitative research as it recognises the interaction between participant and researcher (Cutcliffe, 2000), which is reflected in constructivist approaches. Therefore it is important to have a section in which '...there may be a discussion of the researcher's person...and the ways in which this may affect data collection and/or analysis' (Willig, 2008, p.18) and how this was addressed (Kasket, 2012).

When undertaking this study, my identity as a trainee counselling psychologist was an important factor in the research. Developing the research questions for the interviews was quite difficult because of my personal relationship to the research discussed earlier. I had to balance this focus with not asking leading questions and checking my assumptions. As a trainee who had only worked indoors, I initially made assumptions about the importance of particular aspects of working outdoors

such as practicalities. My training had instilled the importance of seeing the client holistically, and doing a self-interview allowed me to reflect on these assumptions. This led me to broaden the focus of the questions to explore how they experienced the outdoors, and to give an example of working outdoors.

My training enabled me to develop a strong rapport with the participants as we had common therapeutic knowledge, but this knowledge may have led to assumptions by both myself and the participants about the construction of the therapeutic relationship which a non-therapist may have unpacked further. As a trainee counselling psychologist my own experience as a therapist may have led to assumptions about therapeutic terms used by the participants. This assumption worked both ways as the participants may have assumed my knowledge, and I may have assumed that we were talking about similar things. This made it difficult for me to always unpack well known therapeutic terms, although I tried to be aware of this and to let participants know that I would try to stop them to explain 'obvious' terms in order to understand how they interpreted these terms, and to enable an audience with less knowledge to understand them too. A benefit of having a therapeutic background enabled me to be positioned by the participants as 'one of them' as many of the participants had also done research and could remember trying to find participants. This made them more willing to be interviewed and this created a sense of reciprocity during interviews which helped create a co-construction of meaning (Mills et al., 2006, p.2).

Furthermore, my own interests in working outdoors helped develop rapport as the therapists enjoyed the opportunity to talk about their work to another therapist who felt positively towards their work. On the other hand there sometimes felt like they may have been using the opportunity to promote their way of working, and this was certainly related to my own shared enthusiasm on the topic. I was aware that this may not have given my data enough breadth as it would have been focused on the positives and the negatives may have been overlooked. To manage this I asked specific questions about negative experiences and monitored my own levels of enthusiasm to encourage more reflection from both myself and the participants.

My identity as a trainee counselling psychologist may also have had an impact on my focus for the later interviews. The iterative process of grounded theory in which an interview is analysed before commencing the next meant that categories and ideas I felt that were underdeveloped from the previous interviews could be explored further in subsequent ones. It also meant that almost from the start of data collection my identity was impacting on the data, as what seemed significant and how I categorised codes was a judgement based on my experience as a trainee and my background in sociology. As a trainee, I have a background in three different core therapeutic approaches;

Person-centred, CBT and Psychodynamic. These approaches give different emphasis to the importance of the therapeutic relationship and how it is used for interventions. My knowledge about the therapeutic relationship may have influenced how I interpreted and reflected on the data which a non-therapist researcher may have analysed differently. Staying close to the data through using line by line coding, and using a reflective diary and memos helped me to question my interpretation of the data.

### **Reflections on grounded theory method**

A difficulty I had when undertaking this research was that often participants struggled with describing a process that was elusive but felt important. As what much of the participants spoke about was a feeling or an interpretation of a feeling, rather than a physical measurable phenomenon, many of the participants could not articulate the crux of the matter. After the interviews were carried out I attended a one-day course on ecotherapy run by one of the participants. It was here I was able to experience first-hand what the participants had spoken about, and on writing my reflections of the day I recognised the difficulty of articulating to someone else the impact of being outside. The elusiveness of the change in my inner state was in many ways reflected in the analysis of the participants' interviews in which it was difficult to categorise something so ephemeral so concretely. Lincoln and Guba (2006) suggest that 'knowledge cannot be separate from the knower, but rather is rooted in his or her mental or linguistic designations of that world' (p.176), and this is a difficulty of any research as it relies on having a language to describe something. The advantage of a constructivist approach is that both the researcher and the participant co-construct the findings and these are therefore an interpretation of both parties' attempts to understand and describe a phenomenon.

I found the breaking down and the rebuilding of the data challenging to my practitioner counselling psychologist identity as it removed the context of the human to become units of meaning rather than the thoughts, feelings and embedded relationships of X. This was necessary to do the research but challenged my humanist stance because the participant became diminished to their words and this ignored their whole contextual being. Cooper (2009) argues that the humanist value-base of counselling psychology emphasises that humans cannot be reduced to their component parts, and yet grounded theory aims to do this to the data they produce. Grounded theory is a qualitative approach so the participant is seen to be given a voice in the study, but not in a holistic sense. I therefore had to resolve my practitioner side with the researcher identity of counselling psychology and recognise that counselling psychology is not simply the therapeutic identity but the researcher identity is important (Kasket, 2012).

I found that a limitation of the grounded theory method which is overlooked in the literature is how to transcribe an interview and not lose some of the essence of the meaning. As a trainee counselling psychologist, I am aware of listening out for changes in tone, pitch or speed of a client's conversation as well as the content. I was able to use these skills during interviews to probe deeper about certain issues, but on transcription some of the context was lost. Grounded theory's emphasis on the content, rather than the style, of the interview reflects its positivistic, objectivist beginnings, and so emphasises analysing content rather than style, possibly because content is arguably less open to interpretation than style. However paralinguistics are an important part of language and much meaning is conveyed through it, so I found it a limitation of grounded theory that it does not focus on this more.

Henwood and Pidgeon (2003) claim that grounded theory is attractive to new researchers as an approach because it claims to provide a set of guidelines for carrying out the research which are 'both reassuring and genuinely useful' (p.133). This was not my experience. The constructivist development of the guidelines is an antithesis to the original positivistic origins, and indicates how the guidelines can be adapted to the needs of the researcher (Charmaz, 2006). The constructivist guidelines (such as *Constructing Grounded Theory* by Charmaz, 2006) are still detailed guidelines and constructivist arguments have not yet removed the necessity for them, so that the grounded theory researcher must still follow some form of guideline in order to be doing grounded theory. The constructivist development is important and the subsequent debates within the literature about each stage of the method provide both freedom for the researcher to adapt the guidelines, but also undermine the necessity for guidelines at all. These methodological debates provide an almost endless way to do grounded theory which limits grounded theory as an approach as there is no unitary answer and the researcher must develop their own version of grounded theory. This makes it difficult to distinguish from other qualitative methods, which is a view supported by Henwood and Pidgeon (2003) who argue that it is '...debatable to what extent the procedures and methods of grounded theory are distinctive to the approach...' (p.133). I agree with their assertion that more work needs to be done relating grounded theory to other qualitative designs, as this could be the next useful stage of development for grounded theory.

## Chapter 3: Findings

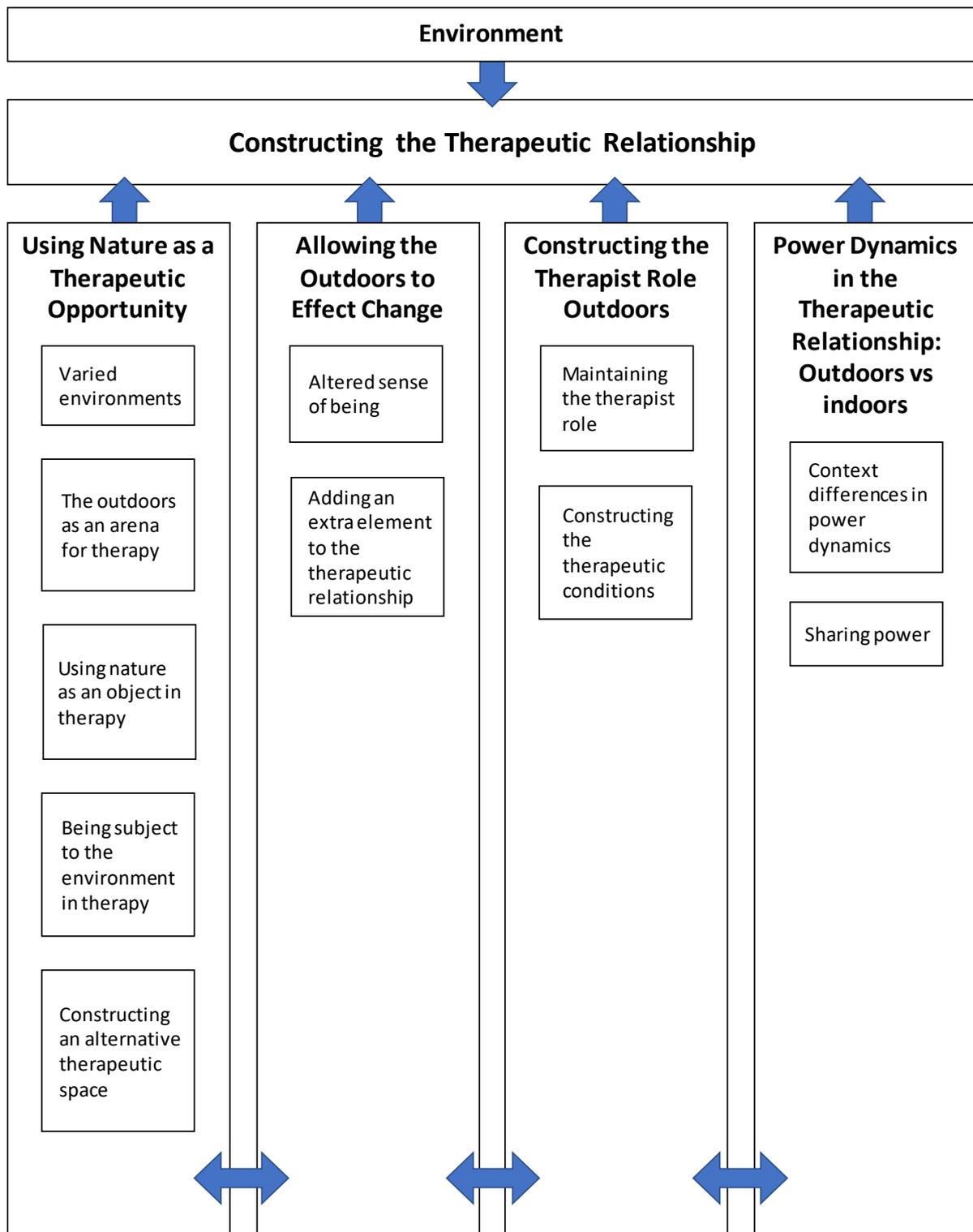
### **How does working outdoors impact the therapeutic relationship? Emergent theoretical model and overview of findings**

In this chapter, the final categories are presented. These categories were developed from the axial coding stage in which relationships between initial categories were developed. Although the research generated many categories, the categories discussed in this study were chosen as being most relevant to the research question exploring how working outdoors impacts the therapeutic relationship. These were selected using memos to explore what each final category contributed to the research question. In this chapter each category is discussed using quotations from the interviews in order to support my analysis of the research and to enable participant's voices to be heard. Four categories were chosen to be discussed which are:

- Using Nature as a Therapeutic Opportunity
- Allowing the Outdoors to Effect Change
- Constructing the Therapist Role Outdoors
- Power Dynamics in the Therapeutic Relationship: Outdoors vs indoors

A core connecting category was identified as Constructing the Therapeutic Relationship Outdoors.

In order to guide the reader through the findings, an emergent model of how working outdoors impacts the therapeutic relationship, is presented below before the findings. This is to provide a visual representation of the proposed relationships between the four categories, the core connecting category and the environment, and is shown on page 98, Figure 4. Following the diagram and the explanation of the model below, each category will be discussed in further detail.



**Figure 4: How does working outdoors impact the therapeutic relationship? An emergent theoretical model**

In the model, the four categories identified above, are linked by the core category 'Constructing the Therapeutic Relationship'. The findings suggested that working outdoors is a complex, continual adjustment of the skills of the therapist as they worked to build a relationship that was therapeutic

outdoors. Each category was impacted by being outdoors, and these affected the relationship in different ways. In response, the therapists adapted their skills to address these changes, to ensure therapy (as opposed to another activity) occurred outdoors. Thus the model shows the interaction between the four categories and how they are linked by the core category. The environment is shown as impacting the core category because it impacts each of the categories which are linked by the core category and ultimately therefore the environment impacts the core category directly.

As the model above shows, working outdoors impacts on the therapeutic relationship in four ways. In the first category on the model 'Using Nature as a Therapeutic Opportunity' working outdoors provides more, and more varied, therapeutic opportunities to occur than working indoors because the space in which the relationship sits is a constantly changing space, and therapists use these opportunities in a variety of ways, indicated by the subcategories, to enhance the relationship. However the outdoors is not simply a backdrop for the relationship, but because of the two-fold interaction with both an active and passive process between the outdoors and the relationship, the environment becomes part of the relationship.

The second category in the model 'Allowing the Outdoors to Effect Change' relates to how working outdoors alters the sense of being in the therapist and client (who make up the relationship). Through this alteration, which is not a conscious process but occurs as a result of simply being outdoors, the boundaries between the relationship and the environment are no longer clearly defined and the environment begins to play a role in therapeutic change within the relationship, adding an extra element to the therapeutic relationship. Thus again the environment becomes part of the relationship.

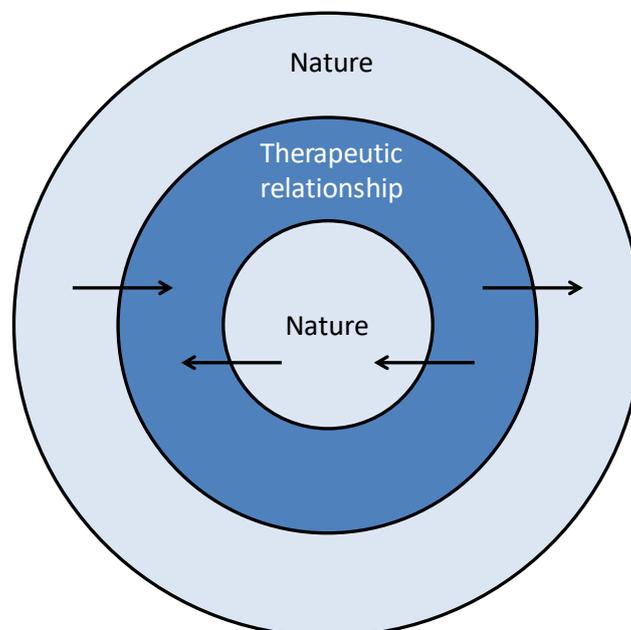
The third category relates to the way in which working outdoors impacts the therapeutic relationship, as it has the potential to alter the role of therapist, and through doing so blur role definition within the relationship. When working outside the therapist role becomes one of therapist and non-therapist e.g. guide or navigator, for practical reasons. This is combined with an altered sense of being, as well as working in a space which is not specifically therapeutic, and this blurs the clearly defined roles which are more associated with the therapeutic consulting room. This has the potential to impact on the relationship by making it not be a therapeutic relationship but instead two people out for a chat and a walk in nature. In order to counteract this, therapists actively work at maintaining the therapist and client roles, through having awareness of their role (maintaining their role) and constructing the therapeutic conditions. This ensures that the relationship is reconstructed in a way not dissimilar to that indoors, and the therapeutic aspect of the relationship is maintained.

Finally, the fourth way in which working outdoors impacts on the therapeutic relationship is that it highlights the power dynamics within the relationship. In the model above this is shown as the category 'Power Dynamics in the Therapeutic Relationship: Outdoors vs indoors'. The category relates to how some of the power dynamics within the relationship become more balanced because the outdoor space is a more equal space than indoors (context differences in power dynamics), and there are more opportunities for power to be shared within the relationship. However as the therapists actively maintain and construct the role outdoors, power dynamics inherent to the role of therapist are maintained, and the therapeutic relationship is reconstructed and maintained.

These four categories represent processes which occur simultaneously when working outdoors. The four categories are linked as each category interacts with another, so that a process which occurs in one will impact another. This provides fluidity and demonstrates the complexity of the interaction between the categories. As the model shows, due to this interconnection each process requires another, and it is unlikely that just one could occur individually. These processes were foregrounded by working outdoors due to the unique space, and the challenges and advantages that it provided.

### 3.1 Using Nature as a Therapeutic Opportunity

This category contributes to the research question; How does working outdoors impact the therapeutic relationship? because it stems from participant's accounts regarding their incorporation of the outdoors into the therapeutic relationship, and thus the impact of this. As the diagram on page 98 shows, this category comprises five subcategories, which reflect how therapists used nature as a therapeutic opportunity in different ways, which are discussed in more detail below. This was done on both an external and internal therapeutic processing level. The external processes focused on the surroundings, so that the therapeutic relationship was viewed in relation to and within the outdoor space. Within this space processes occurred which would not be possible in an indoor environment, or would be more limited. The therapy that occurred was as a result of the physical environment, as though the therapeutic relationship was the object within a nature-therapy dyad. The internal processes focused on the internal state of the client, and how nature could be used as the object to express that state within the therapy, and how the physical environment could create internal states which could then be processed in the moment. Thus simultaneously the physical environment and the therapeutic relationship acted upon and were acted upon as **Error! Reference source not found.** indicates. The final subcategory in this chapter explores that working outdoors allowed therapists to create an alternative therapeutic space from the indoors, which allowed therapists to use nature as a therapeutic opportunity.



**Figure 5: Showing the direction of the processes between the therapeutic relationship and the natural environment that occur when therapy is taken outside**

## Varied environments

One of the external level processes which therapists spoke about regarding using nature as a therapeutic opportunity was the potential for variety within therapy. They recognised that the different types of space, such as woods, fields, mountains, could provide different and varied therapeutic opportunities to occur. Most of the experienced therapists had worked, or worked, in a variety of settings, and they chose the setting according to the client and the focus of the therapy. For example P4 would negotiate with clients what they wanted to work on and where, and each choice of setting was unique to the client.

‘...I’ve done a lovely session on the downs... a closing ritual with a client, other clients wouldn’t dream of doing that.’ P4, (107-109)

P3 carried out a range of exercises with his clients in different outdoor environments both of which (the exercise and the environment) he chose depending on external factors such as the time of year as he highlights ‘in the summer you can lie down in the grass’.

‘... I like places where there is a varied habitat because different habitats provide different opportunities, different experiences. If you’re in grassland then ...in the summer, you can lie down in the grass, ... and I’ll maybe do a relaxation exercise with them. P3 (641-648)

No one physical environment was seen as more important than another by any of the therapists, although some had personal preferences, such as P6 who, although she worked in a variety of settings with clients, preferred the woods as a space to work because she felt it was more containing.

‘For me it’s woods. Trees and woods. Because there’s such holding there.’ P6 (290-291)

However despite her own preferences, she valued working outside because the variety of environments could be used to reflect the client’s needs and internal states.

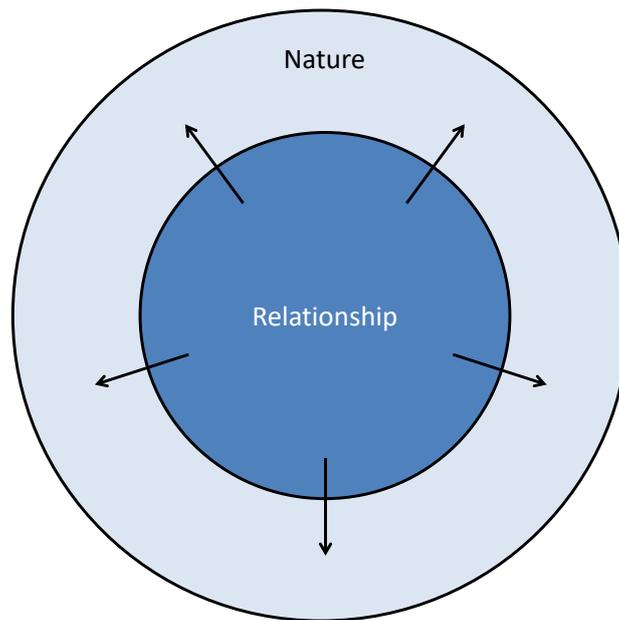
‘...I did do a session up on the cliffs once and it was *absolutely beating* weather, ...but for him it was really *alive*, and *really* alivening and he loved it... his experience was of real wildness and being blown around...’ P6 (576-587)

Her emphasis on the horrendous nature of the weather contrasted with the client’s experience of ‘real wildness’ and ‘loving it’ indicates how the different setting and its potential to be negative (and therefore possibly avoided), can produce something very important to the client. Having the option of different spaces and different elements within those spaces is unique to working outside, and this

offered the potential to create different therapeutic experiences for the client, which would not be available indoors in a more controlled, familiar environment.

### The outdoors as an arena for therapy

One of the ways in which therapists incorporated nature into the therapeutic relationship was to use the physical space as a unique arena in which therapy could take place. The arena was viewed as a usable tool within the therapy, thus the direction of process within therapy was externalised from the therapeutic relationship, as **Error! Reference source not found.6** shows.



**Figure 6: Showing the direction of the process as therapists use nature as an arena**

How the physical environment was used depended on the therapist but one of the ways was through direct interaction, so that the space was used consciously as a tool within therapy as P2 explained. P2 described an experience in which the client suggested using the sea as a means to get rid of an object from therapy as opposed to shredding it or throwing it away, so the outdoors played the physical role of reflecting the client's letting go of a relationship.

'...she did this enormous drawing ... and ...we go down to the sea and launch this enormous piece of white paper and watched it kind of float off into the moonlight, which was ... a nice image and it was a nice way of letting go for her.' P2 (70-80)

However more frequently the interaction was a physical use of the space afforded by being outside. P4 valued being outdoors because of the range of actions that could take place within it, which would be more constricted indoors.

‘... there are things about working outdoors that just being, the ability to move around more, to stand up, move around, sit on grass, run, do whatever you want, hide in trees, which have all happened, listen to the crows, really do matter.’ P4 (571-575)

Her use of the words ‘really do matter’ suggest that for her working outdoors is important because she is able to use the physical space in different ways. This was echoed by other therapists who felt that being outdoors enabled actions to take place which could not happen indoors, but which enhanced the therapeutic process. P7 spoke about the left-right motion of walking, reflecting the left-right processes of therapy.

‘I think it’s being outdoors, not being confined and also the walking movement of, ... the movement of walking left right left right (indicates head), moving one thing from one side of the brain to the other.’ P7 (263-267)

P7 indicates that she feels it is being outdoors that enhances the therapeutic process through the two actions of ‘not being confined’ *and* ‘also the walking movement’. The comments from P7 and P4 suggest that the movement through the space created by being outdoors is important within the therapeutic process. This is indicated by P9 who felt doing therapy whilst walking positively impacted the therapeutic process as the physical action of walking led to a change within emotional processes.

‘I’ve always thought that the act of walking has some kind of sense of progress to it, which lends itself to a sense of making some kind of emotional movement too. There being some kind of, not necessarily forward progress, but movement.’ P9 (252-256)

This was also echoed by P8 when he reflected on the potential of walking rather than sitting when doing therapy outside.

‘... maybe just the fact of physically moving, different to just a metaphor of a journey would also change things, the whole body-mind dynamics. Maybe something worth offering just to say to somebody look instead of sitting here let’s walk around the garden, so it might help shift things for people.’ P8 (838-843)

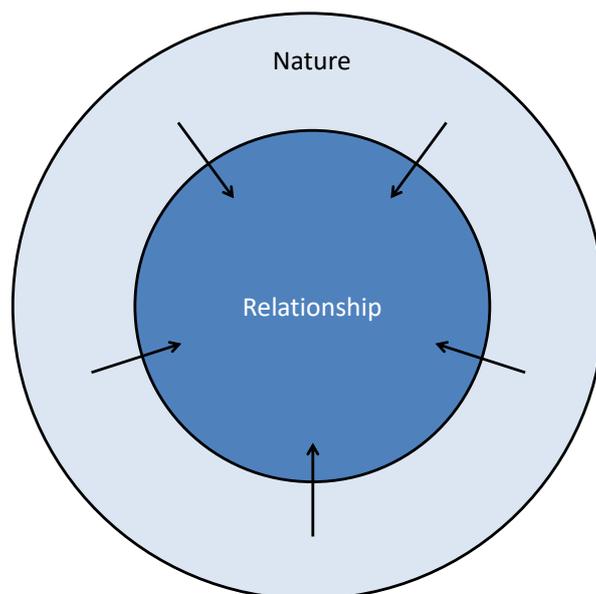
The comments relating to movement through space highlighted by P4, 7, 9 and 8 indicate that the therapists value the space and perceive it to enhance the therapeutic process through ‘shifting things’ (P8) or making ‘emotional movement’ (P9) or ‘moving one thing from one side of the brain to the other’ (P7).

The idea that the outdoors was an arena which provided conditions for therapeutic change was an important tenet for all of the therapists. How those conditions could enable change were explained differently by the different therapists, and their understanding affected how they used the space. So for example P5 used the conditions of being outside to encourage her client to find natural spaces that mirrored processes that were occurring in therapy to enhance the therapeutic experience of the client.

‘... so we did that through looking at some emotional grey areas but we also did this with nature. So I had her do things like be at the edge of the ocean at twilight, these are both edge places, .... It’s not either day or night, and you’re not in the water and you’re not really on land, you’re in that edge place... And so with some of those outdoor experiences she was able to discover the grey areas inside.’ P5 (440-454)

In this quote she is using nature directly ‘I had her do things like be at the edge of the ocean’, the decision to be in that space is a conscious one to mirror an internal state. When she says ‘with some of those outdoor experiences she was able to discover the grey areas inside’ this implies it was necessary to be outside, rather than inside, as a way for her client to make this emotional discovery.

However many of the other therapists were much more passive in their use of the space, so for them just being outdoors in a therapeutic relationship was enough to create emotional change. Visually this might look like **Error! Reference source not found.** below in which the therapeutic relationship is the subject of the therapeutic process.



**Figure 7: Showing the direction of therapeutic process from the natural environment to the therapeutic relationship**

P1 suggested that the physical arena and therapist-client actions within it in some way created emotional change. This was not mirroring a process occurring in therapy, but change was directly caused through being in the environment. He felt that the constantly changing nature of being outdoors (on a boat) interacted with the therapy as it almost forced clients to change their internal state to something else.

‘...being on the boat or being in the environment ... and a boat is constantly moving tipping around... you can’t help but be aware of this being in a completely different state of physical being ... just sitting on the bows watching the world go by ... and they have an extreme sense of being P1 (129-134)

P1’s use of the words ‘you can’t help’ suggests that he feels the impact is out of an individual’s control, and that the environment is having a direct impact on emotional and physical change.

Other therapists echoed the idea that being in the outdoors created a process which was useful to therapy. For example P7 recognised that using the surroundings through ‘stopping’ and looking around, enabled a grounding process to occur.

‘ But I think that the by being able to stop, take in surroundings, kind of grounds.’ P7 (296-298)

The use of ‘take in surroundings’ suggests that that the process of being grounded can be seen as a direct result of the natural environment and the therapist’s conscious action of stopping and looking at it.

P6 also felt that the environment could act directly on the therapeutic relationship and spoke about particular clients being contained (‘feel really held’) by the arena of the outdoors.

‘Particularly people who are really suffering, or fragmented and split, lots of splits, lots of wounding, that sort of thing. They can feel *really* held, really held in nature.’ P6 (418-421)

P9 also reflected on how being outdoors enabled her to be more in the present, a process which happened as a direct response to being outside, and was part of her rationale for her work.

‘...part of the rationale was to encourage a more mindful presence, through being outdoors more. I find when I’m outdoors it’s much easier to be in the moment and much less tempting to live in the past or the future’ P9 (445-449)

So it can be seen that the participants felt that working outside was useful as a way to create conditions for therapeutic change, which might not have been available to them indoors. P1

suggested that the conditions afforded by being outside were so effective that the therapeutic change process occurred far quicker outdoors than inside.

‘...so they reach a point where there’s a place about positiveness about themselves very, very quickly within half an hour, 15 minutes maybe,... something that might take months in therapy.’ P1 (56-59)

Therapists were also able to create a new therapeutic experience for their client using nature as an arena. Being in a physical space other than the room enabled clients and therapists to feel and behave differently to being indoors. This change could be physically acted out through how therapists used nature as an arena, as indicated by P6 who spoke about using the woods with a client in therapy to enable a client to become more in touch with a childlike self.

‘... A client that didn’t know how to play, had such a serious childhood, didn’t have any concept of playing, so we literally went around the woods and we were playing!’ P6 (679-681)

In Western thought, the idea of woods are connected to childhood through literature and folklore, as places for children to play, thus through using this arena in therapy P6 was able to connect to that underlying narrative and offer the client an experience which could not have happened indoors.

Finally one of the therapists also recognised the physical health benefits to working therapeutically outside, using nature as an arena to perform physical activity.

‘And parallel to that, ... there is the physical activity of walking. Which is good.’P3 (573-575)

It can be seen that for therapists who work outside, the physical environment enhances the external processes of therapy through both direct interaction with aspects of the outdoors, and through providing a much larger arena for therapeutic actions to take place. In addition the environment itself and the actions within it, is used to create the conditions to afford therapeutic change.

### **Using nature as an object in therapy**

On an internal process level therapists used nature as a therapeutic opportunity as a way to enable clients to express their internal states. This was sometimes done in a similar way to using objects in therapy in a room, the client selects an object and describes their feelings or what it represents as a way to encourage expression of feelings. Being outdoors seemed to increase the number of objects that clients could use, and enabled the client to choose what they felt was a useful object, rather than using objects pre-selected by the therapist in the room. This was shown by P4 and P5 who

compared working outside to inside and highlighted the increased opportunity by being outside through their comments 'more available, more accessible' and 'so many more things out there'.

'...all those metaphors do seem to come out more, ... and it is uncanny what happens in terms of the blackbird, the dog, the daffodil, that reminds someone of their mother's birthday, or whatever, so that bit's quite intriguing, how the uncanny seems to be more available, more accessible, ...' P4 (409-414)

'I think emotions can be attached to so many more things out there...' P5 (256-257)

Giving clients this choice through being outside is echoed by P2

'...they [the clients] would go off to glades ...or clearings in the wood, and bring back things or act out things and a lot of issues emerged in that...' P2 (105-107)

This was also echoed by P7 who noticed it was the client's choice to bring natural objects into the therapy, which the therapist then used within the therapy to help the client to reflect on her internal state.

'... it was the client who was actually noticing 'oh look there's some geese over there, or isn't it a lovely sunset', all those sort of things. So she was the one who was actually bringing it into the therapy. ... I did bring it in because I'd say ..., when you see something like that what's that like for you, how do you feel?' P7 (146-155)

P7 emphasises the client was doing this not her so it was more the client's terms and what was important to the client. For the therapists it seemed an important aspect of working outside that because of the space and the fact of being outside in a varied environment there were more objects that could be used within therapy, in a way it became more meaningful to the client which is highlighted by P7's comment 'she was the one actually bringing it into therapy'. Thus it can be seen that allowing the client the freedom and variety to choose their object was an important part of the therapeutic process and was made more possible because they were outside.

### **Being subject to the environment in therapy**

As well as using the outdoors as an opportunity for clients to select objects and describe internal states, therapists also used the outdoors in the here and now when an aspect of the outdoors impacted on the client and changed an internal state in the client, which could then be processed within therapy. For example P3 spoke about how sometimes the weather might induce a negative response from clients, and he would use this as an opportunity to incorporate it into his work with clients, as a way of emphasising what he was trying to achieve in sessions.

'...so if it's raining ...let's really pay attention to the rain. And let's pay attention to the thoughts that come up, ... so what you actually experiencing *right now*? ... But let's kind of notice how we put on the rain sort of negative thoughts, and actually when we put them to one side, it actually feels better.' P3 (662-683)

His emphasis of the words 'right now' to work with thoughts and feelings indicates the immediate opportunity afforded by a changing environment. This was echoed by P1 when he states 'it all has therapeutic value' suggesting that all the opportunities of the changing environment are useful to therapy.

'...for me as a therapist there's no such thing as a negative reaction to being outdoors ...it all has therapeutic value ...' P1(473- 474)

Being subject to the environment added an element of unpredictability to therapy but incorporating the spontaneous events which occurred in the outdoors in therapy was used by all the therapists and seen as useful for the therapy, as this comment by P6 indicates when she says 'anything that happens'.

'Anything that happens when you're walking around can then inform what's going on...'P6 (121-122)

The therapists indicated that these events could range from a bird singing and reminding a client of someone, to a therapist being with a client as she experienced a panic attack. The random and unplanned occurrences that arose through working outdoors were valued by the therapists as opportunities to be used within the therapy to facilitate therapeutic processes, and these spontaneous events were less likely to occur indoors in which the environment could be more controlled. This can be seen in the comment by P6 who felt strongly about working outdoors (indicated by the word 'love') and really valued the opportunities that a less controllable environment afforded and as a result was one of the reasons she chose to work outdoors.

'...*really* makes it very spontaneous, which is what I love about it. You're right in the moment then with what's happening.' P6 (140-142)

Her use of the words 'very spontaneous' and being 'right in the moment' indicate the speed and intensity of these therapeutic opportunities that an unpredictable environment provided.

### **Constructing an alternative therapeutic space**

Therapists constructed the outdoor environment as a place which was natural which allowed the client and therapist to become 'more human' (P8) and through this process healing could take place

'a positive effect' (P1). Conversely, the indoor environment was perceived to be in some ways unnatural in which little could grow 'sterile' (P8)

'... humanising a situation is almost the same as saying naturalising a situation, it's by being outside, rather than in a sterile environment, ... it becomes more human in a sense it becomes more natural.' P8 (344-348)

'Therefore just simply being *there* rather than in a room like this with painted walls and so on which isn't natural. That's kind of going to have a positive effect.' P3 (377-380)

There were benefits to working indoors as the indoor environment was constructed as a safe place which was predictable and free from intrusions, which could contain the therapeutic relationship.

'In a room I think once you've been working for quite a few years, you almost know when time is up.' P7 (117-119)

'Because when you're sat in the therapy room you kind of know you're alright and you're not going to be interrupted.' P6 (229-231)

'... in a room it contains, contains it a bit more...' P8 (218-219)

P7's and P6's use of the word 'know' emphasises a certainty about the situation which is only available when working indoors as they both highlight this. This marks a contrast to the outdoor environment which was unpredictable and dynamic as discussed earlier.

Indoors, the therapeutic relationship was also subject to the environment as it was outdoors as therapists were affected by the environment. The predictability of the consulting room was seen as useful as mentioned above, but could also be a hindrance to therapy as the comments below indicate.

'When you're in that counselling room, there is a certain amount of anxiety isn't there as a therapist ... And a little bit of stiffness, ... and so there's ... a little bit of holding back.' P5 (181-185)

'... I feel more restricted inside, inside a room.' P8 (193-194)

P5 reflects that she feels 'anxiety' and 'stiffness' in the therapy room which suggests that the room has an impact on her as a therapist as she 'holds back', and this is echoed in P8's comment when he says he feels 'more restricted inside'. These comments suggest that the room may inhibit some therapeutic processes, in a sense the walls of the therapy room act as a physical block to the therapists and clients feeling unrestricted.

'Well I just think mostly the, therapy indoors inhibits certain emotions I think. And it inhibits certain experiences. So it's inhibiting in a lot of ways.' P5 (358-360)

This inhibiting experience then could impact on the therapy and not be helpful to the client as the comments by P6 and P4 below show, and taking therapy outside allowed the inhibition to be removed and therapy to progress.

'... which was what was happening in the therapy room over and over again, ... he'd just go into a sort of lock-down place, and he wouldn't be able to speak. ... Trying to mobilise him, and sort of get some life into that place was really hard.' P6 (683-688)

'... it takes therapy out of the four walls of the therapy room, ... everything seems like it's getting more boxed in ..., which often doesn't seem like it's in the best service of the client actually, especially if someone cannot sit in a room, can't really sit still, you know for whatever their reason, cause they're too anxious or frightened of being with one other person alone, or whatever their particular issue is...' P4 (60-67)

P6 refers to the client going to a 'lock-down' place in the room 'over and over again', which reflects how the environment of the room could inhibit therapy. P4 suggests that the 'four walls' of the therapy room make things feel 'boxed in' and thus restricted. P4 reflects that this restriction may be difficult for certain clients who do not feel comfortable in the room, 'they're too anxious', and therefore not being able to offer the client a different environment is not empowering for the client indicated when she says 'not in the best service of the client'.

So by working outdoors therapists were able to construct a more natural, uninhibited therapeutic relationship not constricted by physical walls, but which was less predictable and knowable.

In relation to the research question, this category explored how one of the ways that working outdoors impacted the therapeutic relationship was how therapists who work outside use nature as a therapeutic opportunity within the therapeutic relationship. As you can see in the model on page 98, this category contributes to the core connecting category, 'Constructing the Therapeutic Relationship'. This is because therapists used the more, varied therapeutic opportunities as a result of working in a dynamic environment, in the process of constructing the therapeutic relationship and doing therapy. On an external processing level the outdoor environment could be used as an arena for therapy providing the varied physical space in which action could place such as walking or using the environment directly. When the outdoors was used in this way, therapists were actively using the space to enhance therapy. On an internal processing level the outdoors could also be used more passively by therapists and the space itself acted on the relationship. Therapists also used nature as

an object in therapy and nature was used directly to express internal states e.g. natural objects or sunsets to express feelings. The therapeutic relationship was also subject to the outdoor environment as nature provided alternative, present-moment therapeutic opportunities e.g. rain, wind, spontaneous events. These internal and external processes acted upon the therapeutic relationship simultaneously, making the therapeutic relationship simultaneously the object and subject in the nature-therapeutic relationship dyad, and this may have enabled the alternative experiences discussed in the subsequent categories to occur. Finally nature was used as an alternative therapeutic space. Working outdoors allowed therapists to create an alternative therapeutic space from that indoors. Working indoors was valued as containing, predictable and safe, but therapists recognised this was not always what was required and sometimes a more dynamic space was necessary to allow alternative therapeutic experiences to occur. Sometimes the containment of the room was constructed as inhibiting, and so therapists used nature as a therapeutic opportunity. This category has explored how through incorporating the outdoors into the relationship as they construct the therapeutic relationship outdoors, the space in which therapy sits, the environment, becomes part of the therapeutic relationship.

### 3.2 Allowing the Outdoors to Effect Change

In terms of the research question; How does working outdoors impact the therapeutic relationship? this category explores how working outdoors changed the therapist's internal state, and how this change could occur in their clients and ultimately enhance the therapeutic relationship through introducing an intangible extra element. This change was attributed to the outdoor environment and so was unique to working outdoors. As the second column in the model on page 98 shows, the environment impacted the construction of the therapeutic relationship because the outdoors was allowed to effect change, through an altered sense of being and introducing an extra element to the relationship.

#### Altered sense of being

The ways in which therapists were changed by being outdoors was through a mostly unconscious process which altered their sense of being. Working outdoors changed how they felt within themselves as the comments below indicate.

'I know it sounds quite an obvious thing to say, but well, but being in a beautiful place has an impact, certainly on my mood, and I think on most people's moods,...' P9 (510-512)

'...if I'm sitting on the bows ... of the boat, on a fairly gentle day, I can enter a sort of state of peacefulness extremely quickly, and I don't find that so easy. And if I'm actually sitting *with* somebody to actually share that with somebody, even in silence, I find it very powerful. P1 (234-238)

'It changes *my* experience having the wind in my hair, it changes my experience walking along with someone. It can be very grounding, on a very physical level...' P4 (398-400)

'I think being outside in nature, or a different environment, ... I think it's being more open, more freeing,...' P7 (285-287)

This occurred through just being outdoors rather than having to do anything specific to produce that change as indicated below.

'... nature does have a positive therapeutic effect, just being in a green environment has a positive effect.' P3 (375-376)

'you shift, ... by just being in nature. For me that's really important...' P2 (552-554)

The use of the word 'just' by both these participants indicates that that is all that is needed for there to be a 'positive therapeutic effect'. However this process was not simply that therapists went

outdoors and felt 'better' but something shifted for them as a response to being outdoors. This was an intangible process as the comment from P1 below highlights, and was unique for each therapist, which suggests that each therapist constructed their own emotional response to the outdoors.

There is certainly something that happens for me... um ... when I'm outdoors (pauses) (Deep breath) that's er different...' P1 (219-221)

The vagueness of this comment suggests that this change was elusive and difficult to describe. P1's use of the words 'different' indicates that he felt there was something altered in the therapy but could not be specific enough to further insight into in what ways this was altered as indicated by his use of the word 'something'.

This altered sense of being was highlighted further when therapists worked outside with clients, particularly the first few times when they began this work.

'I just remember therapy the first couple of times that I did therapy outside, particularly the first time. After the client was gone I thought 'Wow, that was amazing.' Because the rapport that we had, ...that particular day was, was *incredible*. And my ability to, intuit what was going on and to provide feedback was far better than ever it had been. ...' P5 (211-213)

'So I was surprised to feel how different it felt outside my room....' P9 (98-99)

P5 describes her first experience working outside as 'amazing' and 'incredible' which suggest that there was a substantial impact on her the first time she worked outside. P9 reflects that she felt 'surprise' at 'how different it felt' which indicates that again, there was a noticeable impact on her.

The altered sense of being was also attributed by therapists to their clients as P8 below highlights when he says 'I'm assuming', and P7 when she says 'it's a possibility'.

'...so the natural environment invites more senses to be engaged. ... it engages more of me and I'm assuming it engages more of them being outside, so it brings more into the picture, more into the game.' P8 (355-360)

'You know I find it more freeing, you know, so it's a possibility that a client would too.' P7 (291-292)

Therapists attributed this change to the environment, as if the outdoors was actively involved in altering the sense of being.

'Something changes when they go outside. *Mood* changes, when mood changes perception changes...' (P5) (164-165)

‘But also just widening their boundaries by bringing them outdoors. It’s amazing.’ P5 (369-370)

‘...so it wasn’t just that I’d introduced another location. It was a different quality...’ P9 (262-263)

This can be seen in the comment by P5 who suggests that ‘by’ taking the client outdoors, there is a change within the client ‘widening their boundaries’ which she felt was valuable, indicated by her use of the word ‘amazing’.

‘So they have this lesson that their bodies are really trustworthy, and that’s dependent on being in the environment...’ P1 (372-373)

On the other hand, there was recognition that clients could experience the outdoors differently which suggests that clients, like therapists, constructed their own response to nature, and that the outdoors could therefore have different impacts on each client. This is shown by the comment by P9 below.

‘I think different clients will experience the outdoors differently. So for some it will be real joy and source of wonder, and others may seem quite impervious to it...’ P9 (755-758)

P9’s use of the word ‘impervious’ implies a barrier and reflects how the environment was seen to affect the self; like it could be absorbed, and through doing so nature could change feelings and alter the sense of being. The therapist and client did not need to do anything to alter the sense of being, this was done through the act of being outdoors.

### **Adding an extra element to the therapeutic relationship**

Working outdoors also influenced the therapeutic relationship as can be seen in the comment by P9 below.

‘...the fact that it was new territory to us both ..., sort of influenced how we were together...’ P9 (508-509)

P9’s use of the word ‘influenced’ suggests that she felt the environment was having an impact on their relationship (‘were together’) which was beyond her control. She attributes this influence to simply being outside (‘new territory’) indicated when she says ‘fact’.

This idea was echoed by other therapists who identified that working outside provided therapists with an extra element to therapy which became part of the therapeutic relationship as the

comments below indicate when the therapists use the terms 'threeway' (P1) and 'third element' (P6).

'... if I sit in the garden and have a one to one therapeutic session with somebody it's different from sitting in here, because the relationship becomes threeway, partly to do with colour, partly to do with just space around us is different,...' P1 (526-529)

'It's no longer just you and them in the relationship, it's you, them, and then what's going on around you. So there's a third element there...' P6 (37-39)

'so in a sense the frame becomes a little bit looser and maybe that loosens some things up...' P8 (220-222)

This introduction of a third element was not necessarily an active process by the therapist, as indicated by P1's use of the word 'just' and P8's use of 'becomes', which suggest that therapists were not using the outdoors as a technique, but were instead allowing the outdoors to bring something to the relationship which was unique to the environment indicated by the comments 'space around us is different' (P1) and 'what's going on around you' (P6).

Some therapists identified that the extra element could be due to changes within themselves brought about uniquely through being outdoors, which they could then use within the therapeutic process, and as a result enhance the therapeutic relationship as the comments from P5 and P9 show.

'...my ability to perceive what is happening to my client ... is widened because I'm out there in a boundary-less environment. And I think also we're more relaxed, if you're more relaxed you're more able to intuit better I think and perceive better. P5 (177-181)

'... maybe I would say there's something very comforting for me about being outdoors, and therefore if I am comforted.... And if it does that for me then I'm probably better able to transmit that to my client, and I'm probably better able to work with that actually.' P9 (593-601)

In these statements the therapist is the passive recipient of the impact of the outside; P5 is not working harder to perceive her client in the outdoors, it is simply because she is out there that this happens as indicated by her use of the word 'because'. P9's comment 'I am comforted' indicates that she is being comforted by the outdoors. The therapists were then able to use these changes within the relationship indicated by the comments 'intuit better' (P5) and 'better able to transmit that to my client' (P9).

The extra element that working outdoors introduced into the therapeutic relationship also altered the client's therapeutic process and allowed them to access previously difficult or withheld feelings or information as the comments from P8 and P9 indicate.

'... as we walked, she was opening up more and more, we talked about, we went all over the board, and all about stuff she hadn't even considered as part of therapy yet, so somehow that unblocked something for her. ... It took her therapy to another level actually.' P8 (30-35)

'..., by introducing a different context ... she has found it possible to share the most difficult thing that ..., she said at the beginning there's more that needs to come out but I can't talk about it yet, and the, ... really painful historical material has come out, and maybe that's partly what's made it possible for that to happen.' P9 (266-272)

P8's use of 'another level' suggests that the impact of being outside transformed the therapeutic process. P9 directly relates the outdoors to a change in the client indicated by her word 'by' although she recognises that it was not only the outdoors that did this, shown when she says 'partly'. However this change may have been related to clients feeling the relationship less intensely due to the therapeutic space being used differently (as discussed in 3.1), as the comments by P9 and P7 below suggest.

'I asked the client how she felt it was different. And she said it was a bit like driving with someone, you can talk to them in a different way because you're not looking at their eyes and they're not looking at yours.' P9 (217-221)

'... she said afterwards ... that it actually had been helpful because it was near the beginning of the therapy, she said it kind of took away that intense feeling sometimes that clients can have that was all, 'I've got to talk'. Because maybe there wasn't so much face to face, so she actually found it easier to talk.' P7 (62-67)

Although being outdoors could alter the client's therapeutic process through being passive recipients of the extra element within the therapeutic relationship, therapists also actively encouraged clients to accept the third element and to construct a relationship with nature, and they used the therapeutic relationship as a tool to do this as the comments below indicate.

'And also it's about bringing that awareness into the therapy, that people do have a connection with nature...' P2 (456-458)

'So that is a core part of my, as part of my counselling and part of my ecotherapy work that my primary intention is to get people into a deeper contact with nature,.' P3 (180-182)

'...that's why I do the work probably is to redress that balance we are *just* one of the species of billions of species...'P4 (837-839)

P2 says 'bringing' which suggests a conscious act of taking something to the client, and for P3 this was his 'primary intention' and this is echoed in P4's statement where she wants to 'redress that balance', again a deliberate act to help clients achieve a certain understanding. This reflects the idea of the construction of nature as something positive, with which it is important to have a connection in order to promote wellbeing. Through actively helping clients to make that connection, therapists are adding an extra element to the therapeutic relationship in order to help clients further.

This chapter has discussed how nature could alter a person's sense of being through a passive process of nature impacting directly and uniquely on those who were within it. This in turn altered the therapeutic relationship which was constructed in relation to the outdoors, as if the outdoors was an almost physical process which could bring an extra element to the relationship and enhance therapy as a result. This process blurred the boundary between the context (the environment) and the therapeutic relationship, and allowed the environment to become part of the relationship.

Although this was mostly a passive process, therapists were aware of the discourse around nature being nurturing and chose to help clients connect with nature in order to enhance their wellbeing and add to the therapeutic relationship.

### **3.3 Constructing the Therapist Role Outdoors**

In relation to the research question; How does working outdoors impact the therapeutic relationship? this category explores how, in order to ensure the relationship the therapists had with their clients outdoors was therapeutic, therapists managed their role outdoors in a more conscious way than they had to indoors. This was due to the outdoors altering the symbols through which the roles of therapist and client were constructed indoors, for example, the physical space was not set up to be a traditional therapeutic space. As is shown on the model on page 98, this category comprises two sub-categories; 'Maintaining the therapist role' and 'Constructing therapeutic conditions'. 'Maintaining the therapist role' discusses how working outdoors has the potential to alter the role of therapist due to therapists having to be more than a therapist outside, and working in a 'non-therapy specific' space. Therapists constructed their role in a way that was similar to that indoors, so that although the role might adjust outdoors, it remained recognisably the therapist role. The second part of 'Constructing the Therapist Role Outdoors' was to facilitate therapy, in much the same way as a therapist would when working indoors. Through 'Constructing therapeutic conditions', the therapists ensured they reconstructed the mechanisms within which a therapeutic relationship (and thus therapy) could take place. This was done through the processes of choosing the appropriate client for outdoor work (in order to ensure the therapeutic safety of their clients outdoors), highlighting and addressing the limits around confidentiality, and managing the therapeutic space which related to aspects of the therapeutic frame such as the set-up, use and type of space, timings etc. In terms of the model on page 98, this third column contributes to the overarching core category, 'Constructing the Therapeutic Relationship', as the therapist role is constructed outdoors and through doing so, the therapeutic relationship is reconstructed and maintained.

#### **Maintaining the therapist role**

The therapists in this study identified that working in a different therapeutic environment could potentially alter the role of the therapist because they are working in the dual roles of therapist and non-therapist (e.g. guide, health and safety assessor, navigator, etc.). This is indicated by P2 who recognised that when working outside as a therapist he had to both physically and metaphorically follow and know where the client was in order that the client did not come to harm both metaphorically and physically.

'So there's that whole thing about the kind of self-awareness. And the self-awareness about ..., I mean this is potentially there, and I'm sensing that's where the client is and... just being

aware of that, and having a foot on the ground in a way. But then also have a foot perhaps in the experience.’ P2 (971-976)

P2 speaks about being aware and when he says ‘foot on the ground’ this implies that he is being aware of his surroundings, and when he says ‘have a foot perhaps in the experience’ he implies being with the client in a therapeutic sense, so he is indicating that as a therapist who works outside he has to both be aware of the surroundings, and be there therapeutically for the client.

Some of the therapists were aware of the potential for their role to change due to the outside environment. For example, P9 noticed that because the environment ‘felt so different’ she could potentially slip into the role of friend, but her self-awareness enabled her to notice the change and actively maintain her role as a therapist.

‘Whereas walking up and down hills, ... to me that’s something I do with friends, so, I had to kind of draw back from that and remind myself that that wasn’t the relationship and occasionally draw back from possible responses that I might have made as a friend that I wouldn’t make as a counsellor. So it was important for me to remind myself what the relationship was because it felt so different.’ P9 (119-125)

P9 ‘reminds’ herself ‘that wasn’t the relationship’ which indicates she was aware of the potential for the role to alter, and she chose her interventions to maintain her professional role as a therapist rather than friend indicated when she says ‘draw back from possible responses’.

P4 also reflected on this phenomenon although she valued the potential for role change whilst also valuing the importance of being the therapist.

‘... I think the roles do soften I think. And that’s not to say I start self-disclosing thinking yeah I’m the client!’ P4 (372-374)

‘So part of me wants to drop the role of therapist and client as much as possible, and the other part of me knows that it’s really important to know what that role is...’ P4 (774-777)

P4’s comments reflect her dilemma regarding her desire to address the potential challenges of the dynamics of clearly defined therapist-client roles, whilst recognising that a different role would not be as helpful to the client and that she ought to maintain her role, shown by her saying ‘it’s really important to know what that role is’. The impact of potential role blurring through being outside with clients was also echoed by P8 who felt therapy outside was more ‘humanising’ (344) suggesting again less professional versus client, and more equal status.

The comment from P9 below suggests that because the therapeutic territory was different, as a result she had to be more aware of maintaining a therapeutic relationship than she would in her therapy room.

‘And there were moments when it was tempting then, to slip into it being more of a friendship rather than a counselling relationship because it felt so clearly different from a counselling relationship, as in so different from how I usually experience them in a counselling room, ... I counsel in other places as well, but they’re still my territory really,...’  
P9 (102-108)

She describes her experience as being ‘tempting’ to not maintain the therapeutic relationship and allow a more familiar relationship to occur because of the altered environment. This comment highlights how the awareness of the environment and its effect on the therapist is important for therapists to be aware of both indoors and outdoors, as it can alter the therapeutic relationship, and in this case potentially shift the focus from being a therapeutic relationship to more of a friendship.

The dynamic, unpredictable nature of the outdoors meant that in order to maintain their role therapists had to manage safety (both physically and therapeutically) more than indoors, indicated by ‘work harder’ P6 and ‘more intervention’ P4.

‘You have to *work* in a way to protect your client as much as possible. You have to work harder really when you’re outdoors, to take care of them.’ P6 (219-221)

‘So more like a sort of, more like a *guide* really. ...you’re sort of guiding someone a *bit* more, with more intervention on a practical level, I guess.’ P4 (315-320)

Despite the acknowledged potential for change the therapists continued to construct their role as the therapist outside, similarly to their construction indoors.

‘I think I offer the same amount inside and out.’ P8 (720-721)

‘I don’t think it [being outside] made any difference to me working...’ P7 (108)

‘..., we are guiding our clients as therapists anyway so, I don’t think it changes that much.’ P6 (723-724)

‘No I don’t think my role is different. Just / am different.’ P5 (385)

Although there was the potential for the role of therapist to change through working outdoors, through maintaining a similar role outdoors as they did indoors, therapists were able to construct

the therapeutic relationship outdoors in a manner that was recognisable to both therapist and client.

### **Constructing the therapeutic conditions**

The therapists in this study constructed the role of therapist outside by constructing similar therapeutic conditions to their work inside to facilitate therapy, albeit with different emphasis. These conditions relate to the choice of client, confidentiality, and therapeutic space as shall be discussed below. Through managing the conditions as much as they could, the therapists fulfilled the mechanisms which identified to themselves and others their role as therapist rather than any other role such as friend, guide etc.

One of the ways that the therapists constructed the therapeutic conditions outdoors was through ensuring the clients with whom they worked outside were suitable. This was an important aspect of ensuring therapy remained safe outdoors. Working safely with clients is a consideration for all therapists and was a replication of this behaviour outside. Outdoors therapists did this because therapists were aware of the risk of retraumatising or affecting the relationship with clients. The therapists in this study were aware that not all clients were suitable for working outside. The comment by P5 below indicates she was aware of the risk of retraumatising certain clients through working outside, but she was also felt that therapy outside could be useful to traumatised clients if the work was done with consideration, indicated when she says 'gently'.

'And you can retraumatise a person by doing the therapy outdoors, but you can also heal from that through the outdoors. But it has to be done gently.' P5 (577-580)

Most of the therapists in the study recognised that working outdoors was riskier than working indoors and developed their own rules around with whom and when to work outside in the therapeutic process. This was based on a knowledge of the client's history and potential triggers for the client. These boundaries helped the therapist to manage the risk and were different for each therapist depending on their comfort levels. Typically the therapists had at least a few sessions with a client ranging to a more established relationship before taking them outside as the comments below show.

'A couple of times we'd met at the office first. And...then I think, I'm pretty sure it was the third session that was outside.' P8 (39-41)

'... well I suppose the thing is I wouldn't go out if I felt it was unsafe. I just wouldn't do it. I'd make sure with the people I do go outside with without exception I think, yeah, they're people I've got a very sound working alliance with.' P4 (141-144)

This 'sound working alliance' was felt important because the outdoor environment was more unpredictable than indoors as discussed in the category Using Nature as a Therapeutic Opportunity. P6's comment below shows that having an established relationship was useful as it enabled her to understand some of the potential triggers and risks when working outside, and the established trust was a stabilising factor, a 'bedrock'.

'... on some level with most of the clients I have worked outdoors with, I *have* a good connection with and know them quite well already, so I kind of know what's going to touch in for them, what's going to trigger them. So I'm aware of that and, and I think with most of the people I've worked outdoors with, that real trust is there already, it's a bedrock'. P6 (246-251)

Knowing a client's history was felt to be useful in this decision-making process regarding whether to go outside and where to go as the examples from P3 and P2 below indicate,

And you can encourage people to lie on the grass, and I'll maybe do a relaxation exercise with them. So that's an opportunity. On the other hand some people are agoraphobic so you have to take that on board' P3 (646-650)

'Some women have been raped outdoors, and so the outdoors sometimes is very scary for them.' P5 (576-577)

'I mean for example the lady who was raped in, ... but she was raped in a kind of semi-wild back garden, so to take her in the woods would have been very traumatic for her ...' P2 (263-268)

P3 identifies the 'opportunity' of working outside but is aware that certain presentations such as agoraphobia would be counter to the therapeutic nature of the work, which is echoed by P5 and P2 who acknowledges that traumatic experiences which occur outside can be re-experienced by being in similar environments.

The therapists were also aware that working outside was not a suitable therapeutic environment for certain clients as the comment by P6 shows.

'I mean it's just not right for some people. They need *a lot* of containment, a lot of safety, and working outdoors is for the sort of client who's got a reasonably strong sense of themselves already. ... It's, it's just too frightening. To allow for that extra factor to come in, it's too much for them.... ' P6 (151-157)

Her acknowledgement that therapy outdoors is 'not right for some people' and that it could be 'frightening' for them acknowledges the increased risk of being outside, as a space that is not easily containable.

The therapists were also aware that clients had their own motivations for not working outside and these were boundaries that were established by the client.

'Because a lot of people don't like walking!' P7 (310)

'I've got one client who just said 'don't even ever suggest it to me!' (laughs). It's a big *no!* Really clear! Cause it's not contained and it's not safe and you don't know who's gonna come along and people have issues about confidentiality and ... that *unknown*, that risk factor.' P6 (165-169)

P7's recognition that not everyone enjoys walking highlights that this type of therapy would not be suitable for all clients. P6's comment focuses on the riskier aspect of working outside and the potential for the frame to become unmanaged, she mentions 'it's not contained', 'issues about confidentiality' and 'that unknown' indicating that choosing a client who would be more comfortable within a less predictable environment was important.

The findings from this section show that therapists were aware of the potentially unpredictable environment, and the importance of choosing a client carefully, through knowing their history, having an established relationship and choosing someone who would feel comfortable working therapeutically in a dynamic, unpredictable environment.

Once a suitable client had been identified, the therapists then managed further therapeutic conditions which were challenged by working outdoors. One of which was confidentiality. Confidentiality is a key part of establishing and maintaining a therapeutic relationship. This is because it enables trust to be built and allows deep therapeutic processes to take place between the client and the therapist (Hudson Allez, 2004). Working therapeutically outside means that potentially the therapeutic space could be shared, or because of the lack of walls, conversations between the therapist and client could travel quite far. As a result confidentiality is something all the therapists were aware of and addressed to a greater or lesser extent. Confidentiality was brought into focus because of the environment they were in as the comments by P7 and P5 make clear.

' I'm very aware of being in places that any conversation could be overheard, so I wouldn't do it in a park in the town or anything,...' P7 (90-92)

‘So there was never an incident where somebody came and sat on the park bench with us, or hung nearby listening. But I was very vigilant for any activity that would feel inappropriate.’ P5 (142-145)

P7 says she ‘wouldn’t do it in a park in the town’ which suggests that she is aware of the potentially more populated space of the town park rather than the much larger space of the country park she chose to work in. She acknowledges that she did this because she would not want the therapy to be overheard which clearly shows that she is aware of the potential risk and highlights how she managed this. P5 chose to work in a particular spot in a park with this client and her comment highlights the potential for the therapeutic space to be really shared ‘sat on the park bench with us’, and how she managed the risk of confidentiality being broken by being ‘very vigilant’ for ‘inappropriate’ activity.

For all the therapists confidentiality was agreed beforehand, although each therapist had different levels at which they felt comfortable operating and which was dependent on the type of work they did and the environment in which they worked.

Therapists who worked with personal issues and one to one, negotiated confidentiality boundaries with each client before therapy outside commenced, depending on who they might encounter, what they were disclosing or making them aware of the risk, as the comments below reflect.

‘We’d already spoken about the kind of ground rules, what would she feel comfortable with, ..., if we came across somebody that either of us knew or, she wanted to stop talking then that’s fine ... till we got out of earshot so we’d already discussed that.’ P7 (178- 182)

‘The first thing I do when we go outside is I, we’re sitting on the other side of a wall, and on the other side of the wall is a public space, ..., I make them aware that there are people on the other side of the wall potentially and they might hear some things that we say or do. ’ P8 (131-136)

‘...if you negotiate the boundaries and it depends on the client and what you’re taking there as well. If it’s very deep private stuff they’re not going to feel safe enough to do that, in that environment, but if it, it may...’ P2 (195-199)

This negotiation prior to therapy enabled the therapeutic frame to be maintained as it allowed the client to be aware of the limits of the confidentiality that the therapist could provide and to make choices about what they wished to share. The therapists were comfortable with the level of confidentiality if it had been discussed with the client beforehand, and the client felt comfortable with the limits as the comments below indicate.

‘So if the client feels comfortable with this surrounding and with these wide open boundaries then I felt that this was ok.’ P5 (133-135)

‘They’ve always just said that’s fine, don’t worry about it. So yeah, they don’t seem to affect them in that way. And then the therapy goes much in the same way as it does indoors.’ P8 (152-154)

It is interesting that these clients felt comfortable working in environments in which confidentiality had the potential to be broken, as for many indoor therapists confidentiality is fundamental to therapeutic practice (Hudson Allez, 2004). This suggests that discussion around the limits to confidentiality is important for clients as it allows them to manage these boundaries, but does not require all therapy to take place indoors. Although as discussed above not all clients would find this arrangement suitable.

One of the main risks to confidentiality identified by therapists in this study was the potential to meet someone that either the therapist or the client knew while working outside. Again the therapists dealt with this by negotiating with the client their responses in order to maintain a level of confidentiality with which they both felt comfortable, as the comments below highlight.

‘...so I’ll flag up I’m in my local neighbourhood ... ‘look I might bump into someone I know, I won’t stop and chat, but I will acknowledge them because this is my community...’ P4 (272-278)

‘...we talk about certain situations and how that will be for them, so if we do meet a person that I know or that they know how are we gonna deal with that, what are we going to say?’ P6 (181-183)

We had agreed in advance that if we saw someone who either of us knew the person who knew them would take the lead and say whatever seemed appropriate given where we were, and whoever the other person was. So we kind of agreed to play that by ear. There weren’t many other people around so we didn’t have to stop talking because we were close to other people; there weren’t any other people within earshot at any point. P9 (307-314)

Through highlighting potential breaks in confidentiality to clients, therapists maintained their role as the person who maintained the boundaries around therapeutic relationship, and enabled the relationship to be constructed outdoors. Having these discussions before the relationship was constructed outside enabled the client to make choices about what they discussed and made the relationship safer in a potentially less therapeutically safe environment.

Finally managing the therapeutic space was a key component in how therapists constructed their role outdoors because the outdoor environment challenged many of the role conditions which construct the relationship indoors. These conditions included the location and set-up of the room and subsequent behaviours relating to that set-up. For example, indoors, clients are usually expected to *sit* in one chair/couch, which is already facing the therapist and talk (obviously there are approaches indoors which do not make these assumptions because of a certain therapeutic style, but on the whole these are the exceptions and not the rule). As the outdoor environment was not a definitive space, as it would be indoors, it forced therapists to make decisions regarding the use, and type of space they used, which served to reinforce the role of the therapist as constructor of the therapeutic relationship outdoors.

One of the conditions working outdoors challenged was that it brought into awareness the physical set up of the therapeutic space and challenged how therapists managed that space as P9 discusses.

‘...as we stopped, she was standing slightly in front of me, so I was, as it were behind her shoulder. Not directly behind her but to one side, on a narrow path, hence not standing right next to each other. P9 (155-158)

P9’s use of the word ‘hence’ shows that the environment dictated the use of the space and challenged how she managed the space.

The outdoor environment afforded therapists more opportunities to move around and not be restricted to the more traditional therapeutic set up facing clients, so therapists had to choose where they positioned themselves during therapy as P1 highlights below.

‘... if one of them’s on the helm what my habit would usually be is to sit next to them and guide them ... So with somebody who might not be ready for that I have to make sure that ... I’m not out of their sightline so sitting next to them is not ok, ...’ P1 (293-297)

The therapists in this study addressed this challenge through negotiating with their clients about how the physical set up and use of the environment should be as the comments from P8 and P4 highlight.

‘... so we negotiate where we’re going to sit based on who’s going to stare into the sun! ...So it’s very much dependent on, our choices depend on the environment again around that. P8 (287-292)

So one of the most important interventions ... is the negotiation of where you move and how you move ...’P4 (430-432)

Although the decision regarding where someone is positioned is present in indoor working, it is more implicit indoors because there tends to be a therapist space (e.g. a chair) and a client space (e.g. a second chair) in which both people know how to act. The outdoor environment altered this implicit knowledge and therapists had to construct new ways of interacting in that space as the comment by P9 shows when she discusses who has responsibility for making decisions about who goes first when walking.

‘And there’s, I guess there’s also, just another practical thing, is when you get to a path that narrows, who goes first? Who goes second?’ P9 (326-327)

Her comment regarding ‘who goes first? Who goes second?’ recognises the dilemma of managing the space and what it implies for the relationship. The implication being that the order in which the space is used may be important in the relationship possibly to do with leading and power dynamics. She later refers to them both deferring to the other and the client ‘delegating responsibility’ for those decisions which seems to support this.

As part of the process of managing the therapeutic space the therapists had to consider location and how to choose a specific spot. A couple of the therapists talked about how initially they made suggestions regarding space to work outside to the client based on considerations such as how well they knew the area, and safety, although later they allowed the client to make the decision.

‘But for me, woods, and woods that I know quite well helps, because I know what to expect, what’s around the next corner. Routes that I can take. Suggestions that I can make, that sort of thing. So for me it makes it safer.’ P6 (299-302)

‘... so the first time I would make suggestions about well look ..., I don’t know if you want to walk on the *road* ... there is a lane along there if you want to avoid the road and there’s nice birds singing, ..., where do you want to go? ...’ P4 (434-439)

The choice of therapeutic space was important for therapists because it could impact on practicalities involved in creating the therapeutic space such as time, cost, or exposure (both to the elements and other people) as the comments below show.

‘... to say yeah ok I’ll meet you at such and such a park at such and such a time, the big question for me is travel time for me, can I get them to pay for my travel time? ...If they say ...I want to meet on the north coast, what do I charge them then?...’ P8 (433-438)

‘And I picked it also because there was no entrance charge. There were other places that I could have thought of which in some ways might have been better but there would have

been a cost, and I know the client is in a difficult financial situation. So that was a practical consideration.' P9 (320- 325)

'...and also it [the wood] shields us from the sun and the wind.' P3 (516-517)

Therapists also considered the size and type of space, and how they would use the space for therapy whilst managing practicalities such as choosing the route and not getting lost.

'Where we went there's one car park, so we knew that we were going to start from there, and from that particular place there is an obvious route which goes round the pond so there was sort of an aim, so then it was, it wasn't there and back, we could do a circular walk.' P7 (126- 130)

'...it was a big enough area that we didn't kind of do laps, but small enough that we weren't going to get really lost.' P9 (82-84)

P7's comment 'we could do a circular walk' indicates that for her not retracing their steps was important as was having an 'obvious route' in her selection criteria. P9's comment echoes not wanting to retrace steps 'we didn't kind of do laps', but also acknowledges the potential risk of becoming lost if the wrong space was chosen. However many of the therapists also indicated that it was in part the client's responsibility to manage the therapeutic space with the therapist, indicated by P6 saying 'a certain amount' below.

'I won't plan the route, I'll let them guide us a certain amount of the way' P6 (306-307)

'I think because the client sort of delegated responsibility to me to choose which paths we went on, I tended to go first after a while so that I could choose which path we took.' P9 (340-342)

P9 highlights that the client initially had the responsibility for managing the space as the client 'delegated responsibility', thus expecting the therapist to manage how the space was used.

Managing the therapeutic space was made more difficult outside because the environment became less formal and therapeutic boundaries, such as time, could become less obvious. P9 shows this below by describing how it was her 'biggest practical challenge'.

'I think the biggest practical challenge was working out how to get back to the cars at around about an hour from when we started!' P9 (314-316)

As a result, the therapists managed the space more consciously than they would indoors, indicated by P4's use of the terms 'more markers' and 'extra vigilant', and P7 being 'more aware', below.

'... time does seem to go differently outside and you haven't got your nice clocks just across the way from you, ... so things like that do need to be more flagged up and because there isn't so much shape to the session because you're in a formless space, I think it's good to put more markers in.' P4 (308-313)

'But just, I'm slightly extra vigilant on practical things really, which when I'm in my nice room, with the heating on! you know you don't need to think about!' P4 (303-305)

'I was more aware that I had to keep an eye on the time because I certainly didn't want to go over or feel as though she's got to hurry up to get back to the car because it's the end of the session and things so. So yeah, it was probably keeping a more an eye on the time than I probably would do in a room.' P7 (108-113)

Managing the therapeutic space involved being more aware of practicalities impacting on the therapeutic relationship, and planning which space, and how it was used, by both the therapist and the client. The informality of the outdoors introduced elements such as different ways of interacting in the space, which required therapists to become more conscious of elements of the therapeutic frame, and to make active decisions about these. Although clients were given some level of control in this management, ultimately it was the therapist who did the managing which reinforced their role.

Along with considerations regarding client suitability and confidentiality these elements enabled therapists to manage the role of therapist as someone who constructs the therapeutic relationship. This category contributes to the research question as stated above, through exploring the ways in which therapists managed their role as a therapist outdoors as a result of the blurring of role definition, and lack of environmental role identifiers. Although the outdoor environment was different to more traditional ways of working, through managing their role, therapists were able to construct the relationship in a different but ultimately recognisable form. This management was not reinventing the wheel each time the therapist worked outside with a client, but was a continuation of their skills as therapists adapted to a different environment.

### **3.4 Power Dynamics in the Therapeutic Relationship: Outdoors vs indoors**

As can be seen in final column of the model on page 98, 'Power Dynamics in the Therapeutic Relationship: Outdoors vs Indoors' contributes to the core category 'Constructing the Therapeutic Relationship', and comprises two subcategories: 'Context differences in power dynamics', and 'Sharing power'. This category explores how working outdoors altered some power dynamics within the therapeutic relationship, allowing it to become more balanced. It also explores how power dynamics inherent within the role of therapist were maintained which enabled the therapeutic relationship to be reconstructed outdoors, and fed into the core category, 'Constructing the Therapeutic Relationship'. The overall contribution this category makes to the research question; How does working outdoors impact the therapeutic relationship? is discussed at the end of this category.

#### **Context differences in power dynamics**

In this study all the therapists were aware of some level of power dynamics within the therapeutic relationship. It seemed that working outside brought into relief the power dynamics within the therapeutic relationship, even if these had been felt to have been addressed when working inside. These dynamics related to the role of the therapist and the client and expectations around that. Additionally, the environment itself produced the conditions which focused therapists' attention on the power dynamic within the relationship, as the comment by P9 shows.

'... every time you get to a junction of paths someone has to choose which way you go. And that's a kind of power dynamic.' P9 (70-72)

Her use of the words 'every time' suggests that the power dynamic within the relationship, presents itself regularly throughout the session, and is the product of the outdoor environment such as the 'junction of paths'. She identifies this as occurring when there was a decision to be made about direction in 'choosing which way to go'. The dilemma of P9 regarding who makes this decision reflects her awareness of power and enables the client to have similar levels of power through potentially facilitating her client to make the decisions as well.

This shared power dynamic seems to be established very early on in the relationship when working outside possibly due to the lack of set-up for therapy as the comments below indicate.

'...and the expectation of, ..., we walked into this room, there are two chairs here and you sit in one of them so which one do you sit in, so you go through that kind of protocol, ... You walk into a woodland and it's a very different ... it's a much more natural and (pauses), I think you're equally part of it' P2 (109-116)

P2 refers here to 'you walk into woodland' and that you are 'equally part of it' which suggests that the change in power dynamics and expectations about what a client and therapist should do such as where they should sit, alters immediately or very early on through just walking into woodland. This is reflected in the comment by P8 below who suggests that the environment less therapised and therefore, the focus of the relationship is not constrained by expectations about therapy, for example around the set-up of the room. This makes the environment become 'less formal', and therefore the implicit power structures inherent within a therapeutic relationship are lessened.

'Maybe because it feels less, a less therapised environment, if that makes sense? Sort of like so a less formal, you sit here I sit there sort of environment.' P8 (271-273)

And expanded on by P3:

'So for example, if you're a therapist sitting in a room, ... this belongs to me, or it belongs to an institution, *you're* the outsider coming in here, in my territory, and I'm the psychologist, ..., it says it on the door, and all that sort of stuff. So automatically there's a power imbalance there.' P3 (335-341)

P3 is clearly aware of the impact of the room on creating a power dynamic as he describes it as 'my territory' which suggests a demarcated boundary which belongs to him. This 'automatically' creates a 'power imbalance', the idea being that people feel more powerful in their own territory, and crossing into someone else's can make a person feel less powerful. This was reflected by P4 who talked about 'your room with your rules' which again suggests that because the space was the therapist's rather than the client's, the therapist could make the rules. As a result of owning the space she also acknowledged that within the room she became a role 'a therapist', rather than the 'person' she was when she worked outside.

'...because you're a person out in the world, rather than a therapist in your room with your rules.' P4 (416-418)

P9 echoed the awareness of the power structure created by the therapy room through her attempts to make the room a space in which the client was not automatically placed in an inferior position simply through being the client.

'I kind of pride myself in trying to make things as equal as possible, in my room, and I don't have a kind of bragging wall of certificates, I don't have big bookcases full of learned tomes, it's really informal and it aims to be as friendly and cosy as possible...' P9 (91-95)

P9's use of the term 'bragging' highlights that there is the potential for the room to promote a sense of superiority to the client. She aims to counteract this by making the room feel 'informal' 'friendly and cosy', the idea being that an informal feeling to the room implies that this may reduce the construction of the therapy room as somewhere to perform in an expected manner, and is instead somewhere for the client to relax. Indoors the therapists have to actively create an environment which tries to counteract the power dynamics that are created through the inherent 'rules' and 'territory' that automatically construct the therapist as powerful. This automatic power construction within the therapeutic relationship seemed to be lessened when the relationship was constructed outdoors, as indicated by P9.

'...so that was quite an interesting power dynamic. It felt more collaborative, and not to be in my room, oddly felt much more, like a very different power dynamic, and more different than I had expected.' P9 (88-91)

In this comment P9 recognises that the power structure has become lessened as a result of moving outside as she felt it became more 'collaborative'. Here she reports feeling surprised by this change 'different than I had expected' because in her interview she reflected that she worked hard to address power dynamics when she worked indoors, and therefore that there should be such a change was unexpected. She later reflected further on how she felt the environment affected the power dynamic.

'I think it probably encouraged me to set aside any pretensions to being an expert.' P9 (287-288)

'So I was surprised to feel how different it felt outside my room, because it wasn't my environment it wasn't her environment. It was a shared one, that neither of us had any greater claim to than the other. And I was, I felt quite different as a result.' P9 (98-102)

The idea that she no longer felt the 'expert' and that she had no 'greater claim' to the space highlights that a therapy room can feel 'owned' by the therapist, and that the role of therapist can create expectations to either be seen to be the expert or be perceived by the client to be the expert.

Working outdoors helped address the balance of power because the expectations of both the therapist and client were changed, as P4's comment reflects. P4 describes as 'significant' that both she and the client faced the same way outdoors rather than the traditional 'angle' of the set-up of the chairs indoors which have their rules 'supposed to sit'.

'We're both facing the same way, that seems really significant. We're not just you know (indicates with hands), oh whatever that angle is that you're supposed to sit at!' P4 (404-406)

The outdoor environment, and all the elements within it, are shared by the therapist and client, which creates a shared experience in the relationship.

‘You’re sharing that experiencing together, so it brings in a whole new dimension of working, of being outdoors and feeling supported’ P6 (513-515)

‘Whereas when you’re out in the wood, you know, I’ve got my muddy boots and my overcoat and a woolly hat and so have all the other people. I don’t look any different, I don’t wear anything different, I didn’t use to wear my NHS badge outdoors. We’re just a bunch of people going for a walk in the countryside. So I think that, that works very well’ P3 (341-348)

‘...they’ve got to be in it and trust them and trust me, and when they see me walking around with ease they think ‘oh maybe I can do that’ P1 (346-348)

The idea that a shared experience may introduce a different dynamic to therapy is suggested in P6’s comment in which she notes that sharing the experience ‘together’ introduces ‘a whole new dimension’ (that is something not experienced previously) to ‘feeling supported’. P3 talks about how he is wearing the same clothes as the clients and his focus on ‘muddy’ implies he is also experiencing less than ideal walking conditions along with the group, and he emphasises he doesn’t ‘look any different’ which suggests that there is no obvious hierarchy within the group. He says ‘just a bunch of people’ referring to the group, to suggest that there is no obvious difference between them and any other groups who might be out walking, rather than a therapeutic group. It seems he focuses on creating an equal relationship within the group, and to non-group members, and through that he highlights a shared experience which he feels ‘works very well’. P1’s comment relates to client’s initial difficulties with the altered environment in which he works. In his comment above he is speaking about the shared experience of the environment because he is ‘walking around’ within that environment too. However he suggests that this shared experience can be positive for the clients because they can see how he has adapted and this enables them to be optimistic about the new environment and their ability to adapt to it indicated when he says ‘maybe I can do that’. Both these comments highlight a more equal power dynamic within the relationship as the therapists are experiencing the same conditions as the clients and do not receive ‘special treatment’ as a result of their role.

### **Sharing Power**

Being outdoors began to balance power in the relationship by creating opportunities in which the balance of power could shift back and forth throughout the session outdoors. This was not a straightforward equalising process but was instead a dynamic relationship in which one part of the

relationship took control and then the other. In this study one participant described this sharing of power as a 'dance' and this seems to describe this process well, as at different points in the therapy, either the client or the therapist would be leading. Often initially the therapist would take the lead and hold power through suggesting working outside to the client, or the activity that they might do, as well as ultimately making the final decision to move outside.

'...so when it's sunny and nice outside I say do you fancy sitting out in the garden? And they're like Yeah! Oh great! Let's do it! So we go out and do it.' P8 (85-88)

'...so I might suggest, because I've got a woods just round the back here, so I might suggest going there first cause I know it really well. It's quite a small wood, just round the corner, so we can start off here and then go out and come back.' P6 (268-272)

'...then I will think of another activity so a quite common one that I do is a silent walk, so ... we're going to walk to the lake, and nobody's to walk in front of me, so I'll set the pace, and I want you to walk in silence and there's absolutely no talking until I say so.' P3 (545-551)

These three comments reflect the range of ways that the therapists in this study might retain power and take the lead in the relationship. P6's comment shows how for practical reasons such as knowledge of the local area 'I know it really well', therapists might initially control where they went to work outside. P2's comment reflects how the decision to move outside lies with the therapist as he says '*when* it's sunny' he suggests working outside. This is not to suggest that a client could not make this suggestion too, but that ultimately it has to be agreed by the therapist which gives him or her more control in the relationship. P3's comment reflects the idea that although therapists on the whole felt the relationship was more equal outside, the therapist holds the initial power by selecting the therapeutic intervention and how it was done, in P3's case here 'absolutely no talking until I say so.'

However, the therapists did not retain control throughout the therapy and would often hand back power to the client through following the client's lead as the comments below reflect.

'And then once we've done that once and they know the lie of the land a bit, it's following the client feels very important cause in a sense that's what I aim to do therapeutically ... so that becomes quite an interesting part of the work is *following* really, but following yet still holding, and ... it feels like that dance of who's leading and who's not you know? Cause in a sense you're following where their feet are taking them...' P4 (439-454)

'I was very aware of walking at their pace so not only are you being aware of how they're talking and matching that, there's also the walking as well.' P7 (138-140)

‘But then sometimes the client say well can I’d like to go on the beach, or I’d like to meet on the somewhere else, on the cliffs or wherever, so then that all has to be negotiated again,...’ P6 (272-275)

P4’s comment focuses on allowing the client to take the lead physically through ‘following where their feet are taking them’ which mirrors what she is trying to achieve ‘therapeutically’. P7’s comment also reflects the idea of allowing the client to take the lead as she matches pace of both the client’s conversation and walking speed. P6’s comment reflects the unique experience that working outside can offer a client because they are able to choose *where* they work which encourages some level of agency through being involved in direct decisions about their therapy. Being able to construct the therapeutic relationship outdoors provided clients with the opportunity to hold power and make decisions within their own therapy; opportunities that were less common indoors.

Although clients could have power, they did not always hold onto their power, and instead power could also be given to the therapist by the client as the comments below indicate.

‘After the first couple [of paths] where we both looked at each other and said ‘I don’t mind, what do you think? And neither of us really had a clue where to go. ... she said you choose, and I was comfortable doing that because it allowed her to just concentrate on what she was talking about.’ P9 (76-81)

‘...and secondly I’ve got authority which I won’t abuse, but nevertheless I’m being given that, I’ll use it! So if I say do something, people will do it because I’m the ecotherapist and it worked!’ P3 (531-534)

P9 has been given power by the client to make the decisions about where to go ‘you choose’, and she accepts this as she feels it will allow the client to focus more on her process ‘allowed her to just concentrate on what she was talking about’. P3 also accepts the power ‘authority’ which he feels has been given to him by the clients, shown when he says ‘I’m being given that’.

These comments reflect that there may be more than one form of power within the relationship outdoors. One form relates to a conscious conceding of control by the client to the therapist, who can now choose the direction they go. The other relates to an unconscious power dynamic which stems from the construction of client and therapist role and which seems inherent to those roles. This suggests that the power sharing that occurred within the therapeutic relationship outside was not a simple process of giving and taking power in an A-B-A style process, but that there were multiple forms of power which could be given or taken between the therapist and client. In many

ways the power structures that were available indoors such as role construction, still occurred outside, just that there were more opportunities for the client to share in other forms of power outdoors through such acts as deciding where therapy took place or leading the way.

This category discussed how working outdoors made the therapists more aware of power dynamics within the relationship, even if these had been felt to have been addressed indoors. It contributes to the research question stated above, as the physical environment produced conditions in which therapists were compelled to become more aware of power dynamics, through having to make decisions about the client in response to the environment, such as choosing who walks ahead. The environment also provided a neutral space in which therapy could take place as just one of a number of other actions that occurred in that space. This produced the impact of beginning to balance the relationship as neither therapist nor client 'owned' the space which challenged role expectations. Working outdoors also offered shared experiences in which therapist and client could be affected equally which meant neither therapist nor client were treated preferentially due to their role, thereby making the relationship become more balanced.

This category also discussed how there were more opportunities for power to be shared outdoors whether this was through decisions relating to where they worked or how the space was used. Power was not a unitary object which was passed back and forth, but instead there were multiple forms of power. Some forms of power, such as power inherent in role construction, were not shared but other forms such as decisions relating to where the relationship was constructed, or control of the physical use of space, could pass back and forth between the therapist and the client, and challenged the sense of power dynamics within the relationship.

## Chapter 4: Discussion

### How does working outdoors impact the therapeutic relationship? Discussion overview

The aim of this study was to explore the research question; How does working outdoors impact the therapeutic relationship? The literature review highlighted that although there is a growing body of evidence that being outdoors improves well-being, there is very little research exploring how the outdoors affects aspects of therapy such as therapeutic processes, or the therapeutic framework. This study aimed to begin to address that gap.

It is useful to return to the emergent theoretical model on page 98, in order to ground this overview. The core research category 'Constructing the Therapeutic Relationship' was generated from the data through analysis and this comprised four categories: Using Nature as a Therapeutic Opportunity, Allowing the Outdoors to Effect Change, Constructing the Therapist Role Outdoors, and Power Dynamics in the Therapeutic Relationship: Outdoors vs indoors, as each category contributes to the construction of the therapeutic relationship in different ways. 'Using Nature as a Therapeutic Opportunity' relates to the various ways in which therapists use the outdoors to enhance the therapeutic relationship. The outdoors becomes part of the therapeutic relationship as therapists incorporate the space in which the relationship sits, into the relationship. The second column in the model, 'Allowing the Outdoors to Effect Change' relates to how working outdoors alters the sense of being, and introduces an extra element into the relationship. Through doing so the environment no longer remains a backdrop and becomes part of the construction of the therapeutic relationship. The third category 'Constructing the Therapist Role Outdoors' explores how the outdoors alters the role of the therapist, to be one of therapist and non-therapist, and because the space is not therapy specific, has the potential to blur role definition. To counteract this, therapists maintain their role and construct the therapeutic conditions similarly to their work inside, to maintain the relationship and construct it as therapeutic. The fourth category in the model, 'Power Dynamics in the Therapeutic Relationship: Outdoors vs indoors' relates to how working outdoors highlights power dynamics within the relationship. As drawn from the qualitative data, it appeared the outdoor space began to balance some of the power dynamics, creating a more equal therapeutic space and providing more opportunities for power to be shared. However as therapists are constructing their role outdoors, power dynamics inherent to their role are maintained as the therapeutic relationship is constructed outdoors. The model shows that the categories are interlinked because each category is influenced by another. Working outdoors was a continuous process by therapists of adapting their skills to meet the alternative opportunities afforded by working in the unique space of the outdoors, and constructing the therapeutic relationship outdoors.

The four categories that emerged from the analysis shall be discussed below in more detail, contextualised by existing research and theories. Finally in this chapter the research is evaluated and ideas for further research are suggested.

### **Category 1: Using Nature as a Therapeutic Opportunity**

The findings from this study indicated that one of the ways in which working outdoors impacted the therapeutic relationship was that therapists used the outdoor space to enhance the therapeutic relationship on two levels; a conscious active process in which the therapists used nature in a variety of ways, and a less conscious, more passive process in which the environment acted upon the relationship.

Working outdoors gave therapists an alternative therapeutic space. Working outdoors provided a larger, dynamic space which enabled different therapeutic opportunities to occur. When working outdoors therapists used nature as an arena for the therapeutic relationship. This was both a use of the physical space through walking or movement, but also as a 'different-from-the consulting-room space' in which to be; in a sense, a natural space in which the therapeutic relationship was reproduced. Within this therapeutic relationship, therapists then used the varied therapeutic opportunities that occurred as a result of working outdoors to enhance the relationship. This included the use of natural objects or phenomena to enable clients to get in touch with emotional states, or physically using the space to enact what was occurring in therapy. The natural space was an arena in which the relationship was positioned centrally and therapeutic opportunities could occur from all around. These processes were an active, conscious choice made by the therapist within the relationship to enhance therapy for the client, and can be seen as the therapeutic relationship making the outdoors the object for action within the therapeutic relationship.

The outdoors also acted upon the relationship through a passive, unconscious process in which the internal processes of the therapist and client in a therapeutic relationship were altered by being outdoors, making the relationship the subject of processes from the environment. Working outdoors altered processes within the therapeutic relationship such as making it feel more grounded.

Working outdoors also meant working in a dynamic, unpredictable space which was constantly changing and this enabled more present-moment awareness. Nature could impact the client or therapist and change an internal state through the conditions it provided such as the weather, ground underfoot, or through spontaneous events which might help a client access different therapeutic material. This spontaneity was unique to working outdoors and was less available indoors with a more controlled, predictable space. It could be that therapists who worked outdoors were more prepared for spontaneous events because of the dynamic space and so could incorporate

these events in a helpful manner. Pricey and Paley's (2008) study of the impact of the setting on therapists indoors suggests that unexpected events within the therapeutic room can provide useful opportunities for therapeutic change if managed reflectively, but that due to other pressures this did not always happen. Yalom (2001) argues that working in the here and now reduces the intellectualisation of issues that clients bring to therapy, allowing both therapist and client to focus on their internal states as it happens. Working outdoors in a changeable therapeutic space enables more of this here and now working, and could be helpful for counselling psychologists who work with individuals who may be struggling to articulate interpersonal difficulties or experience emotion in the consulting room.

### **Category 2: Allowing the Outdoors to Effect Change**

In terms of the research question stated above, the findings from the present study indicate that an impact of working outdoors was that it altered the sense of being in the therapist by changing how they felt within themselves. For example P9 said '...being in a beautiful place has an impact, certainly on my mood...'. This was through a largely unconscious, passive process. Therapists in this study attributed this change specifically to the natural environment, rather than being in a new location, and they felt it altered their clients too. For example, when P8 discussed how being outdoors engaged more of his senses said 'I'm assuming it engages more of them'. The ability of the environment to affect the therapists indicates a relationship between the therapist and environment. The findings posited that working outdoors introduced an extra element into the therapeutic relationship, which again was intangible, but therapists used this to enhance the relationship. In this way, the outdoor environment blurred the boundaries between the relationship and the therapeutic space. It stopped being a backdrop and became a noticeable part of the therapeutic relationship. This did not detract from the relationship and the therapists actively encouraged clients to make a connection with nature.

The idea that the space that we exist in can affect how we feel is not new, for example the move to make asylums lighter, airier spaces in the 19<sup>th</sup> Century. However, the impact of the environment on the therapist (or client) has been largely under-researched. An exception to this is Price and Paley's (2008) study which explored how therapists are affected by the environment in an indoor context. It showed that the setting in which therapy took place had an impact on the therapist and the therapy itself. Feelings within therapists as a result of the setting ranged from distress to alienation, and Price and Paley (2008) described a complex interrelationship between internal and external pressures and conflicts which interacted with resources and practice. Along with the current study, these findings suggest that the backdrop of the therapeutic environment, which is generally ignored

in therapeutic practice, can have an impact on the therapist, and ultimately the therapeutic relationship. This could be due to mutuality in which

‘...both the therapist and the patient participate in the therapeutic process and both of them, mutually, mold and influence one another, consciously and unconsciously. The therapist’s personality, the emotional states he experiences, are a significant component of therapy,...’ (Laor 2007, p.33).

Thus this study argues that far from being neutral, the space in which the therapeutic relationship is constructed is an important factor in the therapeutic relationship and is under researched. This study begins to address that gap.

Although there is a dearth of research on the therapeutic space, existing counselling psychology theories which focus on relational ways of understanding the world, such as the systemic approach, have the capacity to contextualise the findings from this study. The systemic perspective proposes that

‘...interactions occur both within and between systems, including those entities which are perceived as being on different levels of a hierarchical structure.’ (Stevens, 2012, p.583).

The ecopsychologist Stevens (2012) argues that we are shaped by our environment through not only our evolutionary processes, but also the physical connections we make through our senses. He argues that not only are we embodied beings but embedded beings and that

‘...our inclusion in the environment is an essential part or characteristic of our selves, meaning that *who* we are is intimately connected to *where* we are, as individuals and as societies’ (p.588).

Viewed from a systemic perspective, the environment is another system which interacts with the self, and would impact the therapeutic relationship by the processes occurring in and between the therapist, client and the environment. Working outdoors may enable this interaction to be foregrounded in the relationship because it is a unique, dynamic space.

Developing the systemic approach to encompass the environment as just another system nested within a system, means we cannot separate the human system from the environmental system because they are interdependent. A systemic understanding of the relationship between humans and the environment allows us to perceive humans not as separate, self-contained entities who interact independently of the environment which exists in the background, but as intrinsically connected in relationship with all human, biological and physical things. Thus the social context is

extended to become 'more-than-human' (Stevens, 2012, p.585). Viewing the therapeutic relationship in this way could develop counselling psychology practice as it means that we encompass the environment as part of the therapist's and client's systems and as part of the therapeutic relationship which could enable counselling psychology to further its understanding of psychological problems.

### **Category 3: Constructing the Therapist Role Outdoors**

Working outdoors impacted the therapeutic relationship because it had the potential to alter the role of the therapist. The outdoors is not an inherently therapeutic space, unlike the consulting room, because a multitude of non-therapy activities can occur in that space. In order for the relationship to become therapeutic, therapists and clients must construct the space to be that in which therapy takes place. This would be in contrast to a space in which friends walk or an outdoors instructor and client do some activity. Therapists did this by constructing the role of therapist as the one who manages the therapeutic relationship, in a similar way to that which they constructed indoors. This was done through conscious acts of therapeutic behaviour such as addressing the altered boundaries around confidentiality, or making decisions relating to time boundaries.

Working outdoors meant that therapists had to work harder to manage their role because the outdoors blurred the therapist role in two ways: Firstly, as a direct response to the dynamic environment, the therapist had to straddle more than one role at a time so that the client and therapist remained physically safe e.g. acting as a navigator. Secondly, in a psychological sense, because the different therapeutic space was not the traditional therapeutic set-up and so therapeutic role behaviour had the potential to alter e.g. to feel less clearly demarcated therapist and client. In order to manage their role outdoors therapists re-constructed their role as it would be indoors, so that their skills and therapeutic behaviour were simply transferred to a new setting, rather than transformed. This demarcated and established the therapist role in a way that both the therapist and client would be familiar with, which subsequently enabled the relationship to be constructed as therapeutic.

The findings from this study seem to support the theories by Lynch (1997) and Ellis (2006) relating to role behaviour and role identity. Lynch (1997) theorises that during therapy therapists are guided by the bank of ideas, theories and narratives associated with that particular therapeutic approach or approaches, which he terms the 'community of therapeutic belief' (p.357). He argues these communities '...function in such a way as to maintain and develop the theories around which they have formed.' (Lynch, 1997 p.358). These communities provide the knowledge and guidance relating to how a therapist 'behaves' in therapy so that roles can be constructed and maintained. Focusing

on general professional identity, Ellis (2006) argues that professionals develop construct systems which help them to maintain their role on a daily basis. She proposes that professional identity is maintained because these systems help professionals to manage novel situations through replication. The new situation is understood and managed in ways similar to old experiences and understanding. If this replication 'fits' and is valid then this strengthens the construct system. Ellis (2006) also recognises that it is possible for people to construe their roles in slightly different ways, such as through interpreting experiences differently, or emphasising different aspects of their work, which allows for personal construction of professional identity. This construction allows a sense of belonging which enables professionals to work in different ways yet remain identified with their community. This study supports these arguments because the therapists remained true to their communities of therapeutic belief through constructing their professional identity outdoors as a replication of their constructed professional identity indoors. The therapists have construed their roles as not being bound to the consulting room (a personal construction), whilst their professional identity is maintained through their construction of their role and therapeutic behaviour.

The way in which therapists established their role was through constructing the therapeutic conditions to facilitate a therapeutic relationship. These conditions relate to the therapeutic frame, a set of boundaries in which the therapeutic relationship is held. In this study these conditions were: choosing the client, addressing confidentiality, and managing the therapeutic space. The therapists chose the client with whom they worked outdoors to ensure the therapeutic safety of their clients outdoors. This was because the dynamic nature of the environment was potentially riskier than indoors and would not be suitable for all clients, an idea which is supported by Jordan and Marshall (2010) who highlight that the importance of having a trusting therapeutic relationship is enhanced due to the unpredictable nature of the outdoor context.

Johnston and Farber (1996, p.393) note that the

'creation of a safe and predictable environment depends upon the therapist's ability to adjust boundaries according to the patient's needs, and that the impact of boundary enforcement depends upon the context of the therapeutic relationship'.

This study supports their argument as the therapists recognised that the environment was more unpredictable, and therefore not suitable for certain clients, but that therapy and the frame could be managed through choosing clients who were more able to manage the unpredictability of the environment themselves.

Jordan and Marshall (2010) suggest that therapy outside can be made more containing through the negotiation of the contract between the therapist and the client, and this is certainly something that all the therapists did at the beginning of their work. One of the ways that the therapists did that was through addressing confidentiality. Confidentiality is important in constructing a therapeutic relationship because it develops trust and allows therapeutic processes to occur (Hudson Allez, 2004), so for a therapist to manage their role they need to establish some form of confidentiality around the relationship. Maintaining confidentiality was one of the reasons that Freud stipulated that therapy should occur in a room, and free from intrusions (Winnicott, 1954). Bondi and Fewell (2003) argue that confidentiality is conceptualised in terms of the boundaries established to limit circulation about client identities and material, and that many practitioners equate these boundaries with the boundaries of the walls of the therapy room. Working outdoors challenges this assumption because in the outdoor space voices can travel further, and there is the potential for intrusion when using a shared space. To address this, in this study, the therapists highlighted the limits to confidentiality to clients, which underlined the importance of choosing the right client as someone who could manage this boundary. Becker (2010) suggests that there is the potential for outdoor therapists to 'feel less bound by ethical and legal aspects of confidentiality when outside the formal walls of the therapy office' (p.54). This was not the case with the therapists in this study, with therapists making a conscious effort to highlight the different boundaries to confidentiality that working outdoors introduced. This enabled the client to have a choice about what they wished to disclose whilst also allowing the client to speak freely. Although working outdoors altered the boundaries around confidentiality it did not remove them altogether and the therapists in this study highlighted that clients were still able to discuss important therapeutic material within a potentially less private space.

Working outdoors did not alter the boundaries around confidentiality substantially because confidentiality when working indoors is not total. Hudson Allez (2004) points out that the frame has changed since 'classical' approaches were developed in which confidentiality was complete. He argues that today total confidentiality cannot be assured to clients in any therapy due to legal and ethical requirements to break confidentiality such as in the UK for terrorism or abuse. In addition many NHS based therapists have a requirement to share some aspects of the therapeutic work with others involved in the client's care. As a result confidentiality can no longer be seen to be the total protective aspect of the frame it once was, but instead has become a challenging ideal to be aimed for. Furthermore, accidental intrusions are not limited to working outside, as the study by Price and Paley (2008) suggests in which some of the participants who worked within indoor NHS settings identified other people walking into their room as one of the challenges to maintaining a secure

base for their clients. These challenges to the frame should be important considerations for all therapists no matter what the context. As Anderson et al. (2000) argue although ignoring these challenges can impact negatively on the relationship, addressing them can maintain a healthy therapeutic environment, and indeed may provide further therapeutic opportunities.

As part of constructing the therapeutic conditions, therapists managed the therapeutic space outdoors. As the outdoors was not a defined therapeutic space and a range of therapeutic and non-therapeutic actions could take place within it, therapists had to construct a space that would allow therapeutic processes to occur. They did this through adopting a therapeutic frame that had similar considerations to the construction of the frame indoors but was adapted to the new environment. Buhari (2013) suggests that the purpose of the frame is 'to define the relationship with the client, establish the framework for treatment and set expectations' (p.163). He also argues that it establishes trust in the therapeutic relationship. Meissner (2007) agrees with these points and adds that the framework also relates 'to establishing and maintaining boundaries, and any other factual arrangements for meeting and working together' (p.233). These considerations construct and define the relationship as therapeutic. When working outdoors therapists continued this construction by making decisions that related to the physical set up of the space (e.g. where the therapists might position themselves in relation to the client), the use of the space such as walking or sitting, fees and timings. Unlike the indoors, this construction might have to take place each session because the space or route chosen by the client might alter, and the environment itself could change. Through repeated negotiation of the frame, therapists constructed, and reinforced, their role as therapist because it was them rather than the client who introduced and established the boundaries around the therapeutic relationship.

This category has shown how through undertaking role relevant behaviour, therapists can reconstruct their role and subsequently the therapeutic relationship in quite different conditions. The therapists were able to construe their role in a different environment by remaining within their communities of therapeutic belief. Counselling psychology does not prescribe one method of working and so allows counselling psychologists to reflect on and adopt modalities in which they feel comfortable working. Working outdoors could be one of these methods. Further implications from this category are that it may be useful for all counselling psychologists and other therapists to reflect on how the therapeutic framework is constructed in their practice, and to think further about the implications of the limits to what they can offer, such as how does only being able to offer a set duration of session impact the client? Negotiating this with the client could enable practitioners to better meet the needs of clients, and by involving them in those decisions this could enable clients

to have more agency in their own therapy. This could help place the client at the centre of therapy, a tenet of counselling psychology.

#### **Category 4: Power Dynamics in the Therapeutic Relationship: Outdoor vs indoor**

This category began by discussing how an impact of working outdoors on the therapeutic relationship was the equalising effect of nature when working outside which occurred because the outdoor space was not seen as the 'therapist's space'; there was no formal set up of the space as there would be in a therapy room, and the client did not enter a space which could be attributed to only the therapist. The space was perceived to be neither the therapist's nor the client's, but shared by both, and this allowed both the therapist and client to alter expectations about how they should be in that space. The shared space, and the shared dynamics within it, created co-experiences for the therapist and client. This began to alter some power imbalances within the relationship and as a result altered the power dynamics within it.

Power dynamics within the therapeutic relationship were different outside to inside, and the transition to the outdoors highlighted the inherent power structures within therapy. Guilfoyle (2003) suggests that power cannot be kept out of the therapy room because this 'amounts to a decontextualization of power' (p.336), and notes that Foucault argued that power:

...infuses the social arena which is seen as a network of strategic relations in which our ordinary, everyday (professional or nonprofessional) practices function (frequently unwittingly) to reinforce, undermine, or transform socially available discourses (p.334)

This suggests that power is inherent in therapeutic practice, indeed in all aspects of the social arena, and that the context in which the practice of therapy takes place is important. This idea is supported by Mearns and Thorne (2007). Mearns and Thorne (2007) argue that person-centred therapists (at least) should be very aware of their environment as well as their interventions so as not to embrace power and authority within the relationship. They warn 'power games can be played with tables and chairs as much as with words and tones of voice' (p.154). They suggest that counsellors consider the different components of the therapy room such as what is on display, chair positioning and type, the conveyance of warmth etc., in order to address the implicit (although unintended) meaning within these actions.

One of the ways this study found that power dynamics became more balanced outdoors was through the therapist experiencing a shared environment with the client. This was in part because the space was not attributed to the therapist, but also because the therapist could experience the same conditions, such as mud, or facing the same way. Howard (2010) argues that power

imbalances are created in favour of the therapist through the process of 'othering' (p15) which means:

Seeing the person who has mental health or emotional difficulties as the other, and therefore as being different from oneself, the helper. Othering implies that the person doing the helping is, and always has been, untouched by difficulties in her own life and that she consequently derives her legitimacy as a helper from never having struggled herself. It contributes to the feeling that the therapist is all powerful, all knowing and always right. (p.15)

Whilst I disagree that the therapist is seen at all times, and by all people, as 'never having struggled', I would agree that ideas around therapist not self-disclosing can introduce a perception of the therapist being immune from his or her own social context whilst in the therapy room which contributes to power dynamics. Jordan and Marshall (2010) suggest that because the indoor space can feel owned by the therapist, working outside can introduce more democracy into the relationship as the space is not controlled by the therapist or client. This seemed to be the case in this study. In this study the findings indicated that because the therapeutic space did not belong to the therapist or the client, (and both therapist and client experienced the same uncontrolled environment), this altered the power dynamics and began to balance the power dynamics in the relationship.

The concept of power can be thought of in a variety of ways; from the modernist, structural concept in which power is assumed to be unidirectional and oppressive, 'a possession [which] is held by a person or group of people in a negative way' (Proctor, 2002, p.26), to a post-structuralist concept of power as 'ubiquitous' (p40), something which is created through relations with others, and these power relations are '...exercised at innumerable points, are not limited to one domain, take a wide variety of forms and are only partly co-ordinated' (Proctor, 2002, p.42). Viewed through the constructivist lens of this study, power was not seen to exist outside of the roles of therapist and client, but was created and given meaning by the therapists through their construction of the roles. From a constructivist perspective, power is therefore inherent in the therapeutic relationship, even working outside, because the wider social discourse identifies it as important.

Guilfoyle (2005) suggests that power in the therapeutic relationship is created and produced through therapeutic knowledge. Therapeutic knowledge is the cultural discourse around therapy which codifies and systematises therapy and is the knowledge which

‘...tells therapists and clients how to arrange their relationship, as a condition, and in preparation, for the appropriate deployment of theoretical and case-specific knowing.’  
(p.104).

This knowledge then creates therapist and client positions and also governs how these positions behave in relation to the other, thereby creating and fulfilling power dynamics. Working outdoors challenged this therapeutic knowledge because the cultural discourse assumes indoor practice in which objects such as chairs, or processes such as who opens the consulting room door to whom, create clear role identifiers. Role identifiable behaviour typically follows as a result e.g. the person who is seeking help ‘the client’ will enter a room and will sit and talk, the person identified to help that person ‘the therapist’ will open the door when they are ready and will sit and listen. When working outdoors these role expectations are altered because there is no delineated therapeutic space. The environment affects both the therapist and the client; the therapist is not immune from the rain.

However power dynamics did occur outdoors because the therapists in the study worked to maintain their role and through doing so maintained a power dynamic within the relationship, albeit seemingly more level. Veldhuis (2001) argues that having this structural power (the power resulting from ascribed roles) is essential for making therapy therapeutic and safe because it:

...sets the relationship apart, makes it distinct and has the potential to create a safe place where the client knows what the rules are, and what the limits are. This power further allows her to explore things in a way that is deeper than would be afforded by a relationship without this structural power differential. (p.42).

This argument highlights the findings in this study that although being outdoors had an equalising effect on the therapeutic relationship, power still existed as roles were maintained in order to facilitate the therapeutic process. This constructed the relationship as therapeutic rather than simply time spent outdoors between two people.

The second part of the category discussed how the outdoors created opportunities in which the balance of power could pass back and forth. This enabled power to be shared and through this, become more equalised. Veldhuis (2001) states that a definition of power must acknowledge that power is dynamic and relational and that it can change. This is in contrast to a more structural idea of power which is seen as a possession which is held by one party over the other. Veldhuis (2001) argues that because the client comes with emotional vulnerability, he or she may see themselves as having less power, and thus this gives the therapist more power. Totton (2006) also suggests that

the client gives the therapist power because of the constructions about what a therapist is. A therapist may 'grab power with both hands' (Totton, 2006, p.85), which is done through interventions such as the one-way conversation of the therapeutic dyad. In contrast, the findings in this study reflect that power was something that could be given and taken by both the therapist and client working outdoors and that power was not constructed solely in the therapist's favour. This enabled power to be shared.

Guilfoyle (2005) argues that often power is discussed as it relates to a structural concept of power; as something which can be held and which can be used to influence or control another person, or groups of people. Guilfoyle (2005, p.103) argues that this constitutes the separation of the effects of power (influence, control, hierarchy and persuasion) from the process of power itself, and that these processes can be seen as the evidence, or outcomes of power. He argues further that this concept of power is limiting to the study of power within the therapeutic relationship as there are many practices of power, such as the constitution of the relationship itself, meaning-making within therapy etc., that do not fall under this definition. This study seems to support Guilfoyle's (2005) argument as it has indicated that power within the therapeutic relationship outdoors was not a single entity, but the therapists created multiple forms of power within the therapeutic relationship which could be shared or retained. For example, power in the form of decision making could be passed back and forth, but structural forms of power (relating to meaning-making ascribed to roles) remained relatively static; the therapist at no point became the client or vice versa. It seemed that an impact of working outdoors was that it offered more opportunities to share some forms of power within the relationship which contributed to creating a sense of a more equal dynamic.

As there are more opportunities to share forms of power, working outdoors may support feminist critiques of power. Proctor (2002) suggests that within the literature on power, therapists are 'assumed to possess power and the client to be powerless, 'a docile body' with no agency, upon whom power is inflicted'(p.25). Feminist critiques of power argue that the idea of power being a dominating force is a patriarchal concept of structural 'power-over', and instead suggest that power be seen as 'power-with' in that it can be shared, used to increase the power of others, and comes from being able to influence and be listened to (Proctor, 2002). This seems to occur more readily outdoors. Veldhuis (2001) argues that this concept of power within the therapeutic relationship enables the therapist to help the client to find their own power, and to build a more egalitarian relationship in which the client can establish trust and find their own voice to effect change (p.38).

Through providing a context which did not belong to the therapist or client, and subjecting both the therapist and client to the same conditions, working outdoors addressed some inherent power

dynamics within the relationship. This related to control of the space and hierarchy which established a more equal relationship. Working outside also offered more opportunities to share decision making power within the relationship, and this was shared back and forth between the therapist and client. However there are multiple forms of power in the therapeutic relationship and power relating to structure, remained fairly static working outdoors. This form of power is essential for the relationship to be therapeutic when working outdoors, and ultimately means that power can never be fully removed from the relationship. However, this type of power can be seen as necessary to enable clients to find their own voice to create change. The implication from the findings from this study for counselling psychology is that working outside challenges some forms of inherent power in the therapeutic relationship. This represents a shift from a more dominant medicalised, positivistic discourse, and could offer counselling psychologists a way to offer a more egalitarian therapeutic relationship.

## **Reflexivity**

As this study is informed by the constructivist perspective, it is important to highlight that the research presented here is the product of the co-constructions between myself and the participants. Charmaz (2006) argues that the theory in a grounded theory study is *dependent* on the interpretation by the researcher, and so it is important to recognise the influence the researcher's context on the findings. This is done through researcher reflexivity and it is important to recognise that a different researcher may have approached the data differently.

My identity as a trainee counselling psychologist was both helpful and a challenge when undertaking this research. When developing the interview questions it was useful for me to reflect on what might make a more relevant question based on my knowledge but I had to constantly check that I was not making assumptions about how to be a therapist. Doing a self-interview and discussing my questions with another trainee shone more light onto my assumptions. During data collection I was able to build up a rapport quickly with the therapists because of our shared knowledge and experiences. This enabled the interviews to flow easily and provided rich data from which to undertake the analysis. However as indicated in the methodology section, it may have led to assumptions regarding our individual understanding of therapeutic terms as a result. For example, my understanding of confidentiality might have been slightly different to the interviewee's. I asked therapists to unpack certain terms they used such as 'process' but more concrete terms such as confidentiality, were accepted in order to help the interviews flow during the limited time. During the analysis stage my identity as a trainee may also have led me to being more drawn towards certain data which reflected my training and understanding of that therapeutic knowledge. To address these issues I used in vivo

codes wherever possible to remain close to the data, and questioned the development of the categories through reflective diaries. During the final stages of analysis and the start of writing up, Charmaz (2006) recommends dropping categories that lack 'power' (that do not have a purpose). My identity as a trainee influenced which categories I felt most useful for this study because I felt the ones I included supported the research question and furthered understanding without making the research too unwieldy. This was based on my training and knowledge as a counselling psychologist practitioner and researcher, and I used the reflective diaries and research supervision to explore these choices.

My initial background in sociology has also had an influence on this research. My interest in social norms and when they are challenged, drew me to this group of therapists, making me curious about why they choose to work in the way they do and how they do it. This had some influence on my interview questions which explore these topics and again discussing these questions with a colleague was useful to ensure they were relevant to counselling psychology. This background has made me more aware of the importance of the context in which people act, which influenced my interest in the research question and has made me more aware of context issues such as power. This understanding of multiple contexts acting upon a person, possibly made me more open to turning to different disciplines during the literature review and discussion, to contextualise the study and its findings. Exploring the different perspectives has broadened this study and contributes a richer knowledge-base to counselling psychology as a discipline. I used research supervision to help me to keep this study relevant to counselling psychology.

My sociological background has also made me more aware of role identification and behaviour. As discussed in the methodology, during the focused coding process the researcher looks for the most frequent and significant codes. My background may have influenced what I found significant during this process, but this was balanced by using frequent codes which I identified during the line-by-line coding phase. The process of constant comparison also helped me approach the data openly and to take a step back from my interpretation of the data.

Overall I have found reflexivity and my reflections upon this to be a useful tool in GT. It has helped me to be aware of the influences upon me as a researcher and how this influenced my interpretation of the data. GT provided useful tools to facilitate this particularly line-by-line coding which de-contextualised the data. Memos were also useful as these laid down in black and white my thoughts, which enabled me to take a step back and challenge why I was making particular interpretations. However the researcher can never be truly objective and as such the findings in this study reflect my own understanding and interpretation in this particular study.

## Evaluation

Charmaz (2006) offers four criteria to help the grounded theory researcher evaluate their study which are credibility, originality, resonance and usefulness. As her version of grounded theory has largely been adopted in this study it is logical to use these criteria to evaluate the study.

With regards to 'credibility' the research process for this study has been rigorous and detailed throughout. It has achieved a broad and in-depth familiarity with the topic and the categories and arguments presented have been supported by direct quotes from outdoor therapists as well as existing literature. The emergent theoretical model provides a visual explanation of the complex interaction between the categories. Throughout the study using reflexivity has provided transparency to the research process, and it has been useful to understand my assumptions about the research. While I have strived to separate these assumptions from the data, it has been difficult if not impossible to do this fully. As a trainee counselling psychologist I brought specific constructions about what it means to be a therapist and be in a therapeutic relationship. My identity as a therapist in the interviews, would have impacted not only my relationship with the participants, but also their constructions of me and my responses. Therefore it is important to view this research in terms of a construction of reality at a specific time and place with the specific actors. It is possible that another person would construct this research differently.

Furthermore this study reflects the specific views of this particular group. The participants were a fairly diverse group in terms of therapeutic models they used and age, and there was a relatively even division of gender, but all the therapists were UK based and in particular worked in England. It may have been useful to have interviewed therapists from other parts of the UK or even further afield as the different terrain or cultural expectations in different countries might have offered new or even contrasting information to this study. Time and financial limitations meant that this was not possible for this study.

In addition this study only focused on therapists who worked outside. As therapists who work outside are choosing to do so, this has meant that the findings are weighted towards therapists who feel positively about working outside. Although I asked questions about negative experiences, none of the therapists could identify any. For future research finding therapists who had once worked outside but no longer did so could be a valuable source of information possibly focusing on the negatives of working outdoors or allowing a more critical therapist viewpoint into the research.

With regards to 'originality' this study offers new insights regarding the processes impacting on the therapeutic relationship outdoors, as well as highlighting the importance of qualitative studies which

focus on therapists and not simply clients. In the literature review it was shown that within the existing literature there are mainly quantitative studies exploring outcome measures for the impact of nature on wellbeing with particular focus on clients. There is a dearth of qualitative research and studies exploring the impact of the environment on therapy in general. This study has sought to begin to address this. This research has shown that not just wellbeing is impacted when outdoors but also other therapeutic elements such as power dynamics, the frame, how the space is used and incorporated into therapy, as well as developing understanding of how it impacts on emotional states. It has also highlighted that working outdoors is not so different to working indoors. The grounded theory approach has been useful for working with the lack of prior research as it has enabled categories to emerge with fewer assumptions and prior knowledge. However the lack of prior psychological research has made it more difficult to challenge or support findings within this study and wider disciplines have been sought to develop the findings here. This study should help future researchers gain understanding from a counselling psychology perspective of the impact of working outdoors on the therapeutic relationship.

In terms of 'resonance' this criterion is about how the categories have portrayed the fullness of the studied experience. In this study the findings and categories presented are broad which reflect the different areas in which being outdoors can impact on therapy. The data produced was densely packed with ideas and categories, and inevitably with qualitative research, some findings were omitted due to lack of space or relevance. A different researcher may have omitted and included different categories. I struggled with defining and presenting the breadth of themes, whilst also allowing the depth and fullness of the categories to be presented. Whilst the breadth of this study is useful to challenge previous assumptions about the environment and the multiple areas impacted by this, it has also meant that I was not able to focus solely on one category such as power dynamics, and develop a detailed presentation of this category. The value of this study is that it addresses the breadth of processes involved which were overlooked previously, which allows future research to focus on particular categories.

Finally in terms of 'usefulness' this study highlights the usefulness of grounded theory as a research methodology to explore processes acting upon the actors within a topic as the flexibility of the approach and openness to the data allows the categories and framework to emerge which ultimately takes the study from being simply descriptive to more explanatory. The grounded theory method sits comfortably with a constructivist approach as by not imposing a priori categories on the data it allows the participants voices to be heard which recognises the knowledge constructed between the researcher and the participant. This has led to producing rich, original findings.

In terms of usefulness to counselling psychology practice this study has as shown the outdoor environment, far from being a neutral backdrop to therapy, is dynamic within the relationship and this affords new therapeutic opportunities as a result. The environment in which the therapeutic relationship is constructed is important and would be a useful consideration for counselling psychologists to reflect on. This study has also shown how the existing therapeutic models can be developed to take in this context, and how taking therapy outside can develop reflective practice as it requires the therapist to think about all aspects of the relationship. This study has highlighted that even if counselling psychologists don't choose to work outdoors, the findings challenge many of the taken for granted aspects of therapy such as the frame or the production of power dynamics, which are useful for all counselling psychologists to reflect on in order to develop their practice. Furthermore given the increasing focus on the environment in the wider world, this research is both timely and highly relevant for counselling psychologists to reflect on the importance of the wider environment to their practice.

### **Recommendations for Future Research**

Throughout this study it has been argued that there is a dearth of existing literature exploring the relationship between the environment and the therapeutic relationship. It has also been argued that the emphasis on quantitative studies to explore the outdoor environment and well-being ignores the complex relationship between the environment and the individuals within it. This study has sought to address these gaps in knowledge. Further research would be useful to explore how different environments e.g. different indoor environments or specific outdoor environments such as horticultural therapy or rock climbing may impact on therapists and the therapeutic relationship, in order to develop our understanding of both the impact of the environment and the therapeutic relationship. This research explored therapists from a variety of therapeutic approaches who worked outdoors, and further research could explore whether specific therapeutic approaches are more adaptable or applicable to therapy outdoors. Finally, this research represents a specific western context, and it may be useful to develop these findings through researching other cultures and terrain.

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## **Appendix 1: Template of email to participants**

Dear X,

I've been looking at your website and I'm really interested in the work you do. I'm currently in my final year training to be a counselling psychologist at City University, and as part of this training I'm undertaking doctoral level research on working therapeutically outdoors.

I was wondering if you would be willing to take part in an interview with me to reflect on the process of working therapeutically outdoors. I hope this will also give you a chance to reflect on your approach in an informal environment. I want to use my research to increase the research base of outdoor therapy, and to help inform outdoor therapeutic practice. I feel you would be really well placed to contribute to this research and I would really like to hear your thoughts about your work.

If you would like to take part or have any questions please contact me at this email address or on 07966 678 377.

Kind regards,

Olivia Hirst

## Appendix 2: Final semi-structured interview schedule

Can you tell me more about the ways in which the therapeutic model you use fits into an outdoor setting?

How do you think undertaking therapy outdoors affects the therapeutic process? Prompts – Ask about therapeutic relationship, interventions and thoughts/feelings/ fantasies related to therapeutic outcome/ change.

Can you describe a situation in which you feel that being outdoors impacted on the process?

Do you feel there are certain aspects of being outdoors that are more important than others to the therapeutic process?

What do you think is the difference to providing therapy outdoors as opposed to indoors?

Why work indoors?

Do you always work outdoors? If not how do you decide which clients to take outdoors, and when? Does that alter the therapeutic alliance, and if so in what ways? Do all your clients want outdoor therapy? Why do you think they might not want it? Do you offer it to all clients, or do the clients ask for it? Why?

Why have you chosen to work in the particular outdoor environment you work in? How do you feel about it? How do they manage being a therapist in that space?

How do you construct and maintain a therapeutic space outdoors?– if they mention external people ask about how being aware of others changes what they do. How does it impact on your focus?

Do you feel there is any negative impact on doing therapy outdoors? – prompt – could you describe a negative experience you or a client may have had when doing therapy outside?

Have you had positive and/or negative experiences outdoors? Does this influence how you perceive nature? What does this belief about being outdoors say about them as people, as therapists?

What is it about the relationship with nature that is important? Why does it have to be done in therapy? Why is having a relationship with nature important?

How connected to nature does the therapist feel and for what periods of time? Why is this connection important? For them? For the client?

Does nature have a role in the therapeutic process? If so How do you see the relationship between you and nature in the process? (for me to be thinking about- Is nature part of the process? Or does the process happen, and it happens to be outside? It is part of the process (otherwise why go outside and face all the stigma etc). But what does it look like)

Can you tell me about the time when you worked with your client outdoors? Prompts – how did it come about? Who made the decision to go outside? Why did they/ you decide to go outside? Where did you go and why? How long was the session? What was it like for you as a therapist? How did it compare to the way you usually work? How did they construct and maintain a therapeutic space outdoors? Did being outdoors impact on you in any way as a therapist? – elements, other people

Do you think there's a difference between therapy outdoors and indoors? If so in what way?

Why do you offer therapy outdoors?

Does nature have a role in the therapeutic process? If so how do you see the relationship between you as a therapist and nature when you are in a session?

Why do you think clients don't take up the outdoor therapy? Do you ever suggest it to existing clients? Do they ever mention it?

How have your own experiences of being outdoors been? (positive/ negative/ both/ neither). Do you think this has influenced how you see nature? Does this belief impact on how you see nature within the therapeutic relationship?

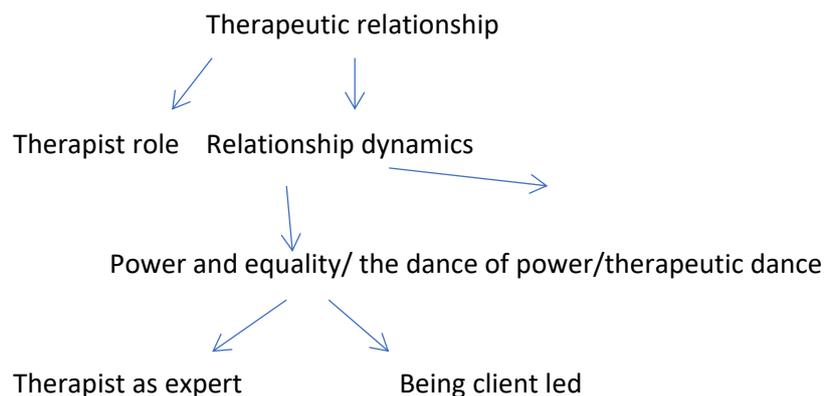
Can you talk more about your thoughts about the role of nature within therapy? What is it about the relationship with nature that is important? Does it have to be done within the therapeutic relationship?

### Appendix 3: Example of a Memo

#### Memo G Power Dynamics

I didn't ask about power dynamics in the relationship but this came out with P 4, 3 and 2. I think being client led and power dynamics should be combined. Power dynamics is wrong word – what about relationship dynamics? Power dynamics differs from therapist role although there is overlap. It differs because there's more of a focus on the relationship between the client and the therapist, rather than the therapist. So P4 is very strong on this – 'wanting to equalise that without lessening the potency of what goes on in therapy'. There seems to be something about being outdoors alters the therapeutic relationship because it has an equalising ability, and makes the therapist take a step back, but at the same time there is the contradiction of *being* the expert – P3 talks about having the authority, and telling clients what to do. – he seems to not be too fussed about being the expert at some points 'so if I say do something, people will do it because I'm the ecotherapists and it worked!' but also he talks about the power imbalance within a room, but just being a 'bunch of people going for a walk in the countryside'.

Could this and therapist role come under the big heading of the Therapeutic Relationship? Might it be something like



As a person-centred humanistic CP, with a strong sociological, feminist background, I may be more aware of power dynamics than other therapists and have picked up on it as meaningful to me. However Berger and McLeod (2003) talks about it does Jordan and Marshall (2010) so it is there in the literature.

I'm unsure if this power category fits in immediately under therapeutic relationship or whether I can do without relationship dynamics. Is there another element to the relationship that is missing?

I've called it something like the dance of power or the therapeutic dance as it uses a phrase by participant 4 which I felt was indicative of the fluidity of power sharing within the therapeutic relationship – sometimes the therapist has it and leads, sometimes the clients has it and leads.

Power is divided into therapist as expert and being client led to show the issue of the therapist *is* the expert in as far as process is concerned, and having to make the decisions certainly at the start about such things as when to suggest going, where to go, what to do once you're out there etc. And the idea that the space creates a more equal dynamic because it isn't owned by either the therapist or the client and is also exposed to any elements etc (Jordan and Marshall 2010) so there is a more equal dynamic, and the client can choose where to go, how comfortable they feel, what they share,

when they go outside etc. This appears not to be the therapist's decision but the client. How do they make these decisions? Sometimes it's the client's initiative (P5, P4), sometimes it's negotiated (P4, P5), sometimes the therapist suggests it (P4), in a way client's come because they know the therapist offers the outdoor work so it is already on the table in a way. But what about therapists who offer it e.g. on website but clients don't take them up on it? Does it get offered to the clients then? If not, why not? If so, why do they think client's don't do it? – find a therapist who offers it but it doesn't get taken up.

## Appendix 4: Information sheet

City University

Olivia Hirst

Doctorate in Counselling Psychology

Thank you for considering taking part in this research. Below is some information about the research itself, as well as setting out what is involved, what I will do with the information you give me, and your rights as a participant in this research. Please take your time to read this information and if you have any further questions please don't hesitate to ask me.

### **Aim of the study:**

This study explores how working outdoors impacts on the therapeutic process.

### **Why am I doing this research?**

There has recently been an increase in the evidence which suggests that being outdoors has a positive impact on well-being. There is very little research in the literature that explores the impact of being outdoors on the therapeutic process. This study aims to address that gap.

### **Who is taking part?**

Therapists who work outdoors will be taking part in this study. They will be recruited from all over the UK.

### **What will be involved?**

You will be asked to participate in an interview which will last about an hour. In this interview I will ask you questions about your experiences as a therapist who works outdoors.

### **What will happen to the information?**

The interview will be taped and transcribed verbatim by me. All the information you provide will be kept confidential. Any identifying characteristics e.g. names, places, company names etc. will be removed during transcription so that your details are anonymous. Once I have transcribed the recordings they will be kept in a password protected file (to which only I have the password) until the end of the study, after which they will be deleted. The transcribed interviews will be analysed by myself and the data will be used to inform the research. The final study and the anonymised data may then be published and/or used in presentations at conferences.

### **Changing your mind**

You have the right to withdraw from this research at any stage before I submit my thesis and any information you may have given will be deleted. You will be given a code so that I can identify your interview and remove it.

### **What to do if you are unhappy with any aspect of this research**

If you are unhappy with any aspect of your treatment within this study, or if you have any questions that I have been unable to answer, you can contact my research supervisor, Dr Don Rawson, at City University [don.rawson.1@city.ac.uk](mailto:don.rawson.1@city.ac.uk)

This study is not intended to cause any psychological harm. However if you develop problems as a result of this study I would recommend contacting your therapist or GP for further help.

### **My contact details**

Email: [olivia.hirst.1@city.ac.uk](mailto:olivia.hirst.1@city.ac.uk)

Supervisor: [don.rawson.1@city.ac.uk](mailto:don.rawson.1@city.ac.uk)

## Appendix 5: Counselling Psychology Quarterly Instructions for Authors

### Call for Papers

Counselling Psychology Quarterly, an international interdisciplinary journal for counselling psychology as a scientific discipline and profession, continues to invite submissions of empirical research articles, research-based systematic reviews, and research-informed conceptual papers. The journal welcomes submissions that reflect counselling psychology articles globally, including such topics as counselling, psychotherapy, approaches to mental and psychological health that encourage a non-pathologizing and empowering approach to consumers of the services, and international issues related to training in and practice of counselling psychology. The journal is particularly keen to encourage submissions that will be of immediate practical relevance to counselling psychologists throughout the world. The journal welcomes submissions from diverse methodological and theoretical standpoints.

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### General guidelines

- Manuscripts are accepted in English. Any consistent spelling and punctuation styles may be used. Please use double quotation marks, except where “a quotation is ‘within’ a quotation”. Long quotations of 40 words or more should be indented without quotation marks.
- A typical manuscript will not exceed 10000 words including tables, references, captions, footnotes and endnotes. Short communications and case reports for rapid publication are limited to four journal pages (approximately 2,000 words including tables and references). They can cover matters of topical interest or work in progress. Manuscripts that greatly exceed this will be critically reviewed with respect to length. Authors should include a word count with their manuscript.
- Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgements; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
- Abstracts of 200 words are required for all manuscripts submitted.
- Each manuscript should have 5 to 7 keywords .

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## Conclusions and Reflections

This portfolio comprises three pieces; the client study, the publishable paper and the research thesis, linked by the theme considering context in counselling psychology practice. This section has been included to reflect on some of the key issues raised throughout the portfolio and to reflect on the three elements as a whole. This section shall first highlight the key issues raised in the different sections, before going on to reflect on the portfolio as a whole and how this has changed my practice as a result.

### Key Issues from the Portfolio

One of the key issues when writing the portfolio was the limitations of reflexivity in research. Reflexivity helps the researcher and the reader to consider the ways in which the researcher has had an impact on the research. As discussed in the methodology section in the thesis, my position as a researcher stems from a constructivist viewpoint in which I believe that reality is what is constructed through individual interpretations of socially determined ways of seeing the world. Research from a constructivist viewpoint asserts that the participants and the researcher construct and interpret knowledge together. This is in contrast to the positivist position which argues that there is an independent 'truth' out there which can be uncovered through objective methods in which the researcher has no impact.

A qualitative methodology requires interaction between the researcher and the data, whether that is through the collection, analysis and/or interpretation of the data. From my constructivist viewpoint all human researchers are products of human social worlds with the ideas, beliefs, theories and expectations that this entails, whether or not this is disclosed in the research. Qualitative research is constructed from human perspectives, and as such interpretation and meaning-making is inherent within it. As a methodological approach grounded theory originally developed as an attempt to develop a rigorous methodology that could be applied to induct theories from the data. Later developments of grounded theory such as the constructivist version, which this thesis has applied, placed the researcher as key to the product of the research and recognised that theories were generated through the data (including the participants) *and* the researcher. If the researcher shapes the research it is important the researcher recognises how they may have done this. This is reflexivity. The function of reflexivity is to increase the rigour of research (Kasket, 2012). As a researcher I have taken a stance throughout the research process, which is reflected on in the reflexivity sections to clarify this stance. The reflexivity sections in the thesis provide further explanation regarding why I made the decisions I did, and what I tried to do about it. My aim is not

to render the research objective by revealing 'the truth' about myself as a researcher-practitioner. This would be a positivist aim as it implies that there is a 'truth' which could be uncovered if only there wasn't interference from the researcher. Having reflexive sections within the research strikes the balance between the objectivist stance of having no awareness that myself as the researcher shapes the research in all areas of a grounded theory approach; and deconstructing the whole thesis with reflexivity which would use up the word count without actually producing any ideas, be repetitive and unwieldy to read. Reflexive sections allowed me to discuss how my unique context shaped the research to enable the reader to consider alternative interpretations whilst producing a narrative flow.

Reflexivity also allows the reader to understand the assumptions and context of the researcher in order for the reader to also be able to consider possible alternative interpretations (Willig, 2013). Willig (2013) suggests that the role of the researcher in a methodology such as a constructivist version of grounded theory is 'like a builder who constructs a house. The same bricks (the data) could be used to build a number of very different buildings.' (p.12). In this way you could think of reflexivity as the way to understand why the builder has built in his or her particular style. So the builder may have been taught in 'the gothic style', and he or she may still build a house (the research theory) but his windows and doors (the analysis) may be more pointy than someone else's. This does not delegitimise what the builder has produced, instead it recognises that this house may not look the same as the next on the street. It develops our understanding through offering rich and varied perspectives, reflecting the complexity of our social worlds.

However reflexivity establishes a seeming paradox; it recognises that the researcher's context will shape the research, but at the same time, the researcher tries to bracket their context through reflecting on how they as the researcher may be influencing the product of research throughout the process. This bracketing is important because it helps the researcher to approach the research with a more neutral, curious attitude (Kasket, 2012), allowing for alternatives to be considered, rather than imposing opinion blindly. For example, in this research being reflexive through considering how my context as a trainee who had only worked indoors had led to some assumptions when developing the early research questions, enabled me to develop the interview schedule. Initially I asked: How do therapists deal with lack of confidentiality outdoors?. The assumptions were that only a room could provide confidential space, and that it was an important therapeutic condition (a result of my training and experience). Being reflexive enabled me to change this to; How do you construct and maintain a therapeutic space outdoors?; a more curious, neutral question, which led to richer answers. Qualitative research is not a license in which anything goes, and the final product of the research (in this case the thesis) must explain and demonstrate how the researcher found

what they did. Reflexivity is one of the ways that helps this process. Ultimately though, we cannot as researchers become decontextualized, but we can be aware of when our context is narrowing the research, and obscuring other voices in the research, particularly those of our participants. We can then try to step back through reflexivity and approach the research with curiosity.

A further limitation to reflexivity is that although it recognises how the researcher's context may shape the research, it is difficult to present the fluidity of this reflexive position. At different times throughout the research process different aspects of the self will be more salient than at others. If the research is a construction between myself and the participants, and my context shapes the research in various ways, it stands to reason that the participant's context may shape their interpretation of the research experience and responses to my questions as well. What both the researcher and the participant choose to foreground in the data-collecting stage will be determined by our interpretations of the other's responses. This will be unique for each interaction and is what leads to rich data. Being part of qualitative research shapes our understanding of ourselves and the topic. Our reflexive positions can alter as a result of participating in research, both for the researcher and the participant who co-construct. As my reflexive position is altered by the research process, if I did this research again now, I would likely find new data and categories. For example, before this research began, I was less aware of my context as a sociologist within counselling psychology than I was by the end. This context became more salient as participants positioned themselves as a sub-group and discussed issues such as their role outdoors. If I did this research again, a different reflexive position may shape the research, such as an environmental stance because I am more aware of the environment as a context. At the time of the research, my participants commented that participating in the research had helped them to reflect on their practice; they too were altered by the research process, and might be likely to give different responses. A limitation of reflexivity is that it can only be partial in its scope for capturing evolving identities.

A further issue with the recognition of the involvement of the researcher in their research is that because the research relies on the researcher, the theory it generates is not valid. I disagree with this argument. Although the researcher is central to the research process in a constructivist version of grounded theory, the research is rigorous and contributes to the knowledge base of the topic it studies. In my study I have presented my research methodology clearly, my analysis is backed up with findings from the data, and my reflexivity has allowed the reader to understand the impact I may have had on the research. Working outdoors is not a mainstream therapeutic approach and the number of therapists doing this is relatively small. Finding nine participants was difficult as discussed in my methodology, and this research represents my interpretation of the data provided by those particular participants. A limitation with this is that this study is the product of the construction

between myself and my participants, and as such is contextually embedded. A different researcher and different participants would construct the research differently, depending on culture, context, and the individuals themselves. My research was not setting out to 'prove' a hypothesis, but is instead contributing a theory to the topic of working outdoors therapeutically, which is, as discussed in the literature review and discussion, an under-researched but relevant area. My theory, as with all qualitative theories, does not set out to offer the sole 'truth', it is instead proposing an idea based on my findings with myself and my specific participants. Another theory based on rigorous research would be just as valid and useful as it would offer another perspective. If the aim of research is to help us understand a phenomenon then the more perspectives that are generated, the better we can understand something from all angles.

A second key issue raised when writing this portfolio was that of writing for a multiplicity of audience. This impacted all three elements of the portfolio; the client study, the publishable paper and the thesis, in slightly different ways. This portfolio could be read by examiners, other counselling psychologists, other therapists, researchers, and anyone else who may have an interest in an element of this portfolio. Each of these readers will have their own context which influences how they read the portfolio. A reader who is interested in a part of the portfolio will read it differently to an examiner who reads the portfolio, as a complete document comprising three elements to assess my competence as a counselling psychologist. This has led to some tensions when writing these elements.

One of these tensions is writing about my clinical practice in the client study for an academic document (demonstrating competence in a therapeutic approach), but using a therapeutic approach such as the person-centred model in which the emphasis is placed on being client, rather than therapist, led. This is in contrast to other models such as CBT, in which therapists have clear model appropriate techniques they can use, such as having a clear agenda set by the client and therapist, the use of thought records to identify and challenge thoughts, graded exposure work, homework, and so on. In a model such as CBT, therapist competence in the use of these interventions is more clearly defined (although with the caveat that simply assessing these interventions would not produce a holistic understanding of the whole therapist). Nevertheless, the person-centred approach relies on more subjective interventions, such as the core conditions. This tension was difficult to manage when writing this client study. For example, when writing about Nick's initial assessment I have included some of my initial observations about Nick which I experienced, interpreted in terms of the person-centred approach, for example wondering if Nick might be experiencing an ego-syntonic process when describing that he did not listen to people unless they had something they wanted to hear. These were not conclusions I had made, but some pertinent

suppositions at the start which may or may not have developed over the course of therapy. I did not hold these ideas tightly because to have done so at the initial assessment would have labelled Nick, and not allowed him to develop as a whole person in my construction of him. As the study shows this was an effective strategy, as finding ways to view him in his context as a person enabled me to offer the core conditions. However writing these processes to demonstrate my selection and application of theoretical concepts places me in the expert role, which is difficult to rationalise with the person-centred approach in which the client is viewed as central. However as a counselling psychologist I have been trained in and gained understanding of theories and concepts within the therapeutic approach, and I have foregrounded this within the study, as it is this which is being evaluated in my client study. This makes the client study less about the client and more about me as a practitioner. This tension has to be borne in order to demonstrate competence, but possibly we should rename the client study the client-therapist study, reflecting the importance of both parties within the relationship.

A further tension I found when writing the client study which is both an academic document and a clinical one is that one of the criteria for gaining the qualification in counselling psychology is that trainees should demonstrate competence in formulating their clients concerns within a specific therapeutic model. However as discussed in the client study, formulation is a contentious issue within the person-centred approach. Explicit formulations, which are drawn up and shown to the client are not regularly discussed in the literature as they are in other approaches such as CBT. There is, of course, a specific person-centred way of understanding how clients present in therapy, which make sense of their history and factors that have led to, and maintain, their current difficulty. These would be factors like conditions of worth, and introjected values and beliefs. However, as Mearns and Thorne (2007) argue there is a strong emphasis on the client finding their own way forward to self-acceptance. Mearns and Thorne (2007) argue 'The person-centred counsellor must learn to wear her expertise as an invisible garment...' (p.9). As discussed in the client study this was particularly important when working with Nick in order to build a therapeutic relationship with him. However as Simms (2011) notes, formulation can be seen as placing the therapist as expert. This presented a challenge for me when writing the client study as this 'invisible garment' must be visible for examiners, but was invisible for the client. I managed this tension by developing a private formulation to enable me to extend unconditional positive regard to Nick, and writing about this private formulation to demonstrate my competence in this area. On reflection, this still feels like it was the appropriate response in my work with Nick, but since writing the client study, I have started to share my formulations (offered as possible ideas about what might be going on) with some clients in a tentative, person-centred way, which is discussed with them and is open to reconstruction at

any point. So far clients have responded well to this, commenting that it has helped them to understand why they do certain things. As a practitioner, it has helped me to help clients develop psychological awareness about themselves more quickly, which has been useful when working with clients in shorter-term practice. As it is offered tentatively I feel comfortable that clients can challenge it and contribute to its construction, placing them as expert on their experience.

Writing for different audiences was also a challenge when writing the publishable paper for this portfolio. The paper needed to meet the guidelines for the specific journal, but it also had to fit into my theme of considering context in practice for my portfolio. There is not currently a specific counselling and nature peer-reviewed journal, and there are fewer peer-reviewed journals which explore the context of the environment upon mental health, then there are for other contexts such as sexuality, gender, religion etc. The topic of my research is under-researched and a niche aspect of working therapeutically. This meant that choosing a journal which might accept a specialist paper was more limited than if I had written about a more mainstream therapeutic topic. My thesis had indicated that a therapeutic approach outdoors such as ecotherapy, could be both relevant and useful to counselling psychologists, and this is my argument in the paper. I chose Counselling Psychology Quarterly because it would have an impact to the profession. The paper compliments my theme for the portfolio as it considers context in wider terms than the more individual contexts of my client study and thesis. This has helped me to consider both personal and social contexts within my practice as I discuss below-

### **Learning and changes in my practice**

Writing this portfolio has been a massive undertaking, and it has not failed to have some impact on what I have learned and the way I practice now. All three elements of the portfolio have influenced how I consider context in my own practice. Undertaking the research has allowed me to better understand how the outdoors impacts the therapeutic relationship, and has made me consider how I might in the future incorporate it into my practice. The thesis has helped me to better understand that the outdoor setting does not completely transform the therapeutic relationship, but is a transference and reconstruction of my skills adapted to a different space. The literature review has made me more aware of the increasing evidence that being outdoors improves wellbeing, and I recently had an opportunity to use my knowledge of this research in practice: I work in the NHS, and the Trust had to move my department from a very leafy, green space, to a built-up hospital site. I used the research on nature improving wellbeing to fight for us to get some green space. It was difficult trying to convince non-clinician managers that not only is mental health an important factor in physical health (which relates to my job), but that green space might improve wellbeing and was a

useful space. I was somewhat successful; the department were granted a very small courtyard, with some Astroturf, plants in pots and a very large image of a leafy wood on one wall. Considering the tight budgets, and that in principle they did not have to provide anything, this was a result! It is surrounded by buildings and windows, and access is via a group room, so is not practical to work in therapeutically, but clients can use this space when we run groups and can at least have some contact with nature while the groups run. Clients frequently express pleasure at seeing something 'green' in the hospital, and I often see them looking at it during groups.

Writing the publishable paper has also made me consider the environment as a context in my practice indoors. Working in a hospital means that there are not many opportunities to work outdoors with my clients. Writing the publishable paper has made me more aware of the ways I can incorporate the environment as a context into my practice, even if it is not possible to work outdoors. Now I discuss with my clients their feelings about the environment and how they use it when they introduce it in therapy, rather than focusing less on it than I would other contexts such as gender or religion. For clients who have spoken about their concerns about climate change, or who have positive memories associated with nature, such as playing on the beach with their grandmother as a child, I explore with them ways in which they can address this, particularly how they may increase their direct access to the outdoors.

I also now consider various aspects of my context in my practice. I am aware of when external pressures such as performance targets, may be influencing how I am in sessions as I begin to worry about being the 'perfect' therapist. I am better able to sit with the tension, to trust the therapeutic relationship and allow myself to be the 'good enough' therapist. I am more reflective about how my context outside the relationship impacts me and how this affects the interventions I offer and subsequently the relationship.

In conclusion, writing this portfolio has had a substantial impact on my practice, despite working in the NHS with, what at times can feel, a system which can be difficult to change. There are certainly still elements of my practice in which I need to have further negotiations with managers, but this portfolio has foregrounded the importance of making these changes, for me as a practitioner, for clients, and for the discipline as a whole. At the point of completion of this portfolio, I have a better understanding of not only viewing the client as contextually embedded, but foregrounding that far from being a 'blank-slate' the counselling psychologist as a scientist-practitioner is also contextually embedded. It behoves the discipline for all counselling psychologists to consider their own context in practice.

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