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### Taking counselling and psychotherapy outside: Destruction or enrichment of the therapeutic frame?

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## Taking counselling and psychotherapy outside: Destruction or enrichment of the therapeutic frame?

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This paper will explore emerging issues in the practice of counselling and psychotherapy in the outdoors, which the authors encountered when they took their clients outside of the traditional therapy room. The outdoors is defined as natural areas and spaces, such as woods and parks which have been termed ‘nearby nature’ (Kaplan & Kaplan, 1989) and also more remote areas such as mountains and moors which are more isolated from civilisation, what some have termed wilderness (McFarlane, 2007). Particular emphasis will be given to the ‘frame’ of psychotherapy and how aspects of this are affected by moving outdoors, in particular contracting in relation to confidentiality and timing. The relationship in psychotherapy will be explored in relation to issues of mutuality and asymmetry alongside the role of nature in the therapeutic process. Lastly the challenges and therapeutic potential of psychotherapy in nature will be explored.

**Keywords:** frame; outdoors; nature; contract; ecotherapy

### Introduction

This paper does not present a thorough reworking of the concept of frame and boundaries in counselling and psychotherapy, it seeks to present, through the our unique experiences, how our traditional notions of the frame in psychotherapy practice were challenged by taking psychotherapy into outdoor settings and conducting therapy within these spaces. The paper represents some tentative findings from our work in the outdoors and we hope that it will be of interest to others seeking to take their practice into non-traditional settings. We have used relational therapy ideas in order to enable us to start to think about some of the issues raised by this approach such as mutuality and asymmetry, and how these might be understood and experienced in an outdoor context. We hope the paper may also be of interest to therapists who predominantly practice indoors as we want to highlight how much the frame becomes synonymous with particular spaces and how these spaces may be both emotional and geographical (Bondi & Fewell 2003).

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In the early days of psychotherapy as Freud and his compatriots were working out ways in which the talking cure could be conducted, it would not be unusual for Freud to analyse his patients walking through the streets around his home in Vienna. As psychoanalysis developed, the concept of the frame evolved to contain the transference feelings evoked in the therapeutic relationship between therapist and patient (Gabbard, 1995). The therapeutic frame and being in an indoor space (more often than not the therapist's room with two chairs or a couch) became synonymous with one another. In order to hold clear boundaries psychotherapy needed to be conducted in an indoor space, where issues such as role, time, place and space, clothing, language, self-disclosure and related matters such as physical contact could all be controlled, normally in the service of preventing transgressions such as sexual intimacy from occurring between therapist and patient (Gutheil & Gabbard, 1993). However recent developments in psychology (Holmes, 2010), psychotherapy (Madison, 2004; Maxfield & Segal, 2008) and ecotherapy (Jordan, 2009) have all sought to advocate and practice therapy in non traditional settings such as client's homes, in the community, institutional contexts and in natural settings. Luca (2004) says that maintaining the frame in psychotherapy is the result of trial and error, as well as modifications that sometimes go unnoticed in the course of psychotherapy. What Luca suggests is that even where a clear contract might be set by therapist and client at the beginning of therapy this does not mean it cannot be open to flux and change. This then sets the scene, firstly for a discussion of advocates of 'frame therapy' (Madison, 2004), such as the communicative school of psychotherapy.

### **The frame**

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

process in psychotherapy and forms the main focus for emotions expressed both consciously and unconsciously in relation to it.

Langs (1982) sees the frame as providing the ground rules that defines the space and the manner in which the therapy is conducted. Pertinent to this article is that Langs states that psychotherapy should be carried out in a soundproof consulting room, in a private office in a professional building (Langs, 1982). He goes on to say that there must be set positions for therapist and client, total confidentiality, a one to one relationship and absence of physical contact. Langs refers to the 'deviant' frame whereby the therapist fails to set up the ground rules and context of therapy work, the deviant frame results in absence of the proper conditions for any psychotherapeutic work to take place. By focusing on the frame as the definition of psychotherapy we are focussing on an aspect of therapeutic 'environment' within which psychotherapy commonly takes place (Milton, 1993). Taking psychotherapy into the outdoors will potentially challenge the notion of the frame as 'held' within an indoor environment. By conducting psychotherapy outside of the traditional confines of an office it can be seen by other psychotherapists and professionals as a 'transgression' of the traditional boundaries of therapy. Zur (2001) in discussing out of office contact with clients states that, interacting with clients out of the office has traditionally been placed under the broad umbrella of dual relationships. A dual relationship in psychotherapy occurs when the therapist, in addition to his or her therapeutic role, is in another relationship with his or her client; however Zur argues that stepping outside of the office can be very therapeutic for clients as long as it is part of an articulated and thought out treatment plan.

Bridges (1999) proposes that in talking about the meaning and construction of the boundaries they become the therapeutic vehicle for deepening the therapeutic work and relationship. This idea of the 'fluid' construction of the boundaries is an important one as in some senses the traditional boundaries held in an indoor environment become much more fluid in the outdoors. Hermansson (1997) proposes that boundary management is a dynamic process where the therapist is continually applying professional judgement in the complex terrain of human relationships and emotions. Working outdoors can throw new light on these traditionally more fixed ideas concerning boundaries and invite an increasingly flexible perspective on issues concerning power and mutuality within the therapeutic relationship.

### **Context of the work and the frame**

It is important to identify the different types of psychotherapeutic work in the outdoors we are discussing. Our work involved conducting therapy with individuals in natural spaces over the time span of the traditional therapy hour, this work was very similar to one to one work carried out in a room with a client, and was typically carried out in 'nearby nature' such as parks and woodland (Kaplan & Kaplan 1989). We have also been involved in taking groups out into more remote terrain such as mountains and foothills; this work

typically extends over a weekend or longer and may involve camping out overnight in wilderness terrain.

The frame in this sense is challenged in different ways in different contexts. There are issues that are common to both types of work such as confidentiality, timing of therapeutic work, weather, containment and power dynamics. How these issues are managed alters with the context and duration of the work, the traditional therapy hour obviously is shifted and changed by therapeutic work which runs over a weekend, and where therapists may be camping, walking and eating alongside their clients.

The relational perspective in psychotherapy (Aaron, 1996; DeYoung, 2003; Mitchell, 1988; Santostefano, 2004,) will be used as the basis on which to explore some of the challenges to the traditional frame.

### **The relational perspective**

The relational perspective draws upon a variety of ideas that are not purely related to one particular school in counselling and psychotherapy. Central tenets of the approach are the idea that psychological phenomena develop within a broad field of relationships both from the past and in the present, experience within the therapeutic encounter is continually and mutually shaped by both participants (Bridges, 1999). The approach draws upon ideas from self psychology, psychodynamic developmental psychology, feminist psychology, and intersubjectivity theory.

Relational psychotherapy states that well-being depends on having satisfying mutual relationships with others, the concept of a reciprocal mutual relationship is important for psychotherapy. The origin of emotional distress is often rooted in patterns of relational experience, past and present, which have the power to demean and deaden the self. The relational therapist tries to experience and understand the client's unique self-experience in its social/relational context and to respond with empathy and genuine presence. Together, client and therapist create a new in depth relationship, which is supportive, strengthening, and enlivening for the client, Mitchell (1988) sees the end result as the healing of disordered subjectivity. Within this secure relationship, the client can safely re-experience, and then find freedom from, the powerful effects of destructive relationships, past and present.

In relational psychotherapy the meanings given to experience, rather than any underpinning biological drives, become important in understanding the distress that the client is experiencing. The therapeutic process involves both client and therapist negotiating, interacting and co-constructing old and new experiences in relationship. The approach draws upon ideas from constructivism, arguing that the mind (and its intrapsychic contents) does not exist in isolation, but is embedded in an intersubjective field that creates meaning (Stolorow & Attwood, 1992). Relational psychotherapy then is about 'self-with-other-in-action' (DeYoung, 2003), i.e. what the therapist and client 'do' together, thus placing an emphasis firmly on the 'lived' process of therapy. The approach emphasises mutual participation, influencing and regulation between

therapist and client, with at least one author emphasising the embodiment of this process as being central to therapeutic change (Santostefano, 2004).

In our opinion this stance makes this psychotherapeutic approach particularly suitable for working in the outdoors, where the therapist and client are both stimulated sensually and on the move physically, and where as a result, the therapeutic process is necessarily shifted to a co created present centred focus. This essentially brings the therapy even more vividly alive than it would be in a room, often throwing into sharp relief the client's central issues, as they are played out in the richer terrain of the outdoors. The relational encounter within the dynamic nature of the natural world can provide rich opportunities for a new experiencing with immediacy for both therapist and client, all of which can be fed in to the therapeutic process. This process can also throw up challenging issues for the therapist, in dealing with intrusions from the natural world, such as erratic, difficult weather conditions. This issue is especially pertinent in terms of physical safety of clients on more dangerous terrain such as mountains and remote places far from urban life.

### Power

Berger (2006) highlights the inherent issue of power in the therapeutic process, with specific reference to the physical setting of the therapy. The more traditional room is set up, controlled and 'owned' by the therapist, for Berger this always sets up a power imbalance. He sees this space as becoming freer flowing and democratic, as therapist and client move into an independent natural environment.

In his nature therapy approach he outlines the 'building a home in nature' method, where therapist and client choose and maintain a therapeutic space. He considers this as a key intervention for inviting the therapist to flatten hierarchies, to encourage the client to take ownership of their process, and to facilitate the therapeutic alliance.

The issue of space and power came up for one client engaged in therapy outdoors; this following account discussed with the therapist illustrates this:

*... the experience of being in a natural and therefore to me, neutral space. When entering a therapist's space, generally a consultancy room, the environment of the room generally influences my preconceptions of the therapist, the relationship I will have with them and the support I will get. My experience of therapy was that my relationship with the environment – natural surroundings, and as much 'mine' as the therapists – separated from my relationship with the therapist, immediately making me feel safer, on supportive ground; to the extent that the environment became the therapist and the 'therapist' became a facilitator. The experience of feeling 'I am in the therapists territory', which I find sometimes unsettling, and the 'patient/professional' dynamic which can also be difficult, were both diminished.*

This raises the important issue of the role of nature in the therapeutic process, how the client is forming a relationship with the natural environment as much as with the therapist, and the role of the therapist in this sense is as an expert at facilitating therapeutic conversations, not the professional with the answers and advice. It also highlights the idea of just how much unconscious power in



contained in the traditional therapeutic frame, and how this power is perceived to be in the hands of the therapist. When moving into outdoor space a greater element of democracy can begin to enter into the process simply because the space is not owned or controlled by either therapist or client.

### **Mutuality and asymmetry**

In altering the physical setting for psychotherapy, outdoor therapists have a golden opportunity to bring a more instant mutuality to the therapeutic frame. In this instance, we are referring to the broad clinical aspects of mutuality and reciprocity as defined by the American relational psychoanalyst, Lewis Aron (1996). He emphasises that meaning in the therapeutic relationship will be arrived at through a 'meeting of minds', through an exploration of the co-created experience of the therapeutic encounter, rather than the therapist demonstrating superior insight into the client's psyche. In his methodology concerning mutuality this involves working with all the elements that the therapist and client have in common (Aron, 1996).

In outdoor psychotherapy, the physical therapeutic setting is essentially a more neutral space, in the sense of not being owned or controlled by either participant, so there is potential for both to share more fully in the co-creation of their therapeutic place. This process will then be reflected within the therapeutic relational dynamics. As with the case example below, the ways in which the therapeutic dyad relates to the setting can act as a magnifier for the central therapy process. Drawing upon our experience, we consider that outdoor counsellors and psychotherapists need to be thinking even more about the issue of mutuality in the relationship, than they would whilst working in a room, as it is often more immediate in this natural setting.

### ***Case example:***

In a therapy conducted whilst walking and sitting in a woodland setting, my client and I discussed our experience of a strong sense of a shared place, in stark contrast to the therapy room we had previously worked in together. We talked of how this experience had evolved from our first sessions outdoors, when although she looked to me to provide the route and to 'lead the way' (thus still investing in me some sense of power), she had felt 'liberated' by the change of setting. She reported that this had significantly influenced her sense of the potentiality to influence 'how things were going to be' in our relationship. She had a strong sense that 'things could be different'.

Initially we both related to the space as though I was the one in control of it, and she was to operate within any parameters I might set. This was in effect, a recreation of the relational dynamic re the physical environment prevalent within the therapy room. Significantly, the walking route I had chosen was too physically demanding for her, and became a catalyst for one of the important themes of the therapy concerning my client's physical needs and her difficulty in expressing and negotiating them in her relationships with others. This was



fertile ground indeed for us to experience and explore my client's ways of being in the world through a very physical relational enactment (Santostefano, 2004). What is relevant here is that the working through of this process (with her negotiating with me about where she wanted us to walk and sit), reflected her increased sense of potency within our relationship. This culminated in her wanting us to take a completely different route and explore a nearby unknown area. Interestingly, this latter route and sitting space became for both of us, a more a truly co-created place, a mutually created physical container for the therapy.

At this point we must emphasise that the relational definition of mutuality does not include equality, and the difference between the two concepts is extremely important, especially in terms of holding the frame. Aron (1996) states that:

...while both analyst and patient share a great deal and while influence and regulation move in both directions, that influence is not necessarily equal, nor do patient and analyst have equivalent or corresponding roles, functions, or responsibilities. (p. xi)

He refers to this as the asymmetry within the therapeutic relationship and, along with other authors (Hoffman, 1991), considers this essential in order to ensure that the clients experience remains at the centre of the therapeutic process. Aron (1996) highlights the dialectical relationship between this sense of separateness, and difference on the one hand; and mutuality on the other.

One of the challenges in working outdoors then is how to hold the important, inherent, asymmetry of the therapeutic relationship whilst promoting mutuality in a natural environment that is more neutral; the latter often having the effect of spontaneously eliciting opportunities for commonality and sharing between client and therapist. In our experience, this becomes a unique dynamic tension, involving careful monitoring of the client's experience and an active ongoing attending to therapeutic boundaries, such as contract, confidentiality, time constraints, payment etc, which are designed to support and protect the asymmetry.

### **Contracting**

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

In order to protect the client when conducting therapy outside it is important that a clear contract is negotiated at the beginning so that the client has an idea about costs, time, cancellation of sessions, confidentiality, and other factors traditional to starting therapy. This will provide the solid container for the therapy. However due to the fact that the work is now in a more unpredictable setting, other issues also need to be accounted for.

For example, in relation to confidentiality, what do we do if we are walking in a wood and we encounter somebody walking their dog? What happens if the client is in mid sentence discussing some particularly painful incident? Such issues wouldn't arise whilst working in a room with a closed door; however outside both therapist and client need to discuss how they are going to manage these more immediate confidentiality issues if they encounter somebody on the path. Session timings can also become important, where do therapist and client meet? When does the session start? Will the session finish on time if the physical pace slows down? Also, what about the weather? Are we out no matter what this is like? If not, who decides?

Some of these matters can be taken care of, in a fairly practical manner, by discussion of the possibilities and contracting for these in advance; the therapist will take the lead in this process. However, in our experience outdoor work also calls for a more expansive ongoing contracting process. Therefore the therapist will need to introduce the idea of process contracting (Lee, 1997) for the uncertainty of the outdoor environment.

So the contracting for outdoor work will involve both advance highlighting of some of the potential issues with enquiry as to how the client feels and what they need in relation to these, as well as agreeing that the overall flow of the process will include dialogue about events and how to manage them, as they occur. For example, in the case of clients connecting with and expressing painful feelings, it may be important to have an advance agreement that the therapist will lead any potential contact with other people and, walking ahead, steer them away. Another client may require just a simple ceasing of the discussion whilst the other person passes by, or yet another may manage the situation themselves with this process eliciting some significant therapeutic material. In this instance, as with therapeutic decisions indoors, it will very much depend on the client's familiar process concerning managing feelings and intimacy, as to what response is called for. In terms of contracting some of this can be done in advance but much will be done in the moment based on what is needed therapeutically for the client at the time.

The therapist has to be consistently mindful of the potential for reinforcement of some of the client's defensive processes in the face of such unpredictability and immediacy of experience. This is in many ways to be expected, and will indeed form part of the therapy. However, the therapist, through use of an attentive, inquiring, contracting process can help to hold the client at the edge of their experience in a way that maybe uncomfortable but will not become overwhelming.

It is of course, possible to hold a time frame in as firm a way as we might in a room, through planning routes very meticulously, or remaining more static by spending much of the time seated. Indeed some clients may need this, and a more restricted sense of 'knowing' the therapist that can come from being in a more confined physical space, especially in the earlier stages of their therapy outdoors. Out on trail, there is definitely a distinct, increased sense of this therapist and client intimacy. Here, some of the challenges require the therapist to be attentive to the impact on the client and themselves, of their increased level of contact. How does the therapist protect themselves and the client in this

process? Some of the possibilities include contracts concerning having clear bounded reflection spaces and time, and distinctive 'time-out', where therapists can reflect on the group process away from the group, and the group has a very separate social time away from the therapists.

Generally then, it becomes apparent that a truly fluid contracting process is called for as therapist and client face the outdoor terrain, and all the resultant challenges, together. This is especially the case when working with groups out on extended trail trips, where contracting for issues of physical safety are also included in the process. In these more extensive outdoor experiences it is not possible (or always even desirable) that the uncertainty of the environment can be comprehensively contracted for in advance, indeed this could potentially 'contract' the possible benefits of working outside. But what is important outdoors is that the therapist develops an ever-increasing flexibility to attend to the needs of the emerging process between themselves, their clients, and the inherently unpredictable environment. This will involve keeping in mind the issues concerning the client's and their own vulnerability in the process.

### **The role of nature in the therapeutic process**

Relational psychotherapy has highlighted the mutuality of the therapeutic process, but the physical environment has largely been ignored (For an exception, see Santostefano, 2004), and seen as a rather static backdrop. Placing therapy outdoors within a relational paradigm can mean that this backdrop now becomes a living presence, a much more visible and active element in the therapeutic work than the therapy room might be. An implication here is that therapist and client are constantly aware of (both consciously and unconsciously), and responding to, the presence of this vibrant living third in the dynamic. This moves therapy beyond the two person psychological world of relational psychotherapy in to a two and half person psychology (Tudor, 2009). In this 'mode of therapeutic action' (Stark, 1999) the significance of the environment in which therapy takes place is accounted for. The focus shifts to a 'multi-directional' relating style and a methodological emphasis on what Tudor refers to as 'interspection: – a process of reflecting on what is in between – and beyond-therapist and client' (Tudor, 2009).

The therapist's room can be seen to be a space imbued with emotional geography (Bondi & Fewell, 2003), and being in this space forms a sense of being cut off from the real world. One author's experience is that certain clients have deliberately sought out therapy in the outdoors due to the experience of indoor spaces being jarring to their sense of self and moving outdoors aides their sense of well being.

One client's experience illustrates this:

*I have often felt very constrained in consultation rooms, particularly when I am in a strong emotional state. I have on occasion felt limited by the typically neat and – importantly – small space and often to really explore emotional states I want to move. Being in the open was very much more conducive to this.*

This is certainly a point reinforced by research; there is a body of evidence drawing upon research from environmental psychology that has explored the effects of nature on human perception, emotions, behaviour and cognition. Ulrich (1984) and Verderber (1986) found that the quality and content of the view from a hospital window had a significant affect on a patient's recovery; the nature content fostered a quicker recovery post surgery. Kaplan and Kaplan (1989) found that given the diversity of human preference and perception, there were strong and pervasive consistencies in the way that we perceive and show preference for particular environments, in particular there is a preference for wilder environments untouched by the hand of man, and they also found there is a preference for trees and plants. Recent studies have sought to identify the importance of woodland and natural landscapes for mental health (O'Brien, 2005; Bird, 2007). Davis (1998) explores the premise that intimate contact with 'external fundamental structures' (such as in wilderness experiences), promotes a shift within us to greater contact with 'internal fundamental structures'.

The recent book on ecotherapy (Buzzell & Chalquist, 2009) forms a challenge to the traditional ideas of psychotherapy as conducted within an indoor environment abstracted from the context of nature and the outside world. Ecotherapy as an umbrella term for nature-based methods of physical and psychological healing, ecotherapy represents a new form of psychotherapy that acknowledges the vital role of nature and addresses the human nature relationship.

Psychotherapy in nature has wider implications, in that nature is not just a 'resource' to be exploited for therapeutic ends, but as a living third in the psychotherapeutic dynamic that needs to be treated with respect. Therefore, the therapist needs to be mindful of ethical and ecological considerations in conducting therapy in particular terrains. Environmental issues, our relationship with the planet and the oppressive economic conditions that give rise to aspects of personal distress, are all issues of relationship, and therefore it can be argued they should be integrated fully into our psychotherapeutic practice (Jordan, 2009).

### **Challenging issues and opportunities in taking therapy outdoors**

Working outdoors in a relational style however, can bring some challenges concerning this greater sense of fluidity and mutuality, specifically in relation to the boundaries surrounding the nature of the relationship.

#### ***Case example:***

Towards the end of her therapy my client began to lament the loss of our relationship. Whilst this is not unusual in therapeutic work, this client really decided to challenge the accepted (especially in psychodynamic traditions), boundary that therapists and clients generally do not continue in a friendship beyond the therapy work. Although this challenge could be interpreted as a

difficulty in accepting limitations of relationships and the associated losses (this was relevant to the client concerned), it was also related to the changed nature of the relationship that both my client and I had felt once we had begun to work outdoors, having originally begun indoors. In exploring what was happening further, the client referred to the shared journeys and experiences in the environment as having been very important to her. She reported experiencing a stronger sense of me, her therapist, as a 'real' person in the 'real world' experience of her therapy, rather than as a more separate professional closeted in the therapy room. This had given her a strong sense of mutuality as described above, but also wanting to lose the asymmetrical part of our relationship. I, in my turn, found myself struggling with this challenge in the sense that I began to wonder if indeed a friendship would be OK, but felt that I 'ought' to hold the boundary. Working in the outdoors had increased my sense of involvement with the client, and the increased sense of mutuality began to seem to lead naturally to friendship. Embleton Tudor (1997) explores this very issue in relation to the contract boundary, citing Heywood's (1993) writings concerning 'relational ethics that do not inhibit intimacy'.

In this instance, with supervision, I was able to reflect on the importance of holding this particular boundary for this client. It was significant that she had begun to consider the possibility of changing the nature of the relationship, as together we would have enacted something significant for this client. It was however therapeutic for my client to also hear my struggle around this issue and not simply to hide behind a professional code, but then for me to hold the boundary and support her in the ensuing process. This in turn led to a more mutual recognition of the loss of the relationship, including the joint relationship with the place we had been working in together.

This example highlights the challenge for both client and therapist concerning holding the asymmetry of the relationship in the face of often moving, powerful shared experiences in the outdoor setting, where there may be a 'pull' with some clients to change the nature of the relationship. However, our experience has demonstrated that (as indoors), this by no means happens with all clients and is so often a magnified element of the client's process lived out with the therapist.

As mentioned above, it is still possible and maybe at times desirable, for the therapist to assert some sense of control of the outdoor space rather as they might indoors, introducing more elements of predictability into the mix. This might involve providing a specially created outdoor space (Santostefano, 2004), or sticking to a prescribed route or place to sit. One of the authors has found it easier to conduct one to one therapy outdoors in a space that mimics the indoors in the form of a willow dome. One author found that at times being in an open environment was too anxiety provoking, in that issues of confidentiality were challenged by not being able to maintain a private space. Privacy and confidentiality were maintained by erecting signs asking dog walkers etc to not enter the area around the willow dome. The dome forms the shape of a yurt and is situated at the edge of a woodland setting in a managed forest garden. At different times of the year the dome will be in bud, leaf then dying off for the winter season. The dome both represents an environmental and metaphorical

container, where weather elements can be protected against and covers can be put up, but also a space where emotions can be contained and sat with. However when working with a group over a weekend, where the group may be walking in public spaces used by others in the outdoors, we have found that it is important that space is offered to share what is going on during the walk, but also that a 'space' either around the fire or a group tent or bunk house is offered at the end of the walk to sit and share any issues in a more contained, warm, dry space. In this way a therapeutic container can be created in what might otherwise be felt to be an uncontained space such as path on a mountain or hillside.

We are both experienced therapists in terms of working in an indoor space but we found the outdoors caused us at times to feel more anxiety than we normally would have indoors. This anxiety was caused by working with an increased level of environmental unpredictability. In particular when walking with groups the weather or terrain made it difficult to stop and reflect on emotional issues. In terms of managing their own anxiety therapists need to be able to sit with this, and find ways of processing it. Therefore, for group trail work we would definitely recommend working with a co-therapist for this reason. However, this work will not suit all therapists, as some will possibly experience the work as too revealing of their own vulnerability, and may struggle to know how to 'hold' this and support themselves, whilst still focussing on the client.

There is also a danger that in moving outside we are moving away from something. The first client one author took outdoors was a low cost client and we felt stuck in lots of ways, her process was to always focus on her partner and what was wrong with him and it was difficult to move her back into a process of focussing on herself. The process of taking her outside was more for the author to test out what it was like and to start to grapple with the issues of working outside. In moving outside we contracted for her to pay less as we didn't have to cover the costs of the room, she agreed to this arrangement as she was struggling with the costs of the therapy. We would walk and the therapy tended to follow a similar pattern to being indoors. There were some shifts I started to notice, the initial feeling for me in moving outside involved me feeling exposed, as though aspects of my professional identity were stripped from me, and the common protections I used in the setting of the room were somehow taken away when moving outside. This indicated to me just how much is invested in the physical container of the room and what happens when we move beyond this. Walking outside with my client seemed to shift aspects of the rhythm and intensity of the encounter in contrast to indoors – I wrestled with the sense that moving outside could be seen as an enactment on my part, a physically embodied way of wanting to move away from being stuck with this particular client. I think in some senses she stayed as stuck outdoors as she did indoors but any therapeutic intervention such as working with a client outdoors as opposed to indoors needs to be subject to scrutiny in supervision and with peers to explore fully the reasons both conscious and unconscious that might be involved in taking the therapy outside.



## **Conclusion**

We have not sought to advocate a total reworking of the frame in the outdoors but to highlight some of the emerging issues around taking psychotherapy into a natural setting. Through our work together in the outdoors and discussions in supervision, we have reflected on factors that affect the practitioner in a natural setting that wouldn't normally happen in an indoor room space. The boundaries between mutuality and the asymmetry of the relationship we feel become more magnified, and can provide ample grist for the therapeutic mill. We believe that this then presents an increased challenge for therapist to hold these tensions including their own anxiety about how to hold them.

We have emphasised clear contracting and boundary setting, in terms of moving in and out of therapeutic conversations, which then allows for some differentiation between what is a therapeutic space and what is a social space. When camping alongside each other both clients and therapists can experience a blurring of the boundaries between what is therapy and what is a social space. However, we also consider that fluidity within the contracting process involving a careful attention to emerging experience and the demands of the outdoor setting is an absolutely central requirement for this work, in terms of providing protection for both client and therapist.

The therapeutic approach we explore here requires a concept of the 'living frame' a movable and more dynamic encounter which includes relationality with the living world around us in the form of nature, the wind, rain sunshine myriad of plant and animal life as well as the potentiality of encountering other humans. However, with increased sense of therapeutic 'risk', comes associated increased sense of immediacy and potential therapeutic vitality available for the client's benefit. We acknowledge that relational therapy is only one way of understanding this work, Madison (2004) has advocated an existential phenomenological perspective that is also relevant as an antidote to rigid 'frame therapy' and can work in contexts that require a more fluid frame such as a hospital setting.

Overall we do not advocate that therapy outside is better than or more than therapy conducted in an indoor setting we practice in both contexts and believe they both have validity. We are interested in how psychotherapy in the natural world can be practised in a safe and boundaried way, but also that the frame as traditionally understood doesn't trap us indoors. We believe the frame represents a way of understanding the relationships and spaces that become therapeutic, and in this sense can be reconstructed in a more fluid and dynamic way in the outdoors.

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