

Counselling in Scotland

WINTER/SPRING 2022/23

Identity Crisis: an interview with
Simon Beaumont

Counselling and Spirituality

When We Are Passively Receptive

COSCA Recognition Scheme Survey

Nature Based, "Contact" Oriented,
Therapeutic Experiences



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Counselling & Psychotherapy
in Scotland

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Editorial



John Dodds

I wanted to call this editorial, “What Happens in Lockdown Stays in Lockdown”, but please pardon my levity and inaccuracy, as lockdown is now over and this was a poor attempt at humour.

However, we are still working in the presence of the pandemic, though all seems less intense than in the past couple of years. People are still dying, of course, which is profoundly sad, and lives have been changed, with the rise in mental ill-health and support services overstretched. My silly prospective headline does say something about how we all try to deal with difficulties in life, though – a little bit of levity (and good humour) can be valuable, as can pursuing hobbies and interests, and the chance again to do some “normal” things within certain parameters.

My wife and I are lucky to live in a rural area, and the therapeutic rewards of walks in the country, amid the trees, beside a river, listening to bird calls and watching flocks of crows and other birds taking to the air is well known. This is something that Rab Erskine discusses in some depth in his fascinating essay on what he describes as *Person-Centred Ecotherapy* (well, actually three essays, originally published in separate issues of *Person Centred Quarterly*). There is scientific evidence that being in the natural environment reduces the effects of the stress hormone, cortisol. But Rab’s work brings the context and work of counselling here, too, and I am sure you will be fascinated by what he has to say in this lengthy essay.

Dr Simon Lovat offers us an interview with Sebastian Beaumont, the psychotherapist and author of the novel, *The Lost Sessions*, which concerns a young therapist who loses his sense of self after a bike accident and concussion and then seems to “lose his mind”.

When seeking articles for this journal, I found myself wondering about religious-based counselling, which I know exists for different types of religions. I was pleased, therefore, to get a piece on the somewhat more neutral ground of counselling and spirituality, written by Ian Boyd.

Spirituality means different things to different people, I know, but that sense of something other than ourselves, a sort of universal connectedness, I feel is relatable to most of us. Working within that context is a process I was fascinated to read more about, and as you will appreciate, much of it is not so different at heart than the core conditions of counselling, albeit with an extra dimension but is, as Ian says, “rooted in human experience rather than abstract theology”.

Journal regular, Mike Moss, offers us a piece called *When we are Passively Receptive: Further Exploration of the Therapeutic Relationship*. In it, he shares his experience as a therapist and supervisor “exploring how reality can be perceived beyond what we may understand as normal, and in therapy in particular, we can create more possibilities by how we respond to the request for help from our clients and understand the transformative opportunities of therapy”.

Finally, I hope you enjoy this lengthy issue and I would like to sign off by wishing you all a wonderful festive season and a guid New Year.

John Dodds, Editor

Identity Crisis:

an interview with Sebastian Beaumont, psychotherapist
and author of *The Lost Sessions*



Dr Simon Lovat

Sebastian Beaumont's latest novel, *The Lost Sessions*, concerns a young therapist, Will, who first loses his sense of self (due to a concussion after a bike accident) and then apparently loses his mind – not least because one of his clients claims to be dead. He is subsequently propelled into a bewildering, unstable world where nothing is as it seems, which challenges the very core of his being and his *modus operandi* as a therapist. I wondered what inspired him to write it.

“My first experience of losing a sense of “me” was in the 1990s when I went to stay with a friend in the backwater town of Soroti in Northern Uganda. I was prescribed an anti-malarial medication called Mefloquine. At the time, I didn't pay much attention to the possible side effects, which included “psychiatric reactions” – from which I most certainly suffered. This presented as a detachment from my surroundings, and a feeling that something very, very bad was going to happen. Along with this was an unsettling feeling that my perception of myself was unfamiliar, that whatever made me feel like “me” was absent, and not in a good way”.

When he got home, Beaumont tells me, his partner was so disturbed by his strange detachment that he flushed the remainder of the Mefloquine down the toilet. (He was supposed to take it for several weeks after his return.) Fortunately, “normality” soon returned but he was left with a strange, almost uncanny sense of how fragile the sense of self can be.

“Later, I took up a daily meditation practice and trained as a psychotherapeutic counsellor,” he adds. “It became clear that the sense of self is built on a massively complex web of nature, nurture and influences from the outside world. My client work, broadly speaking, involved working with the conscious and unconscious stories that we tell. These stories bring our sense of self into being. Of course, they are fictions, mostly, so I became interested in looking into how to work with them so that they serve us rather than poison us”.

Mefloquine caused Beaumont to lose his sense of self. What, then, are the implications of the fact that various non-dual spiritual traditions (including Buddhism) clearly posit that the *persona* that we construct for ourselves is no more than a delusion – a fiction?

“That's the big question. Why is it that under one condition (psychosis) the loss of sense of self is a truly terrifying experience, yet under another condition (let's call it “awakening”) it can lead to unimaginable psychological freedom? This is where it gets interesting. Like the child that fears there is a monster under the bed, the point, perhaps, is whether our fear becomes a belief that there really is a monster under the bed, or whether it is seen that there isn't – and never was – any kind of monster at all.”

At bottom, this is the question Beaumont addresses in *The Lost Sessions*: How would a therapist behave in a counsellor / client encounter if their sense of a personal self was absent? You'll have to read the book to find out Beaumont's answer, but it seems that a mythic – almost Greco-Roman – journey into the darkness is necessary before (re)discovering the light, as Will – a newly qualified therapist – soon finds out.

It is no surprise that Beaumont is described by his publisher as a “master of psycho-supernatural fiction”. His use of tropes from the genres of psychological thriller, horror and suspense make *The Lost Sessions* a page-turning story that is at once surreal and deeply engaging. But there is also a

vertiginous *Alice Through the Looking Glass* element to it all. If David Lynch and Steven Soderbergh ever collaborated on a film about therapy, it might look something like *The Lost Sessions*. Surrender from one's conditioning and into true authenticity is rarely straightforward. There will almost always be a struggle from the resistant Ego, playing its usual smoke and mirror tricks and turning everything on its head. The darkness that we carry can't be sidestepped or diminished simply by wishing it away. Even when the door of self-realisation has started to open (or perhaps *especially* then) we still face the momentum that lies behind it – both conscious and unconscious. We can try to pretend that our past is an illusion (which it is on an ultimate level) but in the world of time and space, of worldly “me” and “mine”, what we have repressed will make itself known, sometimes in an overwhelming or terrifying manner, which forces us to reframe and rethink our ways of operating in the world.

For Will, the central character of *The Lost Sessions*, there is no easy solution. He must face his past or lose everything. But why is his path so difficult?

“Wouldn't it be wonderful if the route to psychological freedom lay simply in seeing the fictional nature of our neuroses; that by some neat semantic trick we could simply dissolve past trauma by telling ourselves that it is merely an illusion, ungraspable and insubstantial,” he replies gleefully.

There is a further constructivist turn as Will wrestles with what it means to be “Scottish”, another apparently arbitrary identity category which proves as susceptible to reframing as all the rest. Will crosses the border between England and Scotland several times – both internally and externally – during the course of the novel, finally coming to see the world from a position of intersectionality which (ironically) positions every person as a nation state of one. But is this liberating? Of course, it is not as simple as that. Will's journey is fraught with danger and inversions: fear of being struck off, fear of madness, fear of life spiraling out of control in an apparent reversal of his relationship with his clients, a twist which neatly problematizes the power dynamics of the therapist/client relationship.

Will must lose all the structures that keep him safe, including the ethical framework that therapists are bound by, before reaching any kind of solid ground. In this move, Beaumont clearly gestures towards Brian Thorne's infamous “Sally” sessions, as well as raising issues around competence. How unwell does one need to feel for it to become unethical to see clients? Where are the boundaries?

Beaumont smiles. “It is in uncharted territory, after all, that new lands are found,” he reminds me, half playful, half serious.

But how *do* we juggle the hierarchy of ethical considerations regarding our behaviour as therapists, keeping in mind our clients' best interests? It is safe to say that Will's solutions to this problem are challenging. But no one, in therapy or in life, can possibly find the answer without help or guidance (especially from a supervisor!) if they want to avoid coming to grief on the rocks of mischance or misunderstanding. Unfortunately for Will, he must face his dilemmas alone. And worse still, it becomes impossible for him to differentiate friend from foe, making it ever more difficult to negotiate his increasingly bizarre therapeutic experience. Will's journey thus literalizes the truism that clients often get worse before they get better, which can sometimes be alarming.

The Lost Sessions is the third in a triptych of highly praised novels that address the spiritual and psychological ramifications of repressed trauma. Beaumont's first novel in the triptych, *Thirteen*, was published in five languages, and dealt with the ways in which our sub-personalities manifest, for good or ill; his second, the more overtly Buddhist *The Juggler*, explored the ways in which we can trip ourselves up, and delude ourselves, before seeing the light. But one can't help feeling that Beaumont has saved the best till last in *The Lost Sessions*, the well-observed and nuanced tale of Will (the name is laden with meaning), a psychotherapist struggling to make sense of both his past and the present. While each of these novels easily stands its own, it is when considered as a whole that they really gain in stature. Collectively they explore different aspects of the ways in which repressed material can irrupt into consciousness – from the dimensions of the psychological, the unconscious, and the spiritual, respectively. Like Indra's Net, each novel reflects aspects of all the others, forming a compelling (if challenging) model of the psyche.

Finally, *The Lost Sessions* informs our thinking on what can happen when spirituality is brought into the therapeutic relationship, the timing of any such intervention, and its possible ramifications. As therapists we are exhorted to be congruent and authentic. But what is the cost of the search for a ground on which we can stand without the need for illusions? What do we need to let go of?

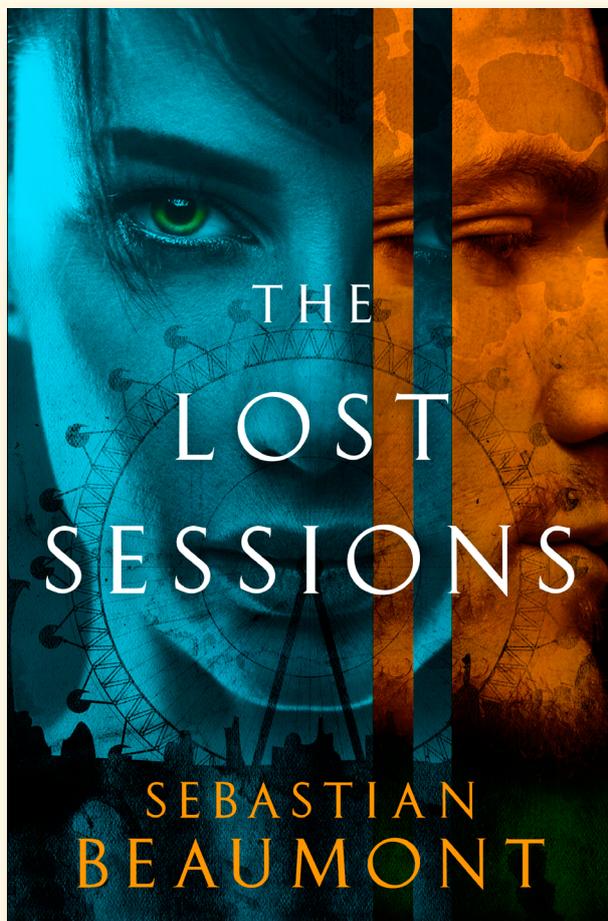
“If there is one thing I learned from writing *The Lost Sessions*,” Beaumont tells me, “it is that becoming authentic is hard work! And not always pretty. Occasionally, a moment of grace can make everything perfect, like a bolt of lightning briefly illuminating a landscape, but mostly it is humbling and exacting”.

The Lost Sessions is an exhilarating exploration of what it means to be truly receptive in a world dominated by superficial notions of material advancement and control. It is cogently written, deceptively readable, avoids ever being trite or obvious, and keeps you thinking well after you have put it down. Clearly rewarding and thought-provoking for any reader, I suspect that *The Lost Sessions* may well become a must-read for therapists in general, and trainees in particular!

Biography

Dr Simon Lovat is a novelist and academic. He has an MA in Psychoanalysis and Cinema, a PhD in Critical Theory, and is currently training as a Psychodynamic counsellor at the University of Brighton.

The Lost Sessions is published by Myrmidon Books on March 22, 2022.



Counselling and Spirituality



Ian Boyd

Recently, a client felt he had lost his spirituality. The client's goals did not include "I want to find my spirituality" to him at that stage it was just something he no longer believed in.

I wondered to myself if he thought, that believing in something outside of himself would make him better.

What are the goals of our clients? To reduce the pain of our safety mechanisms, the emotional or physical information that tells us something important to us is happening (Mark Williams) and importantly, not knowing what to do about it. To reduce the number of thoughts filling our mind, build and sustain relationships (to feel belonging, and be able to engage), to get back to our old selves (to access identity) if they remember good times, when we were engaging with others, knew joy and could make decisions, unconsciously confident they could respond to the outcomes.

The self-doubt that creeps in relates to our identity, "is there something wrong with me?" if people tell me there is or if I am like this. Brene Brown regarding identity and the need to feel part of something notes *"true belonging is the spiritual practice of believing in and belonging to yourself so deeply that you can share your most authentic self with the world and find sacredness in both being a part of something and standing alone in the wilderness. True belonging doesn't require you to change who you are; it requires you to be who you are"* (Brene Brown 2021).

As therapists what do we do that helps? We certainly try to create a safe environment from which improvement can arise, a trusting comfortable environment, using trained skills to help people feel they are safe at that moment, listened to, their experience (including spiritual experience) is accepted. We model (as proposed by Bandura), good communication or social skills we suggest to reduce avoidance, consider our thoughts in order to feel more in control of responses, hence, gain insight into identity ("I am saying and doing" from a calmer place using my values, making my own decisions and less captured by safety automatic reactions, behaviours, coping measures).

Therapy is the process to help clients move towards their goals. We can help clients help themselves with the discomfort and pain, (Beck notes, the more we focus on the pain the worse it gets), to identify and respond to unhelpful thoughts, to move towards the ability to engage in tasks or build relationships, comfort in making decisions. When an idea of success arises, so would relief and joy arise, the same automatic bodily response that seems out-with our control (as if from nowhere) as when depression would arise if we feel overwhelmed or hopeless.

Our interventions that work include attending to the present moment, self-reflection and awareness of the situation we are in. Including the internal state of our body and mind. We ask about values and solutions that clients consider or problem solve, offering identity experience, "I am considering", or engagement experience, "I am doing and being a part of this ". Further, we offer deliberate and conscious practice such as homework.

Peter Trower notes that the therapeutic effect comes from "decentring" helping individuals to spend more time in open attention or focused attention in the present moment. Beck and Padesky note the more we focus on the pain the more it hurts. As therapists we psychoeducate on the vicious cycle nature of anxiety/depression, the more we engage in automatic safety mechanisms or coping behaviours the

more the anxiety and depression continue. We help people bring their experiences to their attention, for instance through thought records, and activity diaries, we help with focused attention through worry time, grounding, relaxation techniques, distractions, value-based choice, etc. When our clients notice and accept this experience, it allows for movement towards problem-solving or engaging with tasks or relationships where our attention can go on responses that move us towards our goals.

Gilbert & Choden (2013) suggest that we need to be aware of where our mind habitually goes and learn to direct our faculty of attention in ways that serve us.

Paul Gilbert, describes the evolutionary background to how we got here, and with our “tricky brains” our reactions are “not our fault”. However, he does note it is our responsibility to choose, with motivation, to move our minds with intention to improve and meet the need of this moment. This is the movement from heteronomy to autonomy. We often feel out of control of what arises in us as if it is an outside source. When we identify with our Selves and not heteronomy, we can choose to attend. What arises is not external to ourselves, it is either from heteronomy or from Grace . The action is our own motivated movement of mind, our behaviour comes from that.

Our brain will send us that which relates to what we pay attention to. Lots of things go on in the present moment, all created, we notice and move to what is important to us. Once we settle our state to be our Selves then we can take responsibility for where our mind goes.

Some animals are born with the capacity to live in their environment as soon as they are born. Humans are not so. We are obligate learners. We are born immature but need to learn how to adapt to our, initially, unknown environment. (Robin Dunbar). We have the potential to have physical and mental health, and capacity for human capabilities.

Mental health skills are the same as those that offer the best ability to learn. Learning is important in our development. Without access to learning (adapting to and finding capability to engage successfully in our environment and flourish) the more reduced our capacity to develop human capability. Martha Nussbaum (2004) defended the argument that the purpose of higher education is aiming at the cultivation of humanity.

For Mezirow, one of the benefits of transformational learning was the development of greater autonomy as a person, a defining condition of adulthood (Mezirow, 1997).

It is less important to teach individuals what to learn than how to learn. Vivekananda stated:

“to me, the very essence of education is the concentration of mind, not a collection of facts. If I had to do my education again, I would not study facts at all. I would develop the power of concentration and detachment, and then, with a perfect instrument, collect facts at will”.

If we have the skills on how to learn we have mental health skills too, the main capabilities that help learning are:

- 1 The ability to pay attention (heteronomy distracts us from that)
- 2 Self-motivation, autonomy (less of the behaviourist ideas of reward and punishment)
- 3 Ability to share with others, (engage, build relationships)
- 4 Emotional self-regulation
- 5 Deliberate practice
- 6 Working within a supportive environment
- 7 The ability to make connections between previous experience and new learning

Attachment theory would suggest we need to connect with others to be able to develop and engage.

Although spirituality is personal practice and experience, spirituality is: rooted in human experience rather than abstract theology, involves linking with other people and the universe at large, tending to make people more altruistic, less materialistic and more environmentally aware, and deals with the meaning that people make of their lives, faces suffering and its causes, often uses the word “soul” or “higher self”, a consideration of ultimate reality including using words such as god/goddess without discomfort or conflict or confusion. And can include deliberate techniques such as prayer, meditation, contemplation, mindfulness, yoga and t'ai chi. (William West 2011).

Does the role of spirituality in the client or therapist help or hinder the therapeutic process?

Is religious practice different from spiritual practice? To pray is to follow a ritual, and commandments (heteronomy until accepted by the individual). An example could include liturgy and catechism, the goal of which is “whether something is proposed for belief, for hope or action... virtue spring from love and have no other objective than to arrive at love” (Vatican), offering service to other, sacraments or satsanga (meaning: in the company of; the Self, non-duality of the present moment, God/Brahman, a conversation regarding the good).

In 1980, Albert Ellis wrote in the *Journal of Consulting and Clinical Psychology* that there was an irrefutable causal relationship between religion and emotional and mental illness. (Psychiatric times.) Religious beliefs, practices, and coping may increase the prevalence of anxiety through the induction of guilt and fear. On the other hand, religious beliefs may provide solace to those who are fearful and anxious (psychiatric times).

Although we now have considered support for those with religion-caused mental health problems, Koenig (2001) and colleagues highlight the fact that before 2000, more than 100 quantitative studies examined the relationships between religion and depression. Of 93 observational studies, two-thirds found lower rates of depressive disorder with fewer depressive symptoms in more religious persons. In 34 studies that did not find a similar relationship, only 4 found that being religious was associated with more depression. Of 22 longitudinal studies, 15 found that greater religiousness predicted mild symptoms and faster remission at follow-up.

I would suggest Spiritual practice is experienced by the individual (possibly noticed by others with reciprocity) and benefit comes from our own Selves, not only by doing things as recommended, but by Being, (which includes being autonomous). As we create a safe quiet calm internal environment then what arises from that environment is Grace, Wisdom, Bliss. Noticing we are united and part of all things (offering clarity to our identity and experience of unity hence belonging), we can respond to what arises in mind.

(William West) “many people remain interested in, and awake to, their spirituality.”

Depression is not our fault it is an automatic response to being overwhelmed to that extent. The dialectic of; it is not our fault, is however; we have responsibility for our actions. This can make sense as the point of choice is here, if we were ever taught or supported to learn and practice the human capability of paying attention to the present. Responsibility gives us ownership of our response, a sense of identity, “I” am saying or doing this, I am accepting what arises automatically within me, I notice it and consider it. However, I have the freedom to choose to go with or away from it.

CBT notes the continuum principle where we are somewhere on the emotional regulation, enlightened or Human capability path. If we are motivated to move our attention to the present moment, we can get closer, any movement towards that practice will help in the outcomes. We will not be completely calm or perfectly still or fully able, hence, we all have somewhere to go. We have the same practices as we offer our clients to get somewhere further along; (as far as we want to, can be bothered with or believe in, adapting or keeping within physical limitations if appropriate.)

As we calm and attend to the need of the moment, our response arises, again automatically, to what we attend to. If we attend to a task, what arises relates to the task. If we attend to anxious thoughts what arises relates to the thought, not the task. If our internal environment is improved through a breathing exercise, what arises from that environment is closer to what we are happier with. What arises in the present moment to the need of the moment can be experienced as the best chance of a successful outcome as we are not distracted. All the information needed to be informed of our environment can enter through the senses and be noticed. Hence a successful response can be achieved as well as it can be at that moment, because we can reduce the times we are partly attending to something else or in automatic pilot.

A client of mine recently noted in our final session, "I didn't realise I had improved so much until we reflected on where I had been, I am energised, motivated, can engage with others, can cope with difficulties, and importantly note how I am and do things that take care of me". This seems to happen automatically if homework is done as if by "Grace" as the individual does not feel they can choose how they feel because we cannot unless we consciously make choice when that opportunity arises.

Therapeutic interventions are aimed at bringing about, improvements in attention, greater understanding of identity, relationship building and connectedness, engaging with tasks and others, and personal motivation (note how motivational interviewing improves outcomes for addicts or many people in community support). These are the very skills of human capability, improved learning, mental health flexibility, and the same outcomes of spiritual practice, Maslow's beta values.

I suggest good spirituality, good religion, good philosophy (movement towards wisdom) and good therapy are all to the same end. The obligate learners, learn how to be fully human. If society supported that, supported individuals to move towards autonomy, then humans could say they did their best.

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Biography

Ian Boyd MSc DipCBT BABCP (Accredited Therapist); COSCA practitioner member

Ian is a psychotherapist running his own clinic and working for the NHS. He gained his MSc in Teaching Adults from the University of Glasgow in 2016 and is currently a COSCA accredited trainer delivering the Diploma in CBT with Glasgow Cognitive Therapy Centre.

He spent 12 years with the “School of Philosophy Scotland” learning, practicing, experiencing the variety of teachings about; Self, attention and the present moment and has been doing his daily attention practice for the last 20 years.

Previously he spent a number of years as a Countryside Ranger and Forest School Leader, living and working in the outdoors getting great reward from helping people enjoy and look after the countryside.

When We Are Passively Receptive: further exploration of the therapeutic relationship



Mike Moss

"Perhaps in the coming generations...there will be a few who will dare to investigate the possibility that there is a lawful reality which is not open to our five senses; a reality in which present, past, and future are intermingled, in which space is not a barrier, and time has disappeared; a reality which can be perceived and known only when we are passively receptive, rather than actively bent on knowing". Carl Rogers¹

I am inspired by what I understand of the Person-Centred approach and by some of Carl Rogers writing in particular. In this article I intend to share some of my experience as a therapist and supervisor exploring how reality can be perceived beyond what we may understand as normal, and in therapy in particular, we can create more possibilities by how we respond to the request for help from our clients and understand the transformative opportunities of therapy.

In my experience of being a therapist, helping people to the best of my ability in their time of struggle, something noticeable happens when they suddenly begin to understand something new and their struggle seems to shift, even if just for a moment. It is as if a light starts to shine from them that can somehow be seen by others. Perhaps the letting go of a dark thought or a new sense of the world creates a shift of focus. I recognise this moment inside myself too when I am connecting to the client and also connecting to part of myself.

As I witness the client become more freely able to experience themselves in the world, my world is also changed.

And when I hear the client's suffering and sadness I am affected momentarily where I feel something as if it becomes our struggle. Even though we both have separate feelings and different stories and experiences and unique ways of being, when we connect this way it seems to me this is where the healing starts. To encounter the client's experience from my experience, to hold them as close as can be imagined, that they experience me being alongside them, and I experience them being alongside me, can take us both to a deep connection that somehow transcends our ordinary reality. When I experience something in them that seems to be life seeking, there is a familiar sense of life also seeking life in me too. We both seem to breathe the same breath and it is as if all the threads of our awareness start to connect. All the fibres that hold us together like the roots of a tree, buried in the dark earth and alive from the tips of the leaves, stretching towards the brightness of the sun. I believe at these moments there could be an ancient activation of our cells in synthesis, vibrating towards growth, bringing us together in time, where we can both become deeply charged and changed by each other as we may also experience a desire to grow beyond our knowing. Each moment of soul actualising connectivity, where being alone becomes all one, and being alive becomes all life.

When I look back at all the connections I have made with clients over the years I remember many different levels of intimacy and connection. What is common is that clients talk about feeling lighter after a therapy session, and begin to understand they had been carrying too much on their own, or had bottled up their emotions and now feel more able to start to let them out safely in a supportive environment. It is as if something inside them changes in these moments when they feel lighter. Perhaps a new chemical is produced in them or a new frequency or vibration is experienced.

¹ Rogers C.R (1973) in Kirschenbaum,H & Henderson,VL(Eds).(1990) The Carl Rogers Reader, London,Constable(p.373)

A new thought discovered or an old thought changed, or a new feeling or awareness emerging. Just by talking to another person who is willing to genuinely listen without judgement and trying to understand how it might feel for them. And how wonderful it is for the client to find the way that help is offered may activate something beneficial in their evolution. For example I may try to experience as best I can the world of the suicidal client who talks of their emptiness and hopelessness where they scream silently into their pillow at night. I can attempt to receive their story accurately trying to be alongside them, trying to view the world from their experience as best I can. For a brief moment I may feel elements of their deep despair and pain. Even if I find it difficult to imagine their experience, my endeavour to meet them as honestly as I can may in itself be some relief that someone is trying to understand them. I am a helper, a therapist, and a visitor to their world, and I can encounter their life with compassion, joy and growth and also a belief in their potential for healing. I can also be with a client in my listening deeply and meeting them heart to heart. Yet there is also a part of me aware we may be connected to something larger, beyond the actual physicality of the moment. And this gives me hope. I know I am strong enough not to lose myself in the client's world. This awareness holds me safe in relationship, more than just being present.

I would like to share an example of my work with a client and have changed details to keep their identity private. The intensity of our experience stays the same. I once participated in a visualisation during therapy to help my client reflect on a memory. They wanted to make sense of an experience they once had and asked if I could help. We closed our eyes and I invited them to focus on their breathing gently and imagine a colour breathing in and a colour breathing out.

I then asked them to describe a safe place they could visit and to describe what they saw, and how they were feeling. With me closing my eyes too I was also able to imagine being alongside them. As we progressed deeper into the imaginary experience, they began to describe feeling as if they had left their safe place and had started to float up into space. They said it was as if their body had begun to dissolve and mix with all the particles of the earth. They could see the ground below, their house getting smaller, the vastness of the landscape and then going into the clouds. I was following them as close as I could, and I too felt as if my body was being dispersed in some way. After a while still keeping our eyes closed, they shared a deep feeling of sadness and being completely alone in a vast empty universe. They said they had remembered this place. This heaviness of being stuck in what they described as black darkness. They told me how they used to see the planets at night in their mind as a child before they went to sleep. I was aware of being close to them at this moment and could feel their aloneness. In my imagination I too could see the darkness, and yet I knew they weren't alone, as I was with them. I reached out to them and in response to their solitary sadness I said something that didn't seem to make much sense, however it felt so accurate.

"I didn't know you were there," I said.

It was as if we had already met beyond my understanding, and I was now experiencing a profound memory of being connected to them as being human. I imagined they had felt left behind somehow, and in that moment I experienced their loss as part of me and there was no longer any separation. It was as if I was speaking to part of my own being from a greater awareness.

Even though I knew we were separate individuals, at the same time it felt as if we were indistinguishable, being passively receptive participants imagining a greater encounter of self, being inside something greater than both of us. I somehow had known all this when I had said I didn't know they were there. Later when we talked about our experience they seemed to have shifted from a feeling of being alone, to being deeply met and said it had brought them to life. It was now clear to them every experience they had ever had, was shaping who they are, and who they are in the process of becoming, and they felt they could now start to relate to the world more openly.

I believe there are many opportunities for therapists to participate and imagine more intuitive ways of exploration with their clients, and that there may be territories yet to be explored towards finding meaning and it feels so important we are open to the possibilities. Rogers believed that by providing a psychological climate that permits a person to be, therapists are not just involved in a chance

event, and more than this they may be tuning into "...a potent creative tendency in our universe". He identified this direction towards growth as part of the "actualising tendency" and argued this tendency was present in all living systems and that we may be "tapping into something which permeates all organic life". And as therapists and clients we are engaging in what he called "a life affirming way of being".^[2]

He also considered there were forces in the universe which operate through us when we are trying to help, and found that in rare moments it felt as if he was "in tune" with these forces in the universe, and had experienced these forces operating through him in regard to the helping relationship.^[3]

I like to think Rogers' directional force in the universe is part of a whole system which has many levels, where not only the clients' actualising tendency but also the actualising tendency of the therapist and their relationship with their supervisor are part of a connective system and that the whole system continually changes. I have an image of this system continually expanding and contracting, almost like breathing in and out and also believe what can be imagined and experienced in the process of therapy can also be connected to similarly in supervision. I also wonder if by using an awareness of breath in supervision and in our client work, we may actually be able to connect to something more expansive than ourselves.

Some years ago, I began taking a moment before I met with clients or supervisees to acknowledge the vastness of the potential energy of change we might actually be about to experience together, trusting what emerged would be exactly what is required. I was not planning any outcome, or goals, only being open to trusting the process of meaningful encounter. I sometimes close my eyes and imagine being available to all this and offer my highest and best, breathing in and breathing out. And rather like the client I mentioned earlier, imagining a colour with each breath. It feels like I am able to trust myself being as open as possible and being receptive to whatever will emerge, whether I am a supervisor, supervisee, therapist or indeed a client. Starting a therapy session or supervision session feels like we are both about to embark on a journey not knowing our destination. We may not be consciously aware of every part of growth and healing in ourselves and others, or even how its potential is being realised at the time, however I believe we are always active participants in creating the conditions for change.

Where there is something unique and expressive in our training and experience and actualising, as supervisors and therapists, which can guide us towards offering the conditions of growth being of service to the clients actualisation process. In my experience therapy and supervision are a way of bringing complex thoughts and feelings towards new possibilities, and it is in the safe context of deeply listening and imagining and experiencing what feels right, that lasting change happens. And who knows what else might be awakened when we are able to freely explore what affects us as therapists in supervision. We may indeed be connected to the client's growth as a link in a long chain of life experiencing life, towards their healing and our own, more than we know.

I believe the experience of connecting deeply with another person can take us beyond time and beyond our physical senses towards a sense of universal union, of us being and becoming as part of the cosmos. I believe we are all active and passive participants in this venture, experiencing our own growth while trying to facilitate and enable the growth of another and that we are connected to the same fundamental desire of our ancestors to find meaningful participation in relationship with self, other and the world we live in. We do not step lightly into another's world as client or therapist or supervisor. It may be that in every moment of therapeutic contact, time has no barrier as Rogers suggests, and we are actively participating in millions of years of our evolution, past present and future. Whether in therapy or in supervision it seems to me we cannot ever be completely separated from each other at this profound level. Where an intuitive feeling or awareness can be witnessed and experienced as wisdom connecting to a life seeking force.

2 Rogers C.R (1980) *A Way of Being* New York, Houghton Mifflin (p.134)

3 Rogers C.R (1966) in Kirschenbaum, H & Henderson, V.L (Eds). (1990) *The Carl Rogers Dialogues*, London, Constable (p.74)

Where events we may call coincidence or synchronicity in therapy not only nudge us towards what is intrinsically helpful, but there is a greater awareness of and understanding of the power of transformative energy in the universe.

And finally, it may just be that what affects one part of the system affects the whole system, and that parts of the system, client, therapist and supervisor are changed when they meet. And that we all come together as parts of a larger system, participating in a directional force towards growth and change and healing. And if we believe this, and are passively receptive to this, our previous and current clients and supervisees and future clients and supervisees may also experience we are never ultimately alone, but indeed may be all one.

Biography

Mike Moss is currently employed as a school counsellor and supervisor in Edinburgh. He has worked in a number of voluntary and statutory roles with children and young people and their families for nearly 40 years. He has had a number of articles published on the therapeutic relationship and presented his work at various national and international conferences. He also has a small private practice offering counselling supervision and training and can be contacted at mike.moss@outlook.com



Jenna Fraser

COSCA Recognition Scheme Survey

Results 2022

COSCA Recognition is an opportunity for COSCA Member Organisations to build upon their existing COSCA membership by demonstrating how they meet COSCA's nine ethical principles and the effect they have on the communities they serve. There are currently 31 COSCA Member Organisations who have gained COSCA's stamp of excellence, Recognition. This includes services Recognised under an umbrella organisation, but does not include the new Pre-Recognition Scheme applicants (Pre-Recognition is a service for new and start up organisations who want to demonstrate excellence, but are still building their organisation and will later apply for full Recognition). For more information on Pre-Recognition, Recognition or Umbrella Recognition please see the Recognition Scheme section of COSCA's website or contact the Recognition Scheme Development Officer: jenna@cosca.org.uk

COSCA has been collating statistical information from Recognised Organisations since 2009 and conducting the full Recognition Scheme survey, as it is today, since 2017. These have collected information on things such as how many hours a week of services are provided, how are they provided and funding alongside more topical information such as the effects of GDPR or Covid-19 on ability to provide counselling and counselling skills services. The survey has grown to be a comprehensive, 23 question, yearly snapshot of COSCA's Recognised Organisations and the essential services they provide, both statistically and qualitatively.

This year COSCA took a different approach to the Recognition Scheme survey. As important as it is to secure evidence of the amazing services COSCA Recognised Organisations provide it is equally important not to add to the stresses and workloads of organisations already dealing with the increased demands of the pandemic. This year the survey consisted of one question:

1. What are you particularly proud to have achieved in the past year and would like to share with the other Recognised Organisations?

During autumn of 2022 COSCA's Recognised Organisations were asked to respond to the annual Recognition Scheme survey. Nine were able to complete the survey and their responses are below. I think that you will see a small fraction of the great deal that they can be proud of in the past year.

Our primary success in the past year has been relocation to new premises. Although we haven't moved far in terms of physical distance, we have moved significantly in terms of the service environment that we are now able to offer our clients. The modern, bright and accessible new facility has also allowed us to encourage a return to majority face-to-face service while ensuring client and staff safety post-Covid.

Pam Wilson ACIS

We have been able to maintain a manageable waiting list for our adult generic counselling service. In addition, we have expanded our schools-based service and provide counselling for more local schools. Despite pressures and limitations, we continue to strive for a professional, high quality service. Importantly, we have also gained COSCA Recognition for our service this year!

Feri Collins CrossReach Counselling Scotland

Over the past year we have recruited twelve new student counsellors. We organised for all students to work on the same day in the organisation offering face to face sessions with their clients. We have worked closely with them and with good structure and support in place, this has helped the students to develop well.

Liz Trodden FDAMH

With the record of people living in Glasgow who have alcohol addictions at an all time high, over the past year, we are proud to have offered over 6000 counselling appointments to help clients reduce the amount of alcohol consumed, support with relapse or to maintain abstinence. Clients who are going through a really difficult time may be due to trauma, bereavement, loneliness and social isolation.

Our staff, volunteers and student counsellors take a holistic approach to supporting clients by linking them with our other internal services including, Wellbeing Services, Women's Service, Befriending Service and Employability Service. This enhances client's focus, structure and routine into their daily lives. We support clients through many stages of their lives.

Whilst receiving counselling, clients have the benefit of other staff working with them through 121 and group support to enhance confidence and self-esteem, improve social interaction and networks, reduce isolation, support with tenancy, money matters, crisis intervention and family dynamics. For some clients, they are encouraged to take part in courses, move into volunteering roles, which has a positive impact on their lives, as they have a focus, a reason to get up in the morning, and a plan for the day.

Ali Smith GCA

For us there are several areas we are proud of last year, not least achieving our COSCA Recognition again, with a successful annual monitoring or securing the funds for a new women's service and securing extensions on 2 other much needed counselling services.

However, our main source of achievement and pride is the way in which our team of employed staff, volunteers and student placements responded to the return to working at full speed after the end of the restrictions of the Covid pandemic. During lockdown our team turned into a well-oiled machine, delivering food parcels, essential household items and support to some of the most vulnerable people in our communities. This was a very different aspect of work for many of them, yet they made such a fantastic effort and really made a difference in our community. Once the restrictions lifted, they returned to providing counselling sessions not only eagerly but with such renewed energy, having witnessed first-hand the challenges many of our clients face. They are a credit to themselves in every respect as they worked hard to the ever increasing referrals, our staff and volunteers also provide support encouragement and time with our student placements which hopefully ensures good therapists join the discipline. Overall lots of achievements and much to be proud of and grateful for this year.

Margaret Halbert Liber8

We achieved the Queens Award for Volunteering. We are very proud of our volunteers, we work very hard at being an inclusive team, which has been challenging during lockdown, however we have come through stronger.

Aly Smith Lochaber Hope

We are very proud to have returned to in-person working at the earliest opportunity, and to have been able to maintain this throughout the year despite continuing high levels of concern about the coronavirus. By declaring ourselves an "in-person service" but continuing with the option of remote working at the request of either client or counsellor, we have been able to maintain our usual high levels of client sessions, and to provide placement students with valuable in-person experience. Both of these are important to our charitable objectives.

We are also proud to have successfully introduced new technology to support the efficiency and effectiveness of our counselling for clients and counsellors. This has included a web-app to ease our counsellors' session admin, and cashless donation technology which enables the money transaction to remain part of the therapeutic relationship.

Matthew Haggis PF Counselling

To have continued to expand through the great increase in referrals meaning that we can continue to support those most in need through mental health and trauma challenges. Maintaining a high standard of support has been essential and we are particularly proud that we have done so.

It has been a very tough couple of years for all and I am so pleased that people have been able to continue to receive support from all the organisations Recognised by COSCA.

Ashleigh Cormack Rowan Consultancy

We are proud to be a continuing provider for students in colleges and schools, in both public sector and private schools, across Scotland.

Services within educational establishments can be challenging both due to complex issues arising for students and due to managing communications with the team around the student. We have grown and learnt while managing issues such as privacy, confidentiality and safeguarding and have risen to challenges arising in managing appropriate boundaries.

We have contributed to growing awareness amongst guidance and teaching staff of what a counselling service can offer, which is distinct from other wellbeing support within educational settings.

We have continued to support public and private sector employees and organisations, across Scotland, by delivering high quality employee assistance counselling during a time where staff and organisations have reported significant workplace demands and pressures contributed to by the Covid-19 pandemic and the cost of living crisis.

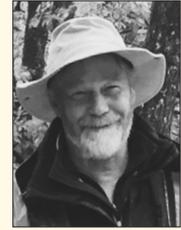
Janine Rennie Wellbeing Scotland

As you can see COSCA Recognised Organisations have risen heroically to the challenges presented by the pandemic and have continued to thrive. It may be a change to new premises, expanding existing services, gaining COSCA Recognition, good structure and support for students, continuing to offer counselling and holistic support, having and supporting amazing staff, volunteers and student placements, gaining the Queen's Award for Volunteering, returning to an in-person service, but with added flexibility and new technology, expanding while maintaining a high standard of support, or continuing to support students, employees and the community, but there will be many more that these Recognised Organisations and those who were unable to participate will have achieved without even taking the time to realise what great accomplishments they have been.

I hope that they, and you reading this, will take at least a few minutes to remember the past year and think about what you have achieved in a time of global trauma and uncertainty. It can be very easy to focus on "what went wrong" or "how I can improve", but it is even more important to take the time to appreciate the triumphs. There may still be many challenges to come, but I hope that they will not obscure the efforts that have gone into getting to this point right now.

Biography

Jenna Fraser is the Recognition Scheme Development Officer for COSCA helping organisations to gain COSCA Recognition and provides support for the Recognition Scheme community.



Rab Erskine

Nature Based, “Contact” Orientated, Therapeutic Experiences (Person-Centred Eco-Therapy)?

An attempt at an overview

“Humans have evolved into what they are today after the passage of 6–7 million years. If we define the beginning of urbanization as the rise of the industrial revolution, less than 0.01% of our species’ history has been spent in modern surroundings. Humans have spent over 99.99% of their time living in the natural environment. The gap between the natural setting, for which our physiological functions are adapted, and the highly urbanized and artificial setting that we inhabit is a contributing cause of the “stress state” in modern people.”^[1]

I have had the privilege of working professionally, using the natural physical environment as my working context for over thirty five years. The majority of this professional life has been offering engagement to people who met the criteria, identifying them as suffering from severe and enduring mental health problems.

I describe my way of working as being nature-based as I try to base all my client work in natural woodland settings but also because I try to remain as close as possible to my clients moment to moment “here and now” experiencing of the situation, putting all my trust into the forward directional tendency of the human organism (the actualising tendency).

I also describe this way of working as being Pre-Therapy or Contact orientated as more and more I have come to realise the enormous benefits of working with the structure of a “Contact” orientated focus, attempting to stay very closely connected to my clients experiencing as we journey/ take part in activities in the natural environment.

“Feeling connected to someone else, or to the group in which we live, even to the planet itself seems a basic human need. Its absence may result in feelings of isolation, alienation, loneliness and depression.”^[2]

In nature journeys, there is a wealth of opportunities to notice and where appropriate, verbalise situational and other reflections as a way of attempting to access and bring into the field of awareness these moments. In this way journeys involve moments of observation, reflection and delicate negotiation on how to “be with” ourselves, our environment and each other.

In 1957, Carl Rogers wrote a paper which was published in the Journal of Counseling Psychology (vol4, no 3. P199-203) In it he states:

“Man’s behaviour is exquisitely rational, moving with subtle and ordered complexity towards goals his organism is endeavouring to achieve. The tragedy for most of us is that our defences keep us from being aware of this rationality, so that consciously we are moving in one direction, while organismically we are moving in another”.

In Contact orientated, nature-based work, the therapist’s role is to try and remain fully present in each moment, naming his/her own experiencing and, if possible, (observing and using situational reflections) the therapist can wonder out loud about how the other(s) are experiencing this moment or sensation.

1 International Journal of Environmental Research and Public Health , Physiological Effects of Nature Therapy: A Review of the Research in Japan, Choron Song, Harumi Ikei, and Yoshifumi Miyazaki. 2016.

2 Taken from: On connectedness – A Humanistic, Biological View, Tony Merry, Person-Centred Practice Volume 8, No.1 Spring 2000.

Not everything has to go well. It's about being present in the moment and using contact principles to voice and invite other(s) to notice the different feelings and sensations that arise out of that moment.

As the therapist then, my task is to be accepting of the experience, whatever it is. Starting the fire doesn't go well and, for a period of time, the task is unfulfilling. The normal process of getting the kettle boiled in order to get a cup of tea or coffee is "on hold". At these moments the invitation is to stay with how it feels to be in this moment for both myself and the client(s). I am less focused on emerging themes and more aware of the trying to remain in contact with this particular piece of emerging experience.

Where to begin

What follows is an attempt at beginning the task of trying to describe this way of working in more detail. It is, in part, a personal journey, a brief description of some of the theories, systems and people that I have encountered, had the privilege to work with, and professional practices I have amalgamated over the years. However, task of describing this way of working feels enormous. As Dion Van Werde describes it:

"It's no easy task to present this kind of work. When written down, reflections tend to look too simplistic and mechanical. Beautiful moments of delicate interaction, receptiveness for the existential situation, the necessary playfulness combined with a sincere and close compassion are hard to transfer on to paper".^[3]

This write-up is also about my own struggle with the (to me, somewhat limited) physical context within which most counselling/therapy takes place. Admittedly, the "one hour a week, in a room with two chairs and a cheese plant" context is enough of a working environment for a lot of clients but, for many others (I would argue), it is not enough.

Like starting a jigsaw puzzle, this article is also an invitation to explore with others, this much larger working/therapeutic context, and only by beginning the journey will some of the clarity hopefully start to emerge.

"Spending time in wild places, has been valued throughout history as one of the deepest sources of replenishment. Intentionally or otherwise, mental health and outdoor activity have always been linke".^[4]

Although the task of moving out of the therapy room will seem daunting, most of the needed theory and practice methods are already available, a lot of them from within the Person-Centred and Experiential Psychotherapies framework.

We know the value of the core conditions; Carl Rogers started researching the necessary conditions as far back as the 1930s. Garry Prouty, Margaret Warner, Dion Van Werde, alongside many others, have developed a much clearer model of Psychological "Contact" supporting individuals who do not find engagement easy. Eco-Psychology and Eco-Therapy have begun to address the professional issues related to moving outside the therapy room. Emotion-Focused Therapy, Focusing and Pre-Therapy are accessible evolutions of the Person-Centred model which introduce the idea of teaching a system for re-learning how to be more fully present in the moment-to-moment reality of daily life, feeling, reflecting and processing existential/phenomenological moments. Shinrin-Yoku and Biophilia are examples of available, published, well-researched data providing evidence of the physiological benefits of being in nature. Mountain Leader training programmes, outdoor leadership, forest schools and activity based first-aid training and situation management can equip individuals to act responsibly in terms of physical safety.

What is left to do is join all the bits together, without losing any of the integrity of the therapeutic relationship.

3 Pre-Therapy reaching contact impaired clients, Garry Prouty, Dion Van Werde, Marlis Portner, PCCS books, 2002.

4 Ecotherapy in Practice, Caroline Brazier, Routledge, 2018.

Attitude towards nature

It's now over thirty years since Carl Rogers died. In his book *A Way of Being* (Houghton Mifflin, 1980, p351), he sketched out the qualities of the person of tomorrow. In it he includes:

"Attitude towards nature. They feel a closeness to, and a caring for, elemental nature. They are ecologically minded, and they get their pleasure from an alliance with the forces of nature, rather than in the conquest of nature".

I feel sad that, in almost 40 years since this statement was published, the majority of humankind may be just at the very beginning of moving towards something more akin to the above description.

The world we live in seems to be only very recently starting to communicate a growing sense of awareness of the need for a re-connection with nature (and perhaps a more natural structure). Everywhere, there appears to be evidence that we are moving further and further away from the natural connections and the way of life needed to survive in a sustainable way.

Societies still seem to be working with a model that is based on "Unlimited Economic Growth", and yet it is very clear that we live on a planet that has a "limited" supply of resources to offer. It's like we are allowing ourselves to be driven by greed rather than a need for sustainability. The whole ecological system is moving further and further out of balance and we appear to be heading towards a no-return point of extinction level disasters.

In therapy, like most other systems, practitioners are being asked to work with less and achieve more.

Theodore Roszak, in his book *The Voice of the Earth*, (Phanes, 1992, p86) quotes Sudhir Kakar, when he observes that:

"modern psychiatry, at least in its classic Freudian form, differs from traditional therapies in emphasising "text" over "context". By "text" he means the private life of the patient treated as a self-contained story of an autonomous individual. This sense of heroically embattled identity is strongly embedded in western society's commitment to the reality of the personal soul. . . As a basis for psychotherapy, this tight focus upon the self-as-text makes healing of the wounded soul a lonely, purely intrapsychic struggle".

So, where did the idea of having to be so tightly bound come from?

Historically, counselling and psychotherapy seems as if it has always been offered as one hour a week, from within a room setting. As mentioned above, normally, there is a neutral, somewhat clinical atmosphere to the room, with two chairs and a simple level of furniture that provides for a comfortable/neutral setting. At times there will be a nice plant or two and, almost always, a small table with a box of tissues on it. Sometimes the client will be offered a drink or a bottle of water, and a glass will be provided. Alongside this there will be clear boundaries. A client saying, I am hungry and have not eaten today can be listened to and empathically responded to, but more than likely, the client will not be fed.

Occasionally, a counsellor or therapist will offer to make the client a sandwich and the issue will be taken to supervision to be discussed with an exploration around ethics and boundaries. Codes of conduct will encourage us to hold on to the edge that states: I am responsible "to" someone but not "for" them. I can be "present" in an emotional/psychological relationship with them, but only under very clearly defined limits do I venture out of this "segment" of engaging. Professional codes of conduct and ethics are really important in order to reduce abuse, offer good clear role modelling and a necessary level of professional conduct. Clear contracting is vital, but does almost all counselling/therapy have to happen in the one setting?

In his first book: *Counselling and Psychotherapy*. (Houghton Mifflin, 1942, Preface), Carl Rogers highlights:

“In the period of the 1920’s the interest in the adjustment of the individual was primarily analytical and diagnostic. In social work it was the period of the flowering of the case history; in psychology there was a lush tropical growth of tests; in psychiatry multi-syllabled diagnostic labels blossomed into elaborate diagnostic formulations. Never has so much been known about the individual. As time has gone on, however, these groups, and others with similar interests, have been given more consideration to the dynamic processes through which adjustment is improved. The balance has definitely shifted from diagnosis to therapy, from understanding the individual to an interest in the processes through which he may find help. Today the professional worker who is concerned with the adjustment of the individual wants to know how he may become more effective in therapeutic ways in assisting the individual to readjust”.

In the Scottish Borders there is a saying “Its aye bin”. It means it has “always been this way”. I wonder if, although as stated in the above quote, there was a time when the shift was from diagnosis to treatment, some aspects – like examining the physical setting within which counselling and therapy take place – may well have been overlooked. The “two chairs and a cheese plant” setting may be good for consistency in terms of research or evaluating the relational side of the encounter, which is necessary, but is it sufficient?

Perhaps, simply, the starting point of the counselling/therapy industry was in itself clinical and therefore the physical context was that of the hospital consultant. It seems likely that this standard setting became the primary working context without much consideration for individuals who may not be able to (for many reasons) access this more clinical setting.

Social Psychiatry

There are a few exceptions to the “one-to-one” or “group therapy” setting. Maxwell Jones (identified with one of the most valuable contributions of social psychiatry, the concept of the therapeutic community, first developed the model during the Second World War when working at Maudsley Hospital, in London, and faced with large numbers of patients suffering from “effort syndrome” or neurocirculatory asthenia. Modern internet searches identify this as “soldiers’ heart” or, in modern diagnostic language, Post Traumatic Stress Disorder (PTSD).

“Initially, we carried out extensive physiological studies, providing a reasonably clear understanding of how these symptoms were produced. We wished to pass on this knowledge to our patients and, as they all had similar symptoms, it seemed appropriate to meet with them as a body.

“This was my first experience of large group therapy involving a population of about 100 patients to 6 staff. We started in 1941 with a very didactic series of talks, but rapidly my colleagues and I realised that the patients learnt a great deal more about their condition if they were fully involved in a two way interaction and discussion with us.

And so, almost imperceptibly, we moved from the idea of teaching with a passive, captive audience, to one of social learning as a process of interaction between the staff and the patients. By the end of the war we were convinced that people living together in hospital, whether patients or staff, derived great benefit from examining, in daily community meetings, what they were doing and why they were doing it”.^[5]

Over the next 14 years he worked with British ex-prisoners of war and went on to develop “transitional communities helping to rehabilitate men who had been shut away from normal society”.

“It was during the twelve years I spent at the social rehabilitation unit that my colleagues and I developed further the concept of the therapeutic community. We began to understand that, in addition to the therapeutic efforts of the trained staff, a very important potential for the support and cure of each patient existed in the sorts of relationships and attitudes which prevailed among his fellows on the ward and in the hospital”.

5 Social Psychiatry in Practice, Maxwell Jones, Pelican, 1968, p16)

In 1962, Maxwell Jones took over the position of Physician Superintendent at Dingleton Hospital in Melrose, Scotland. This hospital had been the first psychiatric hospital in the western world to develop, in 1949, an "open door" policy, while under the leadership of Dr George Bell. At the time Edinburgh was seen as the centre of excellence for training of medical practitioners, and Maxwell Jones saw the Borders region and its people as a sensitive enough culture and with a knowledgeable enough medical network to support the development of his model.

Pre-Therapy and Contact work

In attempting to be "Contact" orientated while working with individuals and groups in a nature setting my expectation is that, although the individuals or members of any group should be functioning on a congruent level with our shared "hard phenomena" reality, there will be aspects of working with their "soft phenomena" reality that will include levels of contact impairment (due to elements of shutdown, overwhelm and/or emotional freezing). Margaret Warner describes psychological contact as being divided into two areas:

"soft phenomena" (self, intentions, purposes, emotions or attributes of character) and "hard phenomena" (physical objects, etc.).^[6]

It is in these soft phenomena areas that I want to try and support a strengthening of "Contact".

"Psychological contact" is the central organising concept for our psychiatric ward milieu. "Contact", which is seen as an antidote to psychotic alienation, from which all residents suffer, is the key word of the whole approach. The aim of such an approach is to restore and strengthen the ineffective Contact Functions so that basic contact with reality, affect, and communication becomes possible again. This all happens within a person-centred framework.

There is a conviction that we have to offer the patients the right conditions, so that it becomes possible again for the patient to use his or her own proactive forces, be it within the definite boundaries of vulnerability and scars from past history. This is taken very broadly and is inspired by Roger's notion of the fully functioning person.

In summary we try to guide the patients (and ourselves) from a therapist-patient interaction that is characterised by interpreting, taking over, authoritarian, controlling, structuring, product-focused, judging; from an activity that is characterised by being repetitive, superficial, empty, dull, obligatory;

From a level of functioning that is psychotic, inhibited, bizarre, isolated, non-accessible, insecure, covered-up, frozen; towards a functioning that is experiential, process-orientated, anchored, in-touch, shared, decided, active, creative, varying, concentrated, enjoyed and in process.

Basic to all this thinking is that we try not to deny psychosis, nor hide it, nor patronise the client. We see psychotic behaviour as pre-expressive behaviour. That means we see such behaviour as a way of expressing meanings that are there, but not yet fully in process or available to the person.

This approach can be aimed at either restoring absent contact, or at strengthening fragile contact. It is interesting to mention that these efforts can be done without neglecting the other tasks that we have to do.

This approach can be taught and measured. But most of all, it gives people tools to put forward a fundamental empathic and genuine way of taking care of people with psychotic features".^[7]

6 Rogers' Therapeutic Conditions: Evolution, Theory and Practice. Volume 4 Contact and perception, PCCS books, 2002, p76.

7 Pre-Therapy reaching contact impaired clients, Garry Prouty, Dion Van Werde, Marlis Portner, PCCS books, 2002.

One example of “Contact”. (Taken from: Winnie the Pooh by A.A. Milne, Egmont, 1926)

“Outside his (Winnie the Pooh’s) house he found piglet, jumping up and down trying to reach the knocker.

“Hallo Piglet”, he said

“Hallo Pooh”, said Piglet

“What are you trying to do?”

“I was trying to reach the knocker”, said Piglet. “I just came round...”

“Let me do it for you”, said Pooh kindly. So he reached up and knocked on the door..

“What a long time whoever lives here is taking to answer this door”. And he (Winnie the Pooh) knocked again.

“But Pooh”, said Piglet, “it’s your own house!”

“Oh!” said Pooh, “so it is”, he said. “Well let’s go in”.

In wanting to be fully in “Contact” with someone, as in the example from Winnie the Pooh in the above extract, we need to almost suspend our own focus and pick up the focus of the other. In order to be in “Contact”, in order to fully embody the empathic responses, we have to be willing to be alongside the other (as if) we were in their shoes.

In his book, *The Other Shore*, (Palm Leaves Press, 2017, p34) Thich Nhat Hanh includes a short chapter titled *The Way of Understanding*. In it he states:

“When we want to understand something, we cannot just stand outside and observe it. We have to enter deeply into it and become one with it in order to really understand. If we want to understand a person, we have to feel their feelings, suffer their sufferings, and rejoice in their joy. The sutra uses the word “realisation” to mean “full” or perfect comprehension. The word “comprehend” is made up of the Latin roots com, which means “together”, and prehendere, which means “to grasp or pick up”. So, to comprehend something means to pick it up and be one with it. There is no other way to understand something”.

Perhaps this is similar to what Mick Cooper is highlighting in the chapter *Embodied Empathy*:

“In this mode of embodied attunement, the therapist is not resonating with specific thoughts, emotions or bodily sensations, but with the complex, gestalt-like mosaic of her client’s experiencing as it emerges into the world”.^[8]

In Pre-Therapy, with clients who are experiencing what Dion describes as “Grey Zone functioning”, there is an invitation, as the therapist, to be outwardly verbally reflective, commenting in the clients soft (and, when needed, hard) phenomena, trying to strengthen the level of Contact.

In nature-based work there are many opportunities to notice and reflect on my own and my client(s) experiencing, verbalising my own reflections, alongside inviting other participants, through the use of tasks and verbal reflections, to find language to symbolise their own experiences and perceptions.

Walking through the woods with someone, I can be aware of how I am relating to my surroundings as well as becoming aware of how the other person/people I am with, appear to be encountering this setting.

Some people walk without looking outwardly, some are not apparently aware of their surroundings or, for example, that the pace they are setting is much faster than I can cope with. At these junctions, there is an opportunity to reflect and include my observations to the other in a way that, hopefully, brings them into contact with this.

8 Rogers’ Therapeutic Conditions: Evolution, Theory and Practice, volume 2 Empathy, 2001, p223.)

Caroline Brazier, in her book *Ecotherapy in Practice* (Routledge 2018, p52) describes the model she has been developing. She names it as "Other-centred approach".

"Other-centred approach offers a particularly appropriate framework for working outdoors. The environment in all its richness is populated by a plenitude of others, mostly in the form of non-human life, ... Other-centred approach is grounded in Buddhist thought. ... Other-centred approach sees people in the context of the conditions of their lives. It sees the way that people identify themselves as being intimately linked to their perception of things. The method focuses the attention of both therapist and client on this perceptual world, conceptualising the therapeutic relationship as effectively triangular (the client, the therapist and the client's perceptual world)".

Caroline includes a reference to Martin Jordan's work:

"Although coming from a different theoretical perspective, Martin Jordan also reaches similar conclusions about the importance of exploring the interface between the client's projections and the reality of the environment".

So similar to the concept of Contact. Beginning any therapeutic task, I will be observing and trying to respond to the whole of the contact spectrum.

In his book; *Relationship at the Centre, healing in a troubled world*, (Whurr Publishing, 2005,p48) Godfrey Barrett-Lennard states:

"I think much more than I used to about the kinds of worlds my clients live in, and am considerably more attentive and attuned to what they tell me on this level... I sometimes wish I could be present with them in an outside context they are struggling with".

Certainly, as many examples of evidence-based research have shown, spending time in nature will support the reduction of heart rate, blood pressure and increase their physiological system's ability to deal more effectively with stress, offer them a better quality of air and a physical environment that just feels more natural and calming.

With Contact impairment symptoms, themes will be present about trusting self, environment, and others. Offering simple structured therapeutic experiences with achievable, well-spaced out tasks and plenty of listening and processing time, a greater level of observations are available (to both client and therapist) in a much wider context than in a therapy room.

Trauma's effect on nervous system response

"If we have unresolved trauma in our past, we may live in a version of perpetual fight-or-flight.

For some trauma survivors, no activity successfully channels their fight-or-flight sensations. As a result, they feel trapped and their bodies shut down. These clients may live in a version of perpetual shutdown.

As counselors, we might recognize this shift from shutdown to fight-or-flight in a client's move from depression into anxiety. If clients live in a more dissociative, depressed, shutdown manner, we must help them shift temporarily into fight-or-flight. As clients experience fight-or-flight intensity, we must then help them find a sense of safety. When they can sense that they are safe, they can shift into their social engagement system".^[9]

When the therapist is able to hold a "sensitivity to intrusion" in their awareness when working using Contact principles, in nature, then these observations and reflections are able to be used to identify and, if possible invite an exploration of these awarenesses. At its least, these moments can be informative to the therapist, offering clearer guidance around which activities or experiences will be charging or inflaming the raw edge of the clients experience.

9 Counselling Today, Polyvagal theory in practice by Dee Wagner. 2016.

Whether setting-up camp, starting a fire, making soup, or walking through a natural woodland setting, the therapist needs to be aware of how others respond to/in this situation, and the therapist needs to be offering opportunities to bring into awareness (through reflections) the perceptions of the clients and the therapists process.

Physical tasks in therapeutic groups

Nature based group sessions include simple, (necessary and understandable) tasks interspersed with times for group discussions.

Chris Deleu and Dion Van Werde wrote a chapter in: *Person-Centred Therapy a European Perspective* (Sage, 1999) titled: *The Relevance of a Phenomenological Attitude when working with psychotic people*. In this chapter the authors highlight:

“For us, this work essentially situates itself between two poles: following the experiential process of the client on the one hand and offering and working with the shared reality on the other”.

Gary Prouty’s model is presented as a model developed for working with psychotic clients. Van den Berg’s four step model is presented as a way of describing the work of the authors observation-training group.

The thread running through the examples is the translation of a phenomenological attitude into the daily praxis of how therapist or client can work with material that presents/announces itself, be it in a hallucination, a disturbing sound or something in the natural environment.

In practice, we continuously have to choose between reflecting and offering opportunities to engage with the shared reality”.^[10]

When I.T. Stood for Intermediate Treatment

When I first started in social work (1985), I.T. stood for *Intermediate Treatment*, a form of intervention where groups of children would be offered an activity based forum.

Intermediate treatment: *a form of care for young people in trouble that involves neither custody nor punishment and provides opportunities to learn constructive patterns of behaviour to replace potentially criminal ones.* Intermediate treatment definition and meaning | Collins English Dictionary

In his article entitled *Group Work in Intermediate Treatment*, (*The British Journal of Social Work*, Volume 8, Issue 2, 1 January 1978, Pages 127–144,) John Waterhouse states:

“In relation to the debate about “talking” and “doing” in intermediate treatment, it is suggested that a model of group work practice that distinguishes between “activity as an end in itself”, “activity as a means to an end”, and “focussed discussion” may be helpful to group workers in conceptualising the totality of their task”.

In Gary Prouty’s development of the Pre-Therapy model, he highlights the benefit (while journeying alongside someone’s existential world) of using an on-going stream of contact reflections to strengthen awareness:

“Mankind is spatially constructed”. We live “in” space. Spatiality is a concrete part of our reality. Things and people are bound up with space. Space is a deep part of our reality sense.^[11]

10 The Relevance of a Phenomenological Attitude when working with Psychotic People, Chris Deleu and Dion Van Werde, chapter 15, *Person-Centred Therapy A European Perspective*, Sage, 1998.

11 *Theoretical Evolutions in Person-Centred/Experiential Therapy, Applications to Schizophrenic and Retarded Psychoses*, Garry Prouty, Praeger, 1994)

Bush/camp craft skills can be helpful to share, from an educational as well as an experiential perspective. Individuals are invited to take part in the activity in whatever ways they can. We talk about the process of making fire using traditional methods, and teach about the different skills that we need to become proficient with, before the task can become achievable. Individuals are supported in getting drawn into working with the materials and they often start to begin to look and move around them more.

These moments create opportunities for growth as the following quote highlights:

"Recent revolutionary developments in neuro-science and psycho-neuro immunology have established solid evidence of the intricate two way communication between mind and body. In identifying complex "neuro-peptide messengers" researchers have discovered many pathways by which mind and body mutually communicate".

Three fundamental discoveries of current neuroscience will forever change the way we understand human nature.

The first is that novelty, enriching life experiences, and physical exercise can activate neurogenesis – new growth in the brain – throughout our entire lifetime.

The second is that such experiences can turn on gene expression within minutes throughout the brain and body to guide growth, development and healing in ways that could only be described as miraculous in the past. Like lightning and thunderclap, these two discoveries are so startling and unexpected that we hardly know what to make of them.

The third discovery follows as a natural implication of the first two. We now really know that "every recall is a reframe". That is, whenever we recall an important memory, nature opens up the possibility for us to reconstruct it on a molecular-genomic level within our brain. That is, we are constantly engaged in a process of creating and reconstructing the structure of our brain and body on all levels, from mind to gene".^[12]

Tasks will offer a level of perceived risk but will hopefully not include any element of real physical risk. In their book "The promise of wilderness therapy" (experiential education, 2008, p59), Dene Berman and Jennifer Davis-Berman describe the edge of learning:

"In our wilderness program we try to eliminate real dangers and uncertain outcomes for two reasons: firstly, we believe change occurs most readily when people feel safe, also, we don't want to expose our clients to unnecessary risks. Instead we believe that personal Change can be stimulated by introducing activities in which there are some perceived risks but a very low probability of actual physical harm".

Alongside the many benefits of working with nature, the tasks will offer "getting to know yourself in this moment and in this situation" (mindful) experiences that will have a focus on reflection and expression, alongside some simple environmental activities in order to support a stronger sense of connection with the natural surroundings.

In order to make this a readable size, I need to find some way to halt this (hopefully first of a few) articles. It feels like I am offering something that is very "bitty". Perhaps in a few years' time this write up or description will be full and complete as a description but for now (like starting to build a jigsaw) I have to roll up what I have managed to put down so far and put it safely away until there is time to do more.

Let me finish with another brief quote from Carl Rogers (Carl R. Rogers, *A Way of Being*, Houghton Mifflin, 1980, p44)

"I like my life best when it faces outward most of the time. I prize the times when I am inward-looking – searching to know myself, meditating, and thinking. But this must be balanced by doing things — interacting with people, producing something, whether a flower or a book or a piece of carpentry".

¹² The Psychobiology of gene expression, Ernest L. Rossi, Norton, 2002

Introducing some of the people and more of the context

In the last edition of PCQ I began to introduce my experience of working using the Nature based, contact orientated model, including some of the sources underlying the way of working.

In this article I offer a clearer description of my own professional journey, begin to introduce a couple of examples of the people I met during these years, alongside continuing to introduce the working context.

In the two articles that are to come, I will present more detailed working examples of how this approach has created valuable moments of therapeutic engagement, then in the fourth article I will bring it all up to date by introducing examples from the present working model.

Groups at Glengaber Cottage 1995-2016

I am sitting in a quiet room, at last released from the chores that build up before and during any residential experience. The room breathes, it listens through the quiet and vibrates with the recent echoes of people, noises, smells, emotions, energies and sounds. The walls still hold some of the warmth from the wood burned and the body heat. Within a few days the house will cool down and return to the state of waiting patiently.

The weekend is over, the people are returned to their normal living situations. Bob away in his own car, Joe on the bus, Jack dropped off at the door of his block of flats secure in the knowledge that his dad waits upstairs for him. Rod and Arran were dropped off back at the unit. I wonder how they all feel. How will this most recent three day and two night experience weave itself into the tapestry of their day to day life?

Certainly, there will be the photographs to follow in a few days. 120 pictures of faces, scenes, landscapes, that when viewed may transport the viewer back (momentarily) to a weekend full (in my opinion) of nourishing, enriching, individual/group/community moments: cooking and baking together, collecting wood, washing dishes, watching the birds fly and seeing shapes in the clouds, lighting fires, holding long sticks over the fire to toast marshmallows, chatting, joking, having loads of cups of tea, laughing, telling stories, listening to stories, singing songs, taking part in a tournament of horseshoe throwing (Bob says it's called "Quoits" in Yorkshire and Northumberland)

In the last seven "Going Places" annual camps Rod and Jack have been four times, Bob (who walked in, on his own, on the Saturday, with all his own camping and cooking kit – *see client description near the end of this write up*) had been on the first summer camp eight years back. When I first met Bob, he was "detained" in the unit and under threat of being sent to a secure unit because of his unmanageable behaviour and level of mental disintegration. Now he lives independently in the community and runs his own life successfully with little in the way of support.

We survived sleeping out in minus five degrees. We soaked up three days full of autumn sunshine. We probably all smell of wood smoke from the tipi fire.

"Same time next year" they all say. "Can we stay longer next time"? Some of them want to know. Certainly (funding allowing) there will be a next time and that feels so important in the lives of the individuals who took part in this experience.

At the end of the three days we gathered round the fire to make figures out of modelling clay (normally we dig up clay from the stream bank but the ground was frozen). John made a green horse, Bob a piece of chewing gum, Rod a small head with eyes and a hat, Joe a three coloured twisting, interwoven strand, me a tipi shape, Ruby (consultant psychiatrist) a flame and Aileen (occupational therapist) a fire. As we work with the coloured modelling clay, there is an accompanying dialogue flowing round the table with each person saying something about how the weekend had been for them. What they remembered most etc.

There are two members missing from this final activity. Munro – the nursing manager – who could only stay the one night – (all staff on the residential are volunteers who offer to contribute to the experience in their own time) and Don who we took home yesterday as a precaution and as a way of drawing a line between acceptable and risk-taking behaviour. Don, after being asked not to, had found – and we believe consumed – some magic mushrooms. Since Don lives in the community he has the freedom to choose the way he lives his life but, due to the wilderness setting within which the experiences take place (the cottage is two and a half miles from the nearest tarmac road, and although there is an old drove road dating back to the 1800's, which allows us vehicular access up to the cottage, and a 4x4 Land Rover stationed on site), we have a very clear "No alcohol or illicit drugs while on the weekend" policy.

In the eight years of the "Going Places" project this is the seventh annual camp. Two of the members from the group have been here before, when I ran a company called "Walk and Talk Experiences". They were receiving support from a community based mental health support group for 16 to 21 year olds. Arran had been here fifteen years ago and Jack seventeen years ago.

The cottage has changed little in the last seventeen years. What feels vital is that it has been here all this time. I asked Arran "Has it changed much in fifteen years?" "Very little" he says. "The table is bigger and there is a new tipi, but I am sitting in the same chair I sat in back then at the age of twenty one".

An example of growth

One main difference for me is the trees. For seventeen years we have been planting trees and bushes in the half acre of garden ground. When I took over the lease, the property had nothing but a fenced-in area of grass, surrounded by miles of open sheep grazing land. By 2016 (within the property boundaries), we had established hedges, paths, terraces for tents, areas to sit, raised beds to plant vegetables, lots of fruit bushes (raspberries, gooseberries, redcurrants, blackcurrants, blackthorn bushes and, perhaps most importantly, over 150 native trees.

In the latter few years, since the trees planted in the garden became mature enough to bare flowers and berries, small Rowan trees (a native species also known as mountain ash) have begun to appear in the heather moor to the north west of the cottage. These tree seeds are transported by the small birds who visit the Rowan trees established in the garden. The birds (as nature intended them to) eat the red berries and later excrete the seeds. The heather offers a protective 9–12inch shelter so, for the first few years, the seedlings get to flourish. Normally the trouble comes when the fresh green shoots appear above the heather and the grazing sheep notice them.

Scottish Natural Heritage states that after the last ice age receded (around 11,000 years ago) Scotland was approximately 90% woodland. By 1900, this proportion had fallen to 5%, mainly due to sheep farming and the coming of the Industrial Age. By 2019, the re-introduction of woodland has increased the arboreal landmass to between 19 and 20%.

As we (myself and the other group members) travelled back and forward to and from the cottage, especially in the spring when the new green leaves appear, and in the autumn, when the Rowan Tree leaves turn a lovely red/orange/copper colour, they stand out clearly from the surrounding heather and we can put tree protectors (green tubes) over the saplings and protect them from being eaten. Later, when the trees are about three feet tall, we removed the tubes (at this altitude above sea level and in this area of Scotland the roots need to learn to be strong enough to be able to withstand the severe weather) and replace them with wooden posts and fencing (known as pasture planting). This allows the trees to be blown and swayed by the strong winds while still being held more loosely, but safely, away from the grazing sheep. There is a much higher chance of survival for trees as they respond to the moving swaying effect on the main stem by putting stronger, deeper root systems in place.

It's learning to come into contact with the way things are, trusting in the natural growth orientated order, supporting the organism which when freed up from the unnatural setting (in this situation being over grazing by the sheep) will grow towards maturity. The formative directional tendency.

Take the example of Nicole

When I first met Nicole, she was a patient in the Rehab unit. I had been aware of her as I came and went negotiating and visiting other clients. Nicole was in her early twenties. She had been admitted over a year ago after a psychotic experience while working on a cruise ship. She was someone who the ward staff felt was “hard to reach” and “treatment resistant”.

Nicole would not handle money, wore the same (black) clothes all the time and would refuse to touch anything that had been touched by anyone else. If she re-entered her room after the cleaning staff had been in and something had been moved she would scoop it into the rubbish bin. She appeared to have a very limited and fixed structure to her world and seemed unable to cope with change or intrusion in any shape or form. The staff notes discussed possibilities of a diagnosis of Psychosis, Schizophrenia, Autism, Asperger’s Syndrome and borderline Personality Disorder amongst other possible diagnoses.

There was little sense of Nicole being able to get onto a path that would eventually head towards recovery, and her ability to find her way out of the ward setting and back into a more “normal” living setting in the community appeared very uncertain.

In reality no one seemed to know Nicole. Her capacity to become known in this context, was limited to the observations from the ward setting and a very fixed, limited view of her world.

“Attachment, or security, is a vital need... If the acts of nurturant that have been programmed in the genetic make-up of the species do not or cannot take place, attachment atrophies or assumes a deviant form.

Pre-Therapy and Pre-Symbolic processing leads to a Client-Centred elaboration of containment, in which better levels of reciprocity can unfold”.^[13]

I wanted to try and get a chance to engage with Nicole using the “Pre-Therapy/Contact” orientated way of offering a relationship. I needed to start the process knowing that even my presence and reflections would be stressful and possibly feel intrusive to Nicole.

I introduced myself to Nicole after a staff meeting where she had been discussed as someone who might possibly benefit from the therapeutic programme I was running. Nicole was polite but distant and appeared uninterested in the idea of going to the woods. As with other examples (see *Meeting Vincent*), I asked if it was OK for me to keep saying hello and to keep the offer of a “trip out” open to her. She replied that it was OK for me to continue to say hello and that she would think about the idea of the outing. As always the relational “contact” work begins at that first moment, as I respond to the position and level of contact/relational engagement that the client (in this case Nicole) appears to be functioning at or able to tolerate.

Within a few weeks we had settled into a routine. I would say “hello” and Nicole would say “hello” back. I would invite her to consider whether she was ready to come out for a short outing and she would say “no”.

Initially, I felt like this was as close as I could get to Nicole’s world but, after a few weeks of this repeating loop and a growing sense that she was more relaxed about this exchange, I tried extending it a little bit. If she was to agree to a short outing, we would need to discuss clothing, footwear etc., so I would ask about what size of boots she might need, or did she have a waterproof jacket and whether she would like tea or coffee if we were to get a fire going.

As I tried to respond empathically around the edges of Nicole’s ability to tolerate my presence/ intrusion, I had a growing feeling that her ability to be engaged with, by me, for very short predictable moments, was increasing. In Pre-Therapy there is a need sometimes to talk about the person without using “you” but rather to use their name. This is to offer a reflection that is less complicated to interpret when someone is functioning at a level where the language needs to be more concrete. In the

13 Theoretical Evolutions in Person-Centred/Experiential Therapy, Garry Prouty, Praeger, 1994.

same way it felt less intrusive to talk about the situation of the woodland visit without directly talking about Nicole being there. What would the woods look like in spring, summer, etc.

A bit like watching spring leaves unfold on a tree in real time, slowly but surely Nicole began to seem more able to tolerate my descriptions and questions as we very slowly began to talk more about the idea of the outing that might someday become a reality. I began talking about the woodland, what it looked like, how long the journey would be etc. and wondering out loud about going in the morning rather than the afternoon or what to do if it rained etc.

When I felt like Nicole was tensing up I would acknowledge and reflect the body experience and would negotiate my withdrawal. When she seemed able to cope, I would spend a few more minutes discussing what it might be like and negotiating timing etc. How long would we need? would it be better if it was morning or afternoon? and so on. All the time I would use my own sense of experiencing to reflect what I was aware of and what I felt might be in Nicole's awareness.

Nicole seemed to be becoming less tense when I passed her in the ward or in the unit and she seemed more able to tolerate me being around her in these brief conversational exchanges. It's important to acknowledge the need for patience at this early stage, any sense of pressure would have been detrimental to Nicole. She needed to decide if, and when, an outing to Wooplaw woods would happen.

At its heart it's about learning to be sensitive enough

Imagine coming across a wounded animal in the forest, let's say a fox. Something that, like most sentient beings, can become aggressive when needed and yet normally will choose to move away from conflict or contact with other species. This one though, has got caught in a trap that has both inflicted a wound, as well as imprisoned it, preventing it from being able to escape.

If you were to come across the above situation, you might imagine that the level of sensitivity, skill and resourcefulness you would need would be vast. It would be easy to try and rush in with good intentions, and yet this very act could make things much worse.

As counsellors practising in the private or third party sector, or as part of an agency that has an initial assessment scheme, we may rarely come across clients presenting from such a defensive, threatened position as the image of the animal trapped in the woods, but – if you did – the challenge would be to find a way to be sensitive enough to the whole situation, and only from that much wider perspective could a plan of how to engage be generated. Such can be the dilemma when working with people who are experiencing severe mental ill-health.

Most of the individuals I am describing in this write up were receiving care and support from the NHS Adult Mental Health Psychiatric Rehabilitation Service (Rehab service). The "Going Places" project was the partnership between myself (Rab Erskine) a Person-Centred therapist contracted for one and a half days per week and the Rehab service (2005–2016). The Rehab service (in this region) provides support for individuals who meet the criteria for and have been diagnosed with; schizophrenia schizo-affective disorders, psychosis or bi-polar disorder.

"The term schizoid refers to an individual the totality of whose experience is split in two main ways: in the first place, there is a rent in his relation with his world and, in the second, there is a disruption of his relation with himself. Such a person is not able to experience himself "together with" others or "at home in" the world, but on the contrary, he experiences himself in despairing aloneness and isolation; moreover, he does not experience himself as a complete person but rather as "split" in various ways"...^[14]

In the above quote there are two areas of difficulty presented. The therapy offered as part of the "Going Places" project (Pre-Therapy orientated, Wilderness Therapy) attempts to offer a treatment which supports the reduction of both these splits. Pre-therapy offers a greater opportunity to work

14 The Divided Self, R.D. Laing, Penguin, 1960.

with the disruption with the self, and the use of a wilderness context alongside a particular way of offering tangible “bite sized” activities allows me to support the strengthening of the connection with self, other and environment, supporting the individuals in re-establishing a stronger ability to orientate themselves within the physical world.

Although I, at times, use medical words and terminology, my overall intention is to use the framework of understanding individuals and the project from the existential-phenomenological perspective.

*“Existential phenomenology attempts to characterize the nature of a person’s experience of his world and himself. It is not so much an attempt to describe particular objects of his experience as to set all particular experiences within the context of his whole being-in-his-world”.*¹⁵

This therapeutic intervention was not developed specifically for any one client group. I believe it could be used with lots of different clients – “hard to reach” clients, clients who experience fragile ways of processing experience, clients who suffer from symptoms of trauma and overwhelm; overall, clients who need a level of sensitivity and gentle compassion that working with the “less-intrusively present” therapeutic approach based in a wilderness setting allows.

An Introduction to the Rehab service

The Rehab service has a long history of working therapeutically with individuals and groups with severe and enduring mental health problems. The service was started in Dingleton hospital (*see article 1; PCQ 2020, Spring issue*), which was once identified as the forerunner of the “therapeutic community”.

Although the hospital has since closed (1995), some of the service users and staff have carried threads of the early therapeutic community ethos into its present community based, smaller unit sized, setting.

The following description of the project includes an overview of the rehabilitation service. It has been extracted from a report written in 2006 by the consultant psychiatrist with overall responsibility for the service.

“Since April 2005, the “Going Places” project has formed part of the therapeutic programme within the Rehabilitation Service.

It is just one part of a wide range of interventions including medication, OT, skilled nursing support both in the in-patient setting and in the community. Building on the history of Dingleton, there is a strong emphasis on the psycho-social interventions in the broad sense and on a holistic model of recovery.

The Rehabilitation Service is a specialist service covering the whole of the Scottish Borders. We are a tertiary service ie we take referrals from the secondary care services (the Community Mental Health Teams) of people with severe and enduring mental illness and associated difficulties whose needs cannot be met within their current provision.

There is a huge variation between Rehabilitation Services based on historical whim and on how they have developed and how well they are resourced. The Borders Rehabilitation Service has 112 clients which is the majority of people with psychosis.

(in contrast to rehab services in other areas). We have:

- 26 in-patient beds*
- 12 acute readmission and relapse prevention unit*
- 05 longer term active rehabilitation for people with dual diagnosis along social psychiatry principles*
- 08 continuing care beds for people with very long-term illnesses who are unable to live in the community plus one respite bed*

¹⁵ The Divided Self, R.D. Laing, Penguin, 1960.

All the remaining clients live in the community in their own tenancies with a very small number in sheltered accommodation or residential care. We have no staffed or supported accommodation. We have an emphasis on holistic recovery and offer an assertive outreach approach throughout the whole service – visiting people at home rather than in clinic settings and doing whatever needs doing.

New referrals tend to be of people under 30 with additional substance misuse problems.

For me, the “Going Places” project is special. It is special to the Borders because it uses our amazing landscape. It is also special because it involves a person centred psychotherapeutic approach which gives absolute primacy to listening to what people are experiencing and communicating which is the essence of what our overall philosophy and approach should be. The title of the project is deliberately understandable at many different levels and it should be as applicable to staff as to patients.

The experience can be valuable at many levels. It can be a day out in the hills, a fantastic, almost fairytale respite for anyone bogged down by illness bullied by hallucinatory experiences or over-roused and hyper-vigilant because of paranoid ideation, stuck in hospital or in a poky flat. It is also a fantastic antidote to a backlog of paperwork and policies. However the specialness of the experience is that we can use it to engage with the people who find engagement, and particularly engagement with “psychiatry”, very difficult.

The possibility of escape, which Rab offers, is grasped. The psychotherapeutic encounter that ensues, allows someone to feel safe and supported. Anxieties are contained and their tentative communications are handled with the greatest skill and nurtured. Like tiny sparks that start a fire, they are so easily blown out, but with skill, they can be breathed into life”.

Where did this all start for me?: Working as part of a therapeutic community

I began working therapeutically in the mid 80s, in a List G residential school for primary aged boys (1985–1989). List G schools were residential schools with a therapeutic ethos. This particular list G residential school was based in the Scottish Borders, 15 miles away from Dingleton Hospital, and the home of the therapeutic community model. The school looked after some of the most challenging and difficult young people in Scotland at that time. The school was exceedingly well resourced, with a staff team of 46 looking after a client base of up to 26 primary aged boys, housed in 2 separate living groups of up to 13 children.

The School’s philosophy was developed from the work of S. R. Slavson, but included elements of the Social Psychiatry model developed by Maxwell Jones.

“Slavson designed the first experimental small group therapy groups for children and in later years devised other analytical group methods for them. Slavson’s intensive use of psychotherapy groups (initially known as Activity Group Therapy) did not evolve from pre-existing methods of treatment nor from the theoretical constructs upon which these methods are based. To the contrary, his discoveries of the corrective, therapeutic potentiality which is inherent in groups, when they are properly constituted and managed, came from entirely different sources. Initially (from 1911 to 1930), these earlier groups were concerned primarily with the personal enrichment of individuals through active participation in creative pursuits”.^[16]

The main focus at the school was to offer a supportive living and educational environment, within which each child could feel safely held and yet have enough freedom to re-establish better connections with self, environment and others. The living environment was designed to encourage and support the growth of emotional maturity, integration and individuality within a developmentally sensitive and openly challengeable framework, full of opportunities to live, play and grow. The two residential units, attached school, and staff living accommodation were embedded in 34 acres of mature woodland and open pasture.

¹⁶ *The genealogy of Group Psychotherapy*, S.R. Slavson, Mortimer Schiffer, International University Press, 1979.

Every member of the staff, whether gardener, cook, cleaner, through to senior social worker or head teacher, was encouraged to take an active role in supporting the children through good role modelling, transparent engagement and accountability for one's own actions. Everything that happened was up for discussion by all. There was plenty of play, structure was well defined but flexible, plenty of good food and home baking.

Staff were encouraged to not “go it alone” but to invite dialogue whenever engaged in holding or supporting an edge of containment or growth with the children. This “dialogue” (similar to the community meetings developed by Maxwell Jones) would allow children to be actively involved, with two or more adults, in discussing any situation, with the children being given an equal opportunity to describe what they experienced, supporting them in learning to listen to others perspectives, as well as having an active part in negotiating any rewards or sanctions. Sanctions were discussed by all concerned parties before being implemented, as were moments of mature thinking or behaviour. Any sanctions offered were always a token amount – 5 minutes time-out, or a period of time where they were asked to “stay close” to an adult before being released back into the group.

The school closed down in 1989 due to financial constraints and changing political climates. I was determined to try and find a way of working that would allow me to continue to develop in a similar way to the working ethos of the school. After a couple of years of working on different projects with clients who had learning disabilities, acquired disabilities and mental health issues, I decided that the best way forward for me was to train in counselling.

Qualifying in Counselling

I initially trained in counselling in 1992, at Heriot Watt University, where I completed a Post Graduate Certificate in Counselling. Fired up by this training, I moved to Strathclyde University where, in 1993, I completed a Diploma in Person-Centred Counselling. This was the first time Strathclyde University had run the Diploma course. Dave Mearns was the course leader and, amongst others, we worked with Elke Lambers and Margaret Harkness, with visiting workshops from Brian Thorne, John McLeod and others. For me, Dave offered a taste of working therapeutically that included going out-with the “one hour per week” context, with – for example – stories of working with veterans in a psychiatric hospital, or a residential week, offering therapy to someone who wanted to work on bereavement issues but did not feel able use the hour per week setting.

While completing the diploma, my previous “therapeutic community” experience, alongside my understanding of the extreme difficulties that some individuals experience, led me to question the efficacy of the physical context within which most (if not all) “talking therapies” took place. I was keen to gain a better understanding, and ability to work with the individuals, who for many different reasons (I believed) would find this “normal working context” insufficient.

After completing the diploma at Strathclyde, I was privileged to be chosen to be part of an eighteen-month project run by MacIntyre Care. Eight individuals, with differing physical and mental disabilities, put themselves forward to be selected from throughout Britain. The project involved in an outdoor pursuits/climbing series of outings and expeditions, leading up to an expedition to the Himalayas. The project was documented by a film crew sponsored by the National Geographical Society and shown on ITV in a documentary named *An Everest to Climb* (1993).

Amongst the many, many, amazing experiences that the project generated, I have a lasting memory of the way we were hosted and cared for by the Nepalese (mainly Sherpa) people. Their compassion, generosity, selflessness and willingness to give of themselves was amazing. A lovely living example of the kind of “being responsible to” others that we talk about in counselling training. While trekking in Nepal, life was simple and the pace felt more natural. Out there, the roads are paths and Yaks and humans make up the heavy haulage systems. Things move slowly and nature is always very present to awareness.

After this project, I returned to the Scottish Borders and set up on my own company. I gave it the name "Walk and talk Experiences". The project offered a series of short-term residential weekends based in nature to individuals and groups of young adults who were identified as suffering with severe and enduring mental health issues.

Why set up in the Scottish Borders? The Physical Context - Scottish land and Public Access

One of the benefits of offering a nature-based therapy in Scotland is the "Right to Roam". This is the general public's right to access almost all public or privately owned land for recreation and exercise. Scotland's legislation for public access to the outdoors has seen a transformation under the Scottish Parliament, with the Land Reform (Scotland) Act 2003 establishing a statutory framework of public access rights to most land and inland water. These legal rights are based on the principle of responsible access, with obligations both on the access users and on the managers of the land.

Alongside this "Right to Roam" act, the Scottish Borders has hosted the emergence of community woodlands. Since the mid 1980s Scotland has been developing a network of community managed woodland projects, with the first being developed at Wooplaw wood in the Scottish Borders, by Tim Stead, a local wood sculptor and furniture maker.

Nicole at Wooplaw Wood

Nicole and I eventually managed to negotiate a "one off" trip out of the unit to visit Wooplaw Wood. By now 6 months had passed and she had begun to approach me when I was coming and going around the ward. We had had discussions around how long it will take, will we meet anyone else? what will she have in her buttered roll? how long will the kettle take to boil? etc. etc., etc. Each time, I was careful to respond to only what Nicole asked about with patience and respect.

I normally work with a carousel of outings so that my allocated outing time is full, but I make sure there is always time left around and in between these outings to attend to the other potential relational connections in a way that leaves room for them to develop. This means that Nicole has had time and many opportunities to watch me coming and going with other patients, seen me chatting to staff, say hello, seen photographs from others who had been on outings. More importantly, she has had time to get used to me approaching her, experience what it is like to approach me, and perhaps to begin the long slow process of learning to see my behaviour in trustworthy, consistent ways.

Each experience has a structured program loose enough to allow the individual to feel part of its shaping and directing and yet structured enough to allow a feeling of safety, containment, purpose and objective

Where possible, when working in nature, I use areas of natural forest where individuals and groups can journey, explore and set up a "base camp". The term "base camp" used in this context, refers to the concept of setting up a temporary place within which to base ourselves for a period of time. This will normally include building a basic shelter, or putting up a parachute, collecting the materials in order to light a fire, gathering some logs to sit on and finally putting the kettle on to boil water and preparing some food.

"As choosing, constructing, and maintaining therapeutic space are key elements in nature-informed therapy, the activity of building a home-in-nature can be used as a nonverbal method to invoke a wide range of issues, such as the location of the home, what it contains, the materials used to build it, its state of permanence or mobility, the nature of its borders, and so on".^[17]

Added to that is the psychological significance of locating yourself. In traditional/indigenous peoples' teachings, arriving somewhere will be quickly followed by collecting the materials for, and setting a fire, as a way of establishing a sense of connection with the planet, locating self with this sense of "heart". In olden days fire would have kept you safe from predators, kept you warm, cooked your food; it would have offered connection and a sense of belonging.

¹⁷ *Incorporating Nature into therapy - A framework for practice*, John MacLeod and Ronen Berger, *Journal of Systemic Therapies*, vol. 25, no 2, 2006.

Nicole had her first outing in the late spring. We had discussed and agreed (and looked at photographs) of Wooplaw wood, the fire pit area, the outdoor kitchen, the path from the vehicle to the fire area, the start time, the time we would be back at the unit, what to do if it rained and – of course – what drink we would have and what would be in the rolls we ate.

We went over these details a number of times in the run up to the trip. I would notice Nicole appearing and waiting on the edges of my space while in the unit, normally when engaged with staff or other patients. When I caught her eye she would acknowledge this contact by asking or signalling a want to talk with me. I would always make sure I responded to these moments or, if I couldn't at that time, I would negotiate with her at what time and where I could meet with her. Often it would be to go over the structure and confirm the timing of our outing.

As with other individuals I have had the privilege to work with, I would respect these moments as small vignettes/moments of therapeutic engagement. Moments of "Contact". I would respond in a contact orientated way, keeping close to the parameters of the material being offered and very gently reflecting back my sense of her communications and questions.

These moments were really important as they offered Nicole a chance to test out my ability to be trustworthy and consistent. As Dion states:

"People suffering Psychosis are particularly skilled at knowing from a distance those who are rooted in themselves, sincere and really containing, and those who are going to play tricks on them. Only if the conditions are optimal, I think, do people dare to take the risk of really looking at their experiences, especially when these are so private, delicate and anxiety provoking as are those experiences that are proven to be the generators of psychosis".^[18]

Another example of client work – Grant

My role within the psychiatric service (2005-2016) also involved the need to respond to referrals from the secondary care teams outside the Rehab service. The criteria for the community based mental health teams was that the person being referred was not responding to any of the existing therapeutic services on offer. Often, when requests were submitted, there would be a sense of "end of the line" feeling from the staff team.

This particular referral was from the senior consultant psychiatrist with overall charge for the general adult in-patient ward. The patient had been admitted six months prior and had totally withdrawn to his bed. He was rarely out of his room and was acknowledged as being a high suicide risk patient. The patient stated that he "didn't want life anymore". He had withdrawn from all contact with staff and other patients. He was described as treatment resistant.

My initial meeting with him: I was introduced to him by a member of the ward staff and asked if I could spend 20 minutes explaining (through the use of photographs on a laptop) what it was I wanted to offer him. He listened and did not respond. At the end of the twenty minutes, I asked if I could come back the following week and take him out for a short period of time to the woods shown in the photographs. I explained that we would get a fire going, get the kettle on, and perhaps cook a fried egg roll, and then we would return to the ward. All-in-all, I said, it would take around two to three hours.

Outing one: Later on, Grant was to tell me that he was quite clear that what I was offering would be "no use", but that going along this one time was the best way of getting rid of me. The journey from the hospital to the nearest community woodland site was around 20 minutes by car. Grant was quiet and withdrawn for most of the time and I settled into being quiet along with him, perhaps only occasionally offering a reflective comment on the environment we were moving through, the route we were taking, and a small introduction to the woodland we would be visiting.

18 Pre-Therapy Reaching Contact-Impaired Clients, Garry Prouty, Dion Van Werde and Marlis Portner, PCCS Books, 2002.

We arrived at the woodland and within ten minutes I was collecting wood and kindling to get a fire going. I often support people in learning to light fire by traditional methods as a way of engaging in their natural surroundings, but with someone new to these therapeutic outings it feels much more important to get to the "good stuff" quickly. So I used a fire lighter and some dry kindling I had brought with me to get the fire started and the kettle on. Being somewhere unfamiliar and with someone you don't know is a whole lot easier if you have a hot cup of tea or coffee and a chocolate biscuit in your hands (and, normally, for lots of in-patients – a cigarette).

There is lots of evidence of the physiological benefits of being in nature – reduced heart rate, higher levels of oxygen in the brain, lower blood pressure etc. etc. Rachel and Stephen Kaplan^[19] also identify the physiological benefits that come from a system that still feels at home in nature and so "rests when home".

Biophilia: Edward O. Wilson is a University Research Professor and Honorary Curator in Entomology at the Museum of Comparative Zoology, Harvard University. His field research has taken him to countries all over the world. His many contributions to our understanding of the biological world are vast. In his book on "The Diversity of Life" he states:

"... a large portion of the populace backpacks, hunts, fishes, bird-watches and gardens. They crowd national parks to view natural landscapes, looking from the tops of prominences out across rugged terrain for a glimpse of tumbling water and animals living free. They travel along seashore, for reasons they can't put into words. These are examples of what I have called biophilia, the connections that human beings subconsciously seek with the rest of life.

To biophilia can be added the idea of wilderness, all the land and communities of plants and animals still unsullied by human occupation. Into wilderness people travel in search of new life and wonder, and from wilderness they return ...

Wilderness settles peace on the soul because it needs no help; it is beyond human contrivance".^[20]

For Grant, this "relaxing" brought a sudden wave of emotional energy. He was sitting by the fire on a log with a cup of tea in one hand and a fried egg roll in the other. It was about an hour into our outing, and he had begun to ask questions about me and the way I worked. Suddenly, he began to weep, and then a wave of emotion seemed to overwhelm him. After a few minutes of sitting quietly with him, I reflected on what I could see happening and took the risk of asking if he was OK.

He was unable to speak for about ten minutes as waves of tears flooded out of him, but eventually he said: *"I suddenly started remembering being a boy. We lived on a farm and I was allowed to go out to the woods and have a fire"*.

It was as if a door had opened in his memory and suddenly he could reconnect with feelings from that time. He went on to speak about life on the farm and how good it was. His father had worked, and like many young children, as soon as he was old enough he was also out there working.

Grant and I went on to have outings together (initially weekly, later fortnightly and then monthly) for over a year and a half, and the stories of his childhood and life on the farm continued to emerge, and his own energy seemed to slowly return the more he engaged in those memories. Only near the end of our time did he begin to talk about the life just prior to his admission to hospital after an attempted suicide. He had been made redundant and his wife had asked him to leave. Three major life transitions coming all at once had plummeted him into the depths of despair. In doing so he had frozen, and the memories of times before had disappeared. I occasionally get a text from Grant, who now lives back in his own flat in the Community. He has a dog and seems to have a settled life. *"I will never let myself get that lost again"* he says.

19 The Experience of Nature A Psychological Perspective, Rachel Kaplan and Stephen Kaplan, Cambridge University Press, 1989.

20 The Diversity of Life, Edward O Wilson, Penguin Books, 1992.

Useful activities to support engagement

“With very contact-impaired, withdrawn clients, there may, however, sometimes be good reasons for having what, at first glance at least, seems like an extra-therapeutic or even comrade-like relationship. ... with these contact-impaired clients the therapist will also typically use pre-therapy responses during their shared activity. In his writings about “wilderness therapy” Rab Erskine (2015) has given very vivid accounts of how he combines shared, comradely activities with pre-therapy”.^[21]

Another example of client work – Bob

When the possibility of working with Bob was presented to me at a referral meeting, Bob was described as being almost un-containable within the unit. With staff he was very volatile, with others he kept his distance or exploded with anger when they came close. His willingness to engage with the service seemed very fragile. Staff notes record a number of occasions when he was identified as someone who may well need to be transferred to a secure facility due to his destructive tendencies and apparent level of mental disintegration.

Bob was introduced to the idea of the “Going Places” project by his keyworker and a meeting was set up for him to meet me. He didn’t come to the meeting, but walked by the room I was in (a number of times) while I was waiting for him to arrive. Glancing in at me through the partition window.

Bob’s earlier life had contained a large amount of experience with nature and wildlife. So, after a few very brief verbal exchanges in the corridor, I asked if I could leave him some photos of the physical area I was offering to take him to.

Within a few days he let his keyworker know that was willing to meet me, and we began to discuss the possibility of him having the chance to go out with me. He seemed interested in the types of outdoor activities that were being offered through the project. As before, I began to discuss going out, what clothing he would need, his boot size etc. etc. All the time I believe he was getting a “feel” for me and the way I approached, responded, listened, reflected back his thoughts and feelings.

Offering uncomplicated, experiential tasks/activities that were very clearly negotiated and discussed prior to the day, full of interest and diversity and based in a nature setting, seemed to be something he could relate to.

Always, we would discuss what was next in simple uncomplicated language. We would discuss whether it felt manageable or not before proceeding. We would stop often, for cups of tea/coffee, some food and cigarettes (vital anchors for this and many other client (s) in the structure of their daily life).

All the activities were bite sized, leaving room to be expanded if things were going well or cut short if the client was not benefiting or feeling uneasy. The task was to make the day accessible, not overwhelming or moving too far outside their comfort zone, while keeping in my awareness the way of responding and reflecting used in Pre-Therapy.

“The benefit of using a pre-Therapy model is that it focuses on repetitive, reflective, experiences supporting the person in making contact with the world around them in more satisfying ways”.^[22]

Bob and I went out weekly for day outings for approximately six months. As the relationship developed he seemed to begin to engage with fragments of past (apparently unprocessed) experiences. At times he would become overwhelmed and I would work in a contact orientated way supporting the communication. At times he would be expressing (in a congruent way) unresolved and unprocessed feelings and experiences from his past. In therapeutic terms, his willingness to trust

21 Therapist Limits in Person-Centred Therapy. Lisbeth Sommerbeck. PCCS Books, 2015.

22 The Therapy of Dissociation.Ton Coffeng in Person-Centred & Experiential Psychotherapies, Journal of the world Association for Peron-Centred and Experiential Psychotherapy and Counselling. Volume 4, Number 2.

and engage openly in the relationship allowed us opportunities to strengthen what in Pre-Therapy language is known as his levels of anchorage.

"Theoretically, we can speak about different layers of anchorage that go hand in hand with different kinds of remedial contact efforts. We talk about four different types and these can serve as reference points in deciding the kind of contact we wish to offer to the clients with whom we work: 1 Existential contact, 2 Psychological contact, 3 Consolidation and strengthening of the restored contact functions, 4 Cultural contact".^[23]

The days out were orientated around being in the woods and hills around the cottage. Bob was very unfit at the time we first started to work together, so I was careful to support him in gaining new experiences that, although challenging, were not overly physically demanding. We journeyed away from the roads, but always the routes had many "opt out" points where length or severity could be lessened. Our days orientated around nature observation and discussions about wildlife and life in general. Consistently the activities were designed to be interesting and have new experiences in them. Always the focus was on the client and how to make use of whatever we experienced.

"When trust and attachment develop, clients begin to communicate more, and the exchange becomes easier. On this basis, the trauma can be addressed properly. After some time, clients begin to integrate their trauma, and dissociative symptoms and flashbacks decrease".^[24]

What emerged throughout this early part of our work was that Bob (although interested in discussing themes from earlier life) had a strong pull towards discussing and expressing the feelings connected with the events that led up to his first being diagnosed as someone with psychotic symptoms. We explored this very emotive material throughout the first phase of our work together. For me, it was as if Bob was using the relationship and more energised experiences (where he seemed to feel safe, understood and had access to the memories) to return to a very emotionally charged (till now unexplored and unresolved) time, in order to better integrate and process the experience of his, as he named it, "first breakdown".

"The need to dissociate decreases...having more contact with reality, they are less afraid of flashbacks, realising that these come from the past...clients face their trauma, and have to integrate it. Instead of being in the trauma they learn to look at it, knowing it is in the past...the shift, from re-experiencing the trauma to feeling it experientially, is accompanied by strong emotions".^[25]

After the initial block of therapeutic outings, the time with Bob moved from a "one to one" to a small group of three plus myself. This (with Bob's agreement) was in order to support Bob in re-developing relationships with peers. After a period of 18 months the work concluded; Bob was able to move out of the ward setting and into his own tenancy in the community, where he continues to live successfully with little support from the team. He has developed his own network of friends and has explored returning to work.

At the beginning of this write up Bob is named as the person who drove then walked in on his own, carrying all his own camping gear. What a different image compared to the description of the individual I first met way back when he was about to be moved to a secure unit.

Introducing some of the people and more of the context

In this third article, the focus is on introducing further examples of moments of significant therapeutic engagement from the years when I worked with the Psychiatric Service, alongside introducing my first ever client from (Walk and Talk Experiences) the Wilderness based, pre-therapy orientated model.

23 Pre-Therapy Reaching Contact-Impaired Clients, Garry Prouty, Dion Van Werde and Marlis Portner, PCCS Books, 2002.

24 The Therapy of Dissociation. Ton Coffeng in Person-Centred & Experiential Psychotherapies, Journal of the world Association for Person-Centred and Experiential Psychotherapy and Counselling. Volume 4, Number 2.

25 The Therapy of Dissociation. Ton Coffeng in Person-Centred & Experiential Psychotherapies, Journal of the world Association for Person-Centred and Experiential Psychotherapy and Counselling. Volume 4, Number 2.

In this article, I introduce more of the people I have had the privilege of working with over the last twenty-five years as well as further describing some of the connections with the theory relating to this nature based, “Pre-Therapy orientated”, way of offering therapeutic engagement.

The “Self” as seen from an organismic perspective

“The tasks are determined by the “nature” of the organism, its “essence”, which is brought into actualisation through environmental changes that act upon it. The expressions of that actualisation are performances of the organism. Through them the organism can deal with the respective environmental demands and actualise itself”. “Therefore, the healthy organism is one in which the tendency towards self-actualisation is acting from within, and overcomes the disturbance arising from the clash with the world”. [26]

The majority of individuals I worked with during the years I provided a wilderness – based model would have been identified by the medical, social and educational institutions as suffering from “severe and enduring mental health problems”.

Most referrals came from moments in the life of those individuals when there was a sense of “no intervention is working” or there was a need for additional “crisis” support. My role in these situations was to offer something different, something engaging and presented with a level of sensitivity gentle enough to be engaged with. In short, a therapeutic intervention that had the ability to be much more easily received into the perceptual field of the person in the state they were functioning within.

At the time they are introduced, the day-to-day context these individuals were experiencing could be said to be overly limiting or lacking in opportunities to develop beyond their present state, due to the limited opportunities accessible to the person and the inflexibility of the model used by most institutions. There may have been supportive relationships on offer, but the person’s ability to experience those offerings was limited, and the inconsistency created by residential units with high staff shift turnover was just a step too far for the individuals to be able to access.

The following example from the book *Camping Therapy – its uses in psychiatric and rehabilitation*, highlights the difficulty.

“Most of the patients had been in hospital more than six months, and many had been there for ten to twenty years. None were easy cases. Patients often remain chronically ill, not because of their mental problems, but because relatives, hospital staff, and they themselves tend to stereotype them into a dependency-illness role, ignoring latent strengths and capacities for growth. They may, literally be drained of self-confidence and respect through the dehumanization and depersonalization that inevitably creep into every social institution”. [27]

Another quote from R. D. Laing highlights one of the complexities that can arise from being supported by a large organisation or institution:

“There must be something the matter with him because he would not be acting as he does unless there was. Therefore he is acting as he is because there is something the matter with him He does not think there is anything the matter with him because one of the things that is the matter with him is that he does not think that there is anything the matter with him therefore we have to help him realize that, the fact that he does not think there is anything the matter with him is one of the things that is the matter with him”. [28]

From another perspective Jurgen Kriz, in his book *Self –Actualization*, describes it this way:

“The essence of man, in the Heideggerian sense, is that man cannot be understood as a category or class like all other “things” of his world which are defined by their “whatness”.

26 (Reference to *The Organism*, Kurt Goldstein) Taken from *Self-Actualisation*, Jurgen Kriz, PCCS Books, 2008.

27 *Camping Therapy, its uses in psychiatry and rehabilitation*, edited by Thomas Power Lowry, Thomas, 1974.

28 *Knots*, R.D.Laing, Penguin, 1974.

“But that man is never a what – his essence (Self) lies in his existence”, as King (1964) stressed. Man, as a reflexive being, can – and must – meaningfully define his existence and his presence in his world. The different modes of being himself free from categorisation.”^[29]

Val, an example of internal led directivity?

(as with previous articles, the identity of the person has been disguised but the process remains the same)

When I first met Val she was in her early forties, it was at a time when she had been resident in the Psychiatric Unit for a number of months. Val had been living in her home town, in her own flat with her husband and two dogs. She had been receiving support from the service for a number of years.

Val’s normal support network, when living at home, included weekly visits from members of the psychiatric team, alongside the support she received from her husband and her family (who lived nearby). The sense of “coping” in her home life had been diminishing, and her husband, family and the Community psychiatric nurse were struggling to remain engaged with Val’s outwardly verbally aggressive behaviours.

A period of time to offer respite was agreed within the rehabilitation team and Val was invited into the unit. Once there, Val’s behaviour and thought processes appeared to become more chaotic and her level of mental stability was noted by staff as “diminishing”.

Arguably, with hindsight, it is possible that Val was benefitting from the “safer” holding environment within which she could let go and allow the inner “chaos” she was obviously experiencing to surface in order to be engaged with.

One of the aspects of the project I offered, included providing one-off “taster days”. These days (normally offered during the summer months) created opportunities for individuals not presently using the project (often accompanied by their keyworker) to visit Glengaber cottage for lunch. The taster days normally involved being transported to the road end, walking in as part of a group, making soup and scones, and sitting in the garden for a while round the bonfire, before walking back out to the parked vehicles.

For those with less motivation or physical ability I would make sure there was a seat available in the Land-Rover and, at times, I would encourage those getting a lift to step out at a point nearer the cottage (normally when we caught up with a small part of the, by now, very well spaced-out group). Either way, I always parked the Land-Rover a couple of hundred metres short of the cottage so that everyone had to arrive on foot.

Val agreed to come on one of these outings and spent the day sitting in the garden and exploring the cottage and surrounding hillside. At one point a member of staff came up to me asking if I knew where Val was, as she seemed to have disappeared. After a few anxious moments looking out around the heather moor, I noticed that one part of the heather had a “more than was normal” colourful appearance. As I walked over towards the spot, I realised that it was Val. She was lying flat on her back in the heather, looking very relaxed and apparently watching the clouds. I did not want to startle her, so I began to talk, including the use of situational reflections, commenting on what was in my awareness.

Val responded saying how peaceful she felt out here. I asked if I could sit near her for a few minutes and she agreed. Val and I talked about nature and the valley where the cottage was situated. After a short while I returned to the cottage leaving Val lying in the heather. Later on, she returned to the cottage in time to walk out with the others.

²⁹ Self-Actualisation, Jurgen Kriz, PCCS Books, 2008.

A few weeks later while engaging in conversations in the unit, Val approached me with the following proposal.

“Would it be possible for me (Val) to have a day at the cottage with you (Rab), my keyworker and no-one else”.

I responded, saying that it was of course possible to set up such a day, and we began the process of talking about how this day might be planned, alongside discussions about what to do if the weather was challenging etc.

At times Val seemed keen to move this proposal forward and seemed very clear about how she would like the day to be structured. However, it took over six months for the day out to happen. On a number of occasions I would negotiate a date for the outing to happen, but when the date came near Val would become less enthusiastic, or she would say the weather was too wet and windy, or she would begin to “not feel well” just before the outing or half way out to the road end.

Each time I would respond to the situation with an open accepting manner, reflecting back and listening-in to the feelings with a curiosity and willingness to be patient to the process that was unfolding for Val.

Eventually, everything seemed to be “in place” and the outing could happen. By the time we arrived at the cottage it was mid-morning on a lovely sunny day. At this point I was still unsure of what had led Val to ask for this day, but I felt sure there was something that she was trying to work with and trusted that the day, the situation, her own inner guiding process, alongside the apparent trust she had developed in me, would offer the necessary conditions for Val to attend to her (attempting to merge) inner process.

I knew little about Val, other than the glimpses gathered from the short amounts of time we had spent together. I had been told, at one of the team briefings, that Val had previously disclosed that she had been raped while working on a cruise ship as a waitress. The team said that, apart from the initial disclosure, Val had not been keen to explore this traumatic incident further and would normally become very angry if anyone asked anything about it.

During the time at the cottage Val had talked about many general things and seemed quite relaxed. There appeared to be little bothering her and the conversations remained light and easy. At one point I asked if Val and her key worker would like a cup of tea and some scones and both said yes. As I walked towards the cottage door, Lesley (Val’s key worker) asked if she could help and I said that would be fine. I checked with Val that she would be alright sitting outside on her own and she said “yes”, so Lesley and I proceeded indoors.

Around twenty minutes later, I re-emerged from the cottage with a tray containing the tea and scones etc. Lesley was still inside washing up a few dishes. I immediately noticed that Val’s energy had changed. She was sitting in the same chair but was sobbing and shaking uncontrollably. I began to reflect on what I noticed, trying to be very careful to stay sensitive to the present moment awareness and feelings. I asked if I could sit beside her and she nodded. I sat quietly beside her. When Lesley came out, she also sat nearby and again I checked out with Val that this was OK. She said it was.

After a while of deep sobbing Val began to speak. She asked me if I knew about the disclosure of being raped and I said the staff had told me a bit about it. In amongst many waves of tears and sobs, she said:

“After the rape happened I just wanted to run away. To escape to somewhere that I could feel safe. But it never happened. I never seemed to be able to find anywhere to feel safe and I began to believe that I would never feel safe again but sitting here, I feel safe. I can imagine running over the hills there”.

(Val pointed over the moor to the ridge line).

Again, this statement brought another wave of emotion and for a while Val cried and howled while Lesley and I sat quietly nearby.

“I can imagine the feeling of escape and relief and it is so lovely to have found this feeling”.

Throughout this experience, I remained orientated to the Pre-Therapy way of responding, reflecting back Val’s words and movements. Although Val was not experiencing moments of *hard reality contact impairment* (see Margaret Warner), it felt really important to not add anything outside of these word-for-word and body reflections. It felt like such a delicate process was being worked with. It felt like Val’s organism knew what to do and could be trusted to guide her through this experience.

Garry Prouty emphasises this way of engaging:

Towards a concrete phenomenology

“Pre-Therapy is part of the phenomenological tradition in psychology and psychiatry

(Husserl, 1977; Jaspers, 1963). In particular, Pre-Therapy is a “pointing at the concrete” (Buber, 1964); when we say Pre-Therapy is focused on the concrete, we are referring to a particular way of “seeing” lived experience. We are referring to a literal, perceived, immediate experience – this particular chair, this specific sound, this exact feeling. We are emphasising the approach because many therapists respond to general essences of symbolic meaning and not to what is there, what is existing”.^[30]

Val and I went on to have a number of outings after that day. Sometimes out to the cottage, but mostly around her home town when she was discharged from the unit. It’s like Val didn’t need much in the way of further intervention from me; knowing that the cottage existed and was available to her seemed to be enough.

Alistair and drumming at Glengaber by the fire

In the above example, I hope that I am highlighting the need to be sensitive enough in my way of engaging so that the relationship is able to be of use to the individual I am working with. However, it feels really important to remain open to those moments when even the most delicate of responses can become intrusive.

“Empathy for temporal and spatial experience is very important in approaching chronic regressed clients. Very often they are frightened of contact. Spatiality becomes a sensitive dimension. One forward step too close can be overwhelming and disrupt relationship formation”.^[31]

Alastair was someone who had been with me on a lot of outings by the time he and I were to encounter each other during a session sitting round the fire on the second evening of a camping weekend.

He had been part of the small group of three mentioned in the last article in relation to the work with Bob. Alastair had been on previous camping weekends as well as being on a number of outings to the cottage on a one-to-one basis. We seemed to have a strong relationship, a good feeling of trust with each other, and my sense of working with him was that he responded well to the nature-based context. At this time in Alastair’s journey he was identified as “doing well” in the terms of his own mental health and was being considered for discharge out to a semi-independent supported community housing project.

We were sitting round the fire, in the dark, with a few percussion instruments being passed around. We had finished the activities and tasks for the day and there was a lovely conversation happening between members of the group.

30 Pre-Therapy, reaching contact impaired clients, Prouty, Van Verde and Portner, PCCS Books, 2002.

31 Theoretical Evolutions in Person-Centred/Experiential Therapy, Garry Prouty, Praeger, 1994.

Alastair picked up one of the drums and started playing and I noticed that he was really very proficient with the drum so I decided to pick up another drum and play along with him. To stop him and ask if it was OK for me to join in felt like it would interrupt the lovely flow of musical energy so I just started to drum alongside Alastair.

Often when playing music with others, it can begin to feel like a flow emerges and the two musicians begin to make music together. Such was the feeling with Alastair and I for a few minutes until he suddenly stopped drumming, put down his drum and walked off into the cottage.

The move from playing to stepping away had felt quite sudden and both myself and the consultant psychiatrist (Rose) present on the weekend looked over at each other and both stood up and walked over to the cottage to see how Alastair was doing.

Alastair was kneeling in the middle of the floor in the living room, rocking back and forward and mumbling something over and over. I entered the room and knelt down beside Alastair facing the same way and began to reflect on what Alastair was doing. I decided not to rock in a similar way as I was beginning to wonder if my “closeness” had been a trigger for Alastair. Rose sat down on a chair next to Alastair and also reflected her own situation. I reflected what had been happening outside round the fire and with the drums and how Alastair had stopped and come inside.

Alastair continued to rock back and forward but his movement became less and within a few minutes he stopped rocking and mumbling. Rose and I began to talk in general about the weekend and how things were going and, occasionally, would include comments about how Alastair seemed to be managing on the weekend and in general.

Alastair started looking over at us and began to join in the conversation. Rose asked him if he wanted a cup of tea and he said “yes”. So she moved to the kitchen area and started making a pot. I moved to sitting in one of the nearby chairs and continued to remain in contact with Alastair. Alastair then moved to sit in one of the chairs next to the wood burning stove and accepted a cup of tea from Rose when she re-emerged from the kitchen.

Since Alastair seemed to be functioning on a congruent level again, I decided to ask him if he was aware of what had happened for him out at the bonfire.

“It’s like you suddenly felt too close to me Rab and I got frightened”.

What a lesson for me, a reminder that even the positive intent to join in with someone playing music has to be sensitive to intrusion.

Examples of moments of engagement and the ability to structure and reorganise the self when able to access the necessary level of support and sensitivity

Cedric – an example of “contact” from a community perspective

I had been present in the front reception area of the unit when Cedric came in. He was living on his own in the community and had arrived unannounced at the unit. It was late afternoon. He appeared to be quite overwhelmed, agitated, and seemed to be having difficulty in communicating what his needs were. Cedric appeared very angry, tearful and, at times, his words did not make sense. He kept reiterating that he “did not feel safe”. He stated that he had been on his way to Jedburgh and something (an old woman that appeared to him) had made Cedric get off the bus and come to the unit. Cedric would then state that he did not want to be at the unit and would begin to leave, but then stop. Then the whole sequence would start again.

The two members of staff, who were responding to Cedric, were beginning to sound frustrated with this repeating loop, so I asked if I could have a chance to respond from a Pre-Therapy perspective. They said I could.

Quite often, people who experience moments of overwhelm attempt to present large amounts of fragmented information in a condensed way. In Pre-Therapy there is the concept of *grey-zone functioning*.

“When Garry Prouty describes his work, he mentions pre-expressive functioning as opposed to expressive congruent functioning. In the latter case, contact with people, places, events and things (Reality contact), with emotional functioning (Affective contact) and other people (Communicative contact) is given. In pre-expressive functioning, however, the restoration of these contact functions is the goal of pre-therapy. Matched with these levels the therapist’s methodology is well defined. Respectively making Pre-Therapy reflections versus doing “regular” person-centred therapy. In practice however, the borderline between pre-expressive and expressive functioning is not always obvious. I call this the grey zone functioning. In a certain area, the two modes of functioning are interwoven. The therapists interventions have to be tuned into this “.^[32]

One of the benefits of using a contact-orientated approach is that, by using a series of specific reflective responses, it is possible to support the person in separating out the different aspects of what they are trying to communicate. Responding in a Pre-Therapy orientated way supports the individual in creating a more grounded form of communication. It can allow themes to be better identified and communicated to the listener in a more understandable way. Reflections need to be very clear and simple but, eventually, should lead to a clearer (less condensed) communication.

In the instance with Cedric the following emerged from our continued exploration of what was being stated.

- He had been very uncertain about staying alone in the flat he lives in and had wanted to get away.
- Jedburgh was his home town and was a place that, in the past, had represented safety. Therefore, he had chosen to get on the bus to Jedburgh.
- He had become anxious about being on the bus and by the appearance of a particular lady passenger.
- His instinct had been to get off the bus (presumably, as a way of distancing himself from the lady passenger, alongside the feeling of anxiety), in order to find a closer place of safety.
- The nearest place at the time was the unit.
- His initial want, to get to Jedburgh and the environment that the town represented, was still there but, more significantly, was his growing awareness that he no longer felt safe in his flat.
- Neither did he want to be at the unit, so would keep trying to leave.

As Cedric relaxed into being able to communicate in a less condensed, agitated and more grounded way, he went on to discuss how he was feeling very unsettled just now and was unable to engage in any of the activities on offer in the community.

He described feeling very isolated and alone. He also described how the present situation was disempowering and de-skilling him. After a while, it felt like Cedric was beginning to relax and he seemed much more able to communicate in a congruent way, so I invited him to decide what to do next.

Cedric chose to stay in the unit for an hour or so, meeting familiar people and engaging in conversation. Later he sought me out and said he was ready to go back to his flat, so I drove him home.

I arranged to visit him the following day and to accompany him to the art therapy open day that he wanted to go to. He and I also arranged to go out to Glengaber Cottage for the day the following Friday with another known service user and a second worker.

³² Pre-Therapy, reaching contact impaired clients, Prouty, Van Verde and Portner, PCCS Books, 2002.

The following days continued to be extremely challenging for Cedric, although his ability to communicate his distress was more articulated. Cedric said he felt so shut down, it was as if he was “dead”. The visit to the open day offered a chance to be with Cedric and he seemed to again benefit from the contact-orientated approach.

By the following Friday morning Cedric appeared to have become even more shut down and his ability to communicate was again becoming quite impaired. He was saying over and over again “I feel like I am dead”.

Again, using a contact-orientated way of responding seemed to support Cedric in engaging in the day and, bit by bit, his ability to be involved, communicate and participate in more integrated ways developed slowly throughout the day.

Although, obviously, a very difficult time for Cedric, he made an interesting comment as he got out the car at the end of the day. As he leaned back into the car to say goodbye to me, the other client and the other worker, he said “I’m not dead yet then”.

To me this is a comment that indicates that his experience of being responded to in this way supported him in becoming more grounded and able to be in contact enough with the experience of the day – not only to begin to take part, but to also become aware that he was not completely shut down (not yet dead).

The work with Rupert – an example of grey zone functioning

The following describes how a therapeutic “contact-sensitive” environment can support individuals in emerging and becoming more able to engage and accept engagement. The therapeutic work with Rupert began when he was transferred to the unit mid-summer. He was someone who was seen as extremely withdrawn and unwilling to engage in the activities on offer. His participation in the day-to-day structure of the unit was extremely low. He spent most of the day in bed and had a very poor level of motivation.

My first meetings with Rupert were deliberately brief and gentle. Visiting him to show him photographs of the activities, the physical environments etc.; getting him to agree to get out of bed long enough to come out to the jeep and be sized up for boots, then – on a separate occasion – for waterproofs. All the time I would be working to sense the levels of connection and using reflections to confirm and, at times, strengthen his contact with present moment shared reality.

The hope was to build up enough of a connection, to be able to offer him a place on the forthcoming residential weekend camping trip to Glengaber cottage.

Rupert seemed to respond well to the less intrusive, gently inviting approach offered within the Pre-Therapy model, and by the enthusiastic and inviting way I had been describing the activities, showing pictures, talking about what we would do etc. on the weekend of the trip. By the day before the planned weekend he had agreed, and staff were in support of him being offered a place on the weekend group.

Once at the cottage, he slowly but surely became more involved and his place in the group seemed to grow. His initial contributions to any conversation seemed to be misplaced, out of time, or difficult for others to understand. However, the supportive, inclusive environment, evident in the group, alongside the contact-orientated way staff and other clients were responding to his communications, meant that his communication was received with a sense of value and acceptance. It was as though his social communication skills were so rusty that they needed time and support to re-assemble themselves.

Over the course of the weekend he seemed to become more and more able to be “present”, so that by the end (Sunday) he was making bread, sharing and directing dialogue in meetings and was fully involved in participating in the experience. It was like turning the “contact” energy on one bit at a time. Once it began to flow, the more activated he became, and even more became achievable for him in terms of reflecting; absorbing and participating.

There were some first-time experiences for Rupert during the weekend. Digging up potatoes and making soup was an eye opener and, for a while, Rupert went around the group showing each person in turn telling of the “magic” of finding these potatoes in the ground. A bit like gold, the way he was marvelling at them.

Rupert had grown up in a family with little money and limited parenting skills. Any behaviour needing a response would normally be met by a physical blow or threatening verbal response. Basically, you either complied with the rules of the house or you were physically and/or verbally abused. Teasing and put-downs were a normal part of Rupert’s early life and, although now living away from that environment, Rupert still struggled at times not to revert to old ways of responding to difficulties and stressful situations.

Teaching about life was something that happened very little, so Rupert had no idea where his food came from. At one point, while showing him round the grounds at Glengaber, I took him down to the raspberry patch and invited him a sample of the fruit (ripe, glowing in the sun and sweet to taste). *“Na, I prefer the ones from the supermarket”*. was his reply.

One clear example of grey zone functioning could be seen in the following example. Rupert had been struggling with one of the other group members for most of the weekend and, at one point, he had taken me aside and asked if it was *“ok to hit him”* as that was the way he would normally response to someone who needed *“a telling”*. I explained that this was not acceptable during the weekend experience and he agreed to comply. Rupert and I (along with other staff) stayed close to each other often during the weekend, and when he began to get stressed by the other group members’ behaviour, we would come close to Rupert and invite him to step away and support him in expressing how he was feeling.

At one point, during a meal (where we are all gathered round the one large table), Rupert stood up and stormed out the door. A few minutes passed and I was considering whether I should go after him, when he re-appeared in the door way.

“I’ve just been speaking to Margaret Thatcher outside and she said I am right to be annoyed at George because he is being cheeky”.

I felt like I was listening to someone who had become so stressed that his ability to articulate was beginning to become overwhelmed, and yet I really wanted to not focus on the (presumably shared by others) reality that everyone else round the table would be aware that Margaret Thatcher was not actually in the garden. However, I also wanted to support Rupert, who was trying as hard as he could to not explode at George and so, once again, I used contact reflections to expand and include all the reference points available and in my awareness.

Trusting that, although brief in terms of length of time, something will be absorbed and will stay inside – Rupert after the weekend

Rupert managed the whole weekend without hitting George, or anyone else for that matter, and continued to gain more and more from the group participation, but I believe it would be accurate to say that taking part in the weekend residential experience must have been exhausting and very challenging on many levels, and so it was understandable – on returning to the unit mid week – to be told that Rupert had had a “very difficult” couple of days.

One of Rupert's ways of coping, when he is struggling, is to retreat to his room, sit in a chair, put his head down and rock back and forwards. When staff open the door to say hello or just check in with Rupert he would (depending on the level of distress he was experiencing) either respond or not.

By Tuesday morning (36 hours after our return) the staff who had been present on the weekend were back on shift and were concerned to hear that the unit staff who had entered the room previously had received no reply from Rupert when asking how he was. So one member of the camp staff had said they would have a go.

They entered the room, aware that Rupert was sitting in his chair rocking back and forth. They said hello and seemed to get no response, but then, Rupert started to slow down rocking and raised his head.

"Oh, it's you Munro, f...n good weekend eh". Rupert then went back to rocking.

"Would you like a cup of tea Rupert" asked the member of staff. Rupert stopped rocking, looked up and said "aye, ok that would be good".

Two years later, I came across Rupert in a supermarket near my home.

"Rab", he said "Remember that bread we made on that camping weekend. It was amazing eh!"

A step back in time — My first nature-based client

As mentioned in the earlier articles, I was keen to develop a service that could be of use to people who would not be able to use the "one hour a week in a room" therapy setting and, after training in counselling, I was keen to research further into any alternatives to this therapeutic context.

By 1994, I felt that I had done enough research and training/ experiencing that I was ready to offer out this "nature based" working context. So, I set about sharing descriptions of what I was keen to offer through contacts from different social work and education settings to see if there was a fit between what I wanted to offer and what the services were needing.

After a number of meeting with regional managers, residential unit managers and care home providers, I found a local authority that were keen to give it a try.

My first client's name was Alice. Alice was a 14-year old girl who, at that time, was temporarily residing in a Secure Unit. She was on the verge of being sent to a "higher level" secure Unit as staff at the present Unit could not engage her and, therefore, did not feel able to work with her. She was described as being violent, destructive, aggressive, unmanageable, disturbed and un-controllable. She had no friends, was self harming and potentially suicidal.

Previous to the secure placement, Alice had been living in a children's unit run by the regional council. I met with her key worker and the children's unit manager. They described their difficulties in working with Alice. They used phrases like: "out of control", "a danger to others", "self destructive" and "un-manageable".

I agreed to offer (initially) a single residential weekend experience to Alice. The idea was to offer a Friday through Monday experience – hopefully, long enough to engage in and begin to develop a level of therapeutic relationship with her.

Her keyworker was to accompany her, along with another (known to Alice) 14-year old girl from the unit who Alice seemed to have some level of friendship with and who had been seen as having the potential to be a settling influence on Alice.

The plan was for the four of us to drive to the Scottish Borders Region, then walk in towards Glengaber cottage, camping the first night out in the hills. The plan included the possibility of staying out camping if Alice's behaviour remained so destructive that the Bothy would be at risk.

Both Alice's keyworker and the unit manager were convinced that Alice would "just run off" at the first opportunity, or would burn the tent down etc. etc. I wasn't so sure.

I believed that if she felt accepted by me. If she witnessed me as not trying to be judgemental, and being as transparent and genuine as I could, then she might be more able to trust me enough that she would let me guide her through a short weekend camping on an activity/experiencing journey. I also presumed that she would be aware that I was the only who knew "the way home".

If I was openly curious about her in a "here and now" way, if I was willing to be patient enough to respond to the constant acting-out, if I could achieve a state of being "less intrusively present", then perhaps she might show us a little bit more of who she actually was. The inner (less shown) aspects of herself might get a better chance to engage with us. Certainly, her physiological self would be benefitting due to the wilderness setting. Hopefully, she would get a chance to catch up (a bit) with who she was, what she wanted, what it is like to have fun and feel safe, and (maybe) relax a bit and hear the birds or listen to the water.

If those things happened, could Alice's inner self, the Self author Theodore Roznak (1994) says is the self that is still adapted to being in nature, emerge? Would this context offer her a wide enough, sensitive enough therapeutic environment?

If we are adapted to being in nature, then will we be more able to function in a way that we can allow to happen. If our organism is able to feel "at home", then some of the stress will reduce; our health promoting energies will increase.

The very air we breathe will have a higher level of negative ions. Jim Karnstedt and Don

Strachan (2009) wrote a paper called "Vitamins of the air". In this paper the authors describe how the air is charged positively or negatively. These invisible, minute particles in the air will rob us of our good senses and dispositions if positively charged, while their counterpart, negative ions, enhance them, stimulating everything from plant growth to the human sex drive. The authors state that pine forests and/or moving water like waterfalls and fast flowing streams or sea shores will offer up to twenty times the number of negative ions of the normal interior of a building.

The person-centred principle of being alongside an individual with a want to offer a level of relational depth (Mearns and Cooper, 2005) that was not driven by the need to change behaviour, but focused on the want to understand her world, seemed to be helpful to Alice.

She ran away a number of times and, each time, I followed at a safe distance, highlighting any dangers that became evident. In Bruno Bettelheim's orthogenic school in Chicago, any child wishing to run off had to inform a member of staff, who had to agree to accompany them to keep them safe, but would agree not to persuade them to come back until they felt able to).

Each time Alice presented difficult, often very challenging behaviour, I would try and respond to it using lots of "talking about" what I was experiencing (situational reflections), using my congruence and empathy as a way of being curious about what might be happening in Alice's world.

When previously working at the residential school, we would talk about the benefit of using

"dialogue" – where two workers would talk about a situation knowing that the child was listening, and helping explore the situation from different angles or points of view. Offering opportunities for the child to join in, exploring what might be going on, or what the consequences might/could/

should be; trying to un-stick a difficult moment with real honest hard therapeutic work while helping process/make sense of and support someone through a difficult situation with guidance and compassion; trusting there would be some usefulness in this approach, trusting in their organisms ability to use this wisely.

In Abraham Maslow's (1968) book: *Toward a Psychology of Being*, he states:

"There is now emerging over the horizon a new conception of human sickness and of human health, a psychology that I find so thrilling and so full of wonderful possibilities that I yield to the temptation to present it publicly even before it is checked and confirmed, and before it can be called reliable scientific knowledge".

The basic assumptions of this point of view are:

- *We have, each of us, an essential biologically based inner nature which is to some degree "natural" and in a certain sense unchanging.*
- *Each person's inner nature is in part unique to him/herself and in part species-wide.*
- *It is possible to study this inner nature and to discover what it is like.*
- *This inner nature, seems not to be primarily evil.*
- *Since this nature is good or neutral it is best to bring it out rather than to suppress it.*
- *If this essential core of the person is denied or suppressed he/she gets sick.*
- *This inner nature is not strong and overpowering. It is weak and delicate and subtle and easily overcome by habit, cultural pressure...*
- *Even though weak, it rarely disappears... Even though denied it persists..."^[33]*

In nature journeys, there is a wealth of situational reflections that can be accessed and articulated. In this way journeys involve moments of delicate negotiation, reflection and renegotiation on how to "be with" each other.

With Alice, I would try and be empathic with what might be happening inside her emotional world – "I guess this is very difficult for you", "Why bother trying here when everything else was falling apart in life", "Why should I trust you, you'll just get it wrong eventually" and all the other responses and comments about how I feel, what I hear what I see, the wind sound etc. etc.

Slowly, but surely, Alice seemed to relax. Slowly, but surely, she began to engage and seem to be freed up to begin to enjoy the activities and experiences.

By the end of the weekend the four of us had managed to spend one night camping in the wild, stayed two nights at the bothy, canoed down the river, spent half a day cycling along forest tracks, and managed to begin to have many moments of fun alongside cooking and eating together. Most importantly, for Alice, she had – by the end of the third night – successfully slept right through the night and hadn't woken up and run off once.

At the end of the four days and three nights, the four of us returned to the children's unit (the aim was to offer Alice a chance, if she had settled enough, to return to her original children's unit and not to the secure setting). Alice and her companion were getting on much better, so much so that it almost felt almost like being out with two "normal" teenagers.

As we drove into the car-park the unit manager came out to meet us. Alice said goodbye to me as the keyworker and I began to speak to the unit manager. She went into the building with the other teenager while we stood outside and talked. I was very clear that I was not part (and did not want to be seen to be part) of the world of the residential unit at this stage in our journey.

33 Towards a Psychology of Being, second edition, Abraham Maslow, Van Nostrand Reinhold, 1968.

After about ten minutes Alice re-appeared and walked right up to us. She stood directly in front of me, offering me full eye contact, said “thank you” and gave me a big hug. Then with a huge smile on her face, she walked back into the unit.

Both the Manager and the keyworker stood in silence for a few minutes and then both remarked that: “I have never before seen her offer affection to anyone before”.

And so my own journey into offering a service, based in nature, had begun...

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Biography

Rab Erskine lives and works in the Tweed Valley in the Scottish Borders. Rab’s initial experience of working therapeutically started in 1985, while employed at a pioneering therapeutic-community project. After qualifying as a Counsellor in the early nineties, and alongside working as a counsellor in primary care, he set up a small company offering nature-based short-term residential experiences to individuals and groups. From 2004 to 2016, he was commissioned to run the nature-based therapy project for the psychiatric service. For a number of years, he also worked as a supervisor and Trainer. He presently runs a nature-based private practice alongside mentoring and working for two charities that support adults with complex trauma. He has been a member of Cosca since 1999.

New Registrants on the COSCA Register of Counsellors and Psychotherapists and New Members

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ACCREDITED (BACP) COUNSELLOR/ PSYCHOTHERAPIST MEMBERS

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DEBORAH KIM COOPER

MORVEN CUTHBERTSON

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JULIA CHARLES

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GERALDINE CONKIE

SUZANNE COSTON

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GINA FINDLAY

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ALISON MCCLUSKEY

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COSCA

Counselling & Psychotherapy
in Scotland

VISION

A listening, caring society that
values people's well being.

PURPOSE

As Scotland's professional body
for counselling and psychotherapy,
COSCA seeks to advance all forms
of counselling and psychotherapy
and use of counselling skills by
promoting best practice and
through the delivery of a range
of sustainable services.

Forthcoming Events 2023

Details of all events are on the COSCA website:
www.cosca.org.uk

Please contact Ashleigh Greechan, COSCA Administrator,
for further details on any of the events below:

ashleigh@cosca.org.uk
Telephone: **01786 475 140**

COSCA Counsellor Accreditation Workshop

The COSCA Accreditation Workshop will be held on
Tuesday 24th January 2023, 10:00am-12:30pm via Zoom

COSCA Annual Ethical Seminar

Theme – Responding to Clients with Suicidal Thoughts
Tuesday 21st February 2023, 10:00am-12:00 noon via Zoom

Contact us

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