

Brazier, C. (2017). *Ecotherapy in Practice; a Buddhist model*. Taylor & Francis.

Chapter 6 Triangular relationship (pp. 79-92)

This chapter draws on the other-centred concept of triangular relationship (between therapist, client and the shared object of attention) showing how in ecotherapy the third element is the natural environment. Exploring relational ramifications in terms of the side-by-side relationship and changes in dynamics and boundaries, it discusses the centrality of empathy, developed both by therapist and client through resonance and attunement. The chapter shows how, working outdoors, the therapist moves in and out of close empathy, sometimes taking a more objective position. The importance of non-judgemental attitude, emphasised in both person-centred approach and mindfulness, is raised as is the consequent need for therapists to acknowledge fallibility.

The therapeutic relationship is commonly represented as a process which happens between two people, a counsellor and a client, who meet regularly in the particular situation of the therapy room to explore aspects of the client's experience. This relationship takes a particular form, defined by the therapeutic boundaries which establish limits on the length, frequency and style of sessions (e.g. Feltham & Horton 2000; Charura & Paul 2014). Within this context, which constitutes the therapeutic container, therapeutic dialogue unfolds. The therapeutic relationship is multi-layered, addressing in its complexity both conscious and unconscious material, but it is essentially represented as a dyad; two people in interaction within an agreed contract.

By contrast, the concept of therapeutic triangle is fundamental to other-centred methodology. In this model of psychotherapy, therapist and client are not seen as operating as a dyad, but rather as forming a collaborative relationship in order to engage with a third element, the world of phenomena. In the therapy room, these phenomena might be characters within the client's story, events and places which are important to him or images and ideas which inform his thinking, or they might be real objects such as photographs, artwork or figures in a sand-tray. This being the case, it is not hard to see what makes other-centred approach so appropriate to ecotherapy.

In this chapter we will explore some of these relational aspects using methodology drawn from the other-centred model, particularly as it applies to working outdoors. For a more systematic review of this approach, you may want to refer to my previous book, *Other-Centred Therapy* (Brazier 2009), which mostly, but not entirely, describes the method in terms of conventional indoor therapy. Here we will look at how conceptualising the relationship as triangular allows the contribution made by the environment to the therapeutic process to be more centrally recognised within the framework of thinking.

Since working outdoors can take many forms, we will look at basic principles which can be applied in work with individuals and groups, as well as in more open-ended community

settings. The breadth of these applications means that inevitably the therapist or practitioner will need to adapt the principles to particular situations, but the core of the method will remain much the same.

The side-by-side relationship

Going for a walk with someone is probably one of the most common ways in which people experience the outdoors together. When we meet up with a friend, we might take a stroll and talk over what is happening in our lives or we might sit by the duck pond, watching the families throwing crusts to the birds and musing on how our own children are growing up. Whether we are watching birds together or standing gazing into the sunset, we do so side by side. Being alongside one another seems like the natural way to be. To face each other in such situations would feel strange. It would exclude the view and we would miss out on the shared experience of our surroundings.

Just because we cannot see the other person's face, this doesn't mean that we communicate less deeply. In fact the reverse can be true. Sometimes looking someone in the eye we have a sense of looking into their soul, but other times we get trapped by the persona, the mask, the appearance, and our intimacy is limited. Sometimes we are most guarded when we are looking someone straight in the face. It can be hard to really hear someone who fixes you with their eye, whether the gaze is hostile or seductive. Walking side by side, we do not feel any less close or less open to one another.

Often we feel freer to share intimacies. The presence of the other slips in, almost unnoticed, as we voice our musings. In the side-by-side position, the other person can be a silent companion to our solitary thoughts, like the observer-mind, watching inside our heads, or a solid presence by our sides: a henchman, a bodyguard, a protector, felt but not seen. Released from the impact of the companion's gaze, other senses are freed up. When we listen in this way, we feel the other's presence, hear their tone of voice. More importantly, we share their world-view, and in sharing experiences we tune in to their reactions. We look together at a beautiful view or a desolate industrial landscape, a dead animal or a cherry tree in blossom. We sense each other's reactions and attune ourselves to them.

Outdoor therapy often involves being alongside someone. Whether we are sitting on a bench or by a river, walking along a beach or standing on the edge of a cliff, in this work we are frequently side by side as we talk. We are together in nature, our conversation taking place against the backdrop of our surroundings, crystallising around shared points of attention. This shared experiencing invites collaboration. Participants and therapists collaborate in investigating the scene in front of them whilst therapists and environment collaborate to create the therapeutic container.

The other-centred model, in viewing the therapeutic relationship as triangular, focuses on side-by-side communication both imaginatively and literally. It frees the therapist to be alongside the people with whom she is working, looking at the world with them and sensing empathically how they perceive it. Whilst in the therapy room, the therapist achieves a shared

view of the client's world, imaginatively coming alongside him and trying to envisage his experience as he describes events and relationships in his world. When we go outside, as we actually walk together or sit next to one another, we both experience the same landscape and respond to it, so we can see similarities and differences in how we perceive things.

Attention

Working outdoors, therapists and participants are presented with a wide vista of experiences. The space around them is crowded with life, be it plants, trees, animals, birds or humans. Things are near and far, above and below, constantly changing and evolving. Sometimes something appears which is so compelling it cannot be missed. This morning as we approached the pond on our morning walk, a heron flew up quite suddenly from the reeds, not far from where we stood, with a huge flapping of wings. It stopped us in our tracks. We had no choice but to look at it. Other times when we walk together, each of us looks in a different direction, our attention caught by different things, but today we all looked the same way.

There are different kinds of attention. Sometimes attention is sharp and focused, like the eye of the heron penetrating the water of the pond. Other times it is soft, giving us a broad sense of our surroundings, our eyes playing over the trees and grass and sky without alighting on anything for very long (Kaplan & Kaplan 1989). Mostly we are open to distraction. We are capable of being caught by the sight of a heron flying up.

Our attention is caught by specific things. Usually this is because we have some kind of personal interest in them. We might notice the remnants of ice on the pond, and think about how much it has thawed since yesterday because we are hoping the weather will warm up, or spot broken branches under the trees because it might be good to take some home for the fire. Such ordinary observations are personal and idiosyncratic. They reflect aspects of our lives which we carry in our thoughts and the stories which we are living out.

Outdoors, with so many things going on, there are always many different things to look at or think about. As we become conscious of our mind-process, we can be interested in our own flow of attention. What catches my eye? Do I watch people or wildlife or trees? Where is my interest focused and what do I react to? Is my attention on the surroundings or am I preoccupied by thoughts? What are the stories behind these changes of attention? Besides reflecting on our own experiences, we may also be interested in what catches our companions' attention. Therapists are interested in how their clients pay attention to the world. Sometimes this is observable by watching the direction of someone's gaze or by listening to what they comment on. Other times we are surprised when participants comment on things which they saw or heard which we missed completely.

Different dynamics and side-by-side relationship

Walking side by side feels friendly. It can seem quite informal compared to the more structured situation of the therapy room where the therapist and client are mostly seated in their two chairs. Changing our ways of working from face-to-face to side by side has

implications not only in terms of a shift of attention, but also in the dynamics of the therapeutic relationship itself.

In face-to-face therapy, the therapist is almost inevitably a strong presence for the client. The client can watch the therapist's face and may interpret expressions and voice tone as affirmative or discouraging. An involuntary flicker of the eyebrow or a slight hesitation before responding may be understood immediately in terms of approval or disapproval. Some clients are very good at knowing what the therapist really thinks, even if the therapist thinks she is simply responding in a reflective style.

Other clients do not necessarily see the therapist as a real person at all. Clients often project roles and responses onto their therapists, making them into transference objects: substitute parents, lovers or friends. The therapist becomes the screen on which the client's habitual world-view is played. Habitual roles are acted out with her. The therapist may become skilled at separating projections from reality and, in imagination, standing alongside the client and seeing herself, the therapist, through his world-viewing eyes. She also, incidentally, notices the reactions which the client's behaviour evokes in her, viewing them with similar curiosity and dispassion. These reactions, sometimes referred to as counter-transference responses, reflect counterpart roles to his habitual ways of being. Thus all these fields reflect aspects of the client's world.

Projective phenomena are not eliminated from the therapeutic relationship in the side-by-side model, but they are diminished. This is because, to a large degree, in other-centred therapy the intention is to explore projections and transferences as they manifest in the relationship with the world rather than in relationship to the therapist. In the side-by-side model, whether in the consulting room or outdoors, the therapeutic relationship is primarily focused on exploration of the participant's experience of others and of the world. Whether he is talking about life events, thoughts and feelings or directly experiencing the moment, the therapeutic interaction focuses predominantly on the world that is being described – a world of other people, places and events. The therapist deliberately steps out of the limelight of attention, using a variety of responses which are all basically concerned with shifting the main attention, and the transferential projections, away from herself, so that she can stand alongside the participant in a process of shared enquiry, imaginatively looking at the things which he is exploring, and hearing what he sees in them (Brazier 2009).

As therapy moves outdoors this kind of shift tends to occur naturally. Whether walking or sitting, in one-to-one therapy relationships the side-by-side relationship becomes the practical way of interacting. The therapist easily takes a back seat and becomes less visible in the process as she and her client look together at the things around them.

Empathy

Empathy is foundational to the therapeutic relationship (Rogers 1951; Mearns & Thorne 1988). Most models of psychotherapy, at least implicitly, see the ability to listen and understand at depth as fundamental to whatever other activities they use. In order to be

empathic, we need to be able to listen deeply with all our senses – sight and feeling as well as hearing – and to ground our understanding in an appreciation of human process (Rogers 1980). This understanding often comes from our own experience, but needs to recognise the particularity of the other person's way of being.

In order to empathise, we need to set aside our own agendas and listen. Because we have all experienced pain and pleasure, wonder and boredom, we have the basic building blocks with which to understand the other's emotions, but we need to be able to draw on these experiences without imposing interpretations on the other person. Sometimes listening in this way can put us in touch with painful, embarrassing or unpleasant memories of our own, and these can be a block to empathy. This is why trainee therapists undergo their own therapy. Other times, though, listening empathically can restore our faith in human processes.

Empathy arises out of the experience of standing alongside another, seeing his situation 'as if' through his eyes (Rogers 1961a: p. 29). In this, the relationship is essentially triangular. We stand beside the other and share his view of an object world, real or imagined. In establishing an empathic relationship, we do not identify with him, but, rather, attempt to feel his responses 'as if' with his heart. Empathy involves understanding how it is to walk in his shoes and eat at his table. It does not include judgement. It does not need sympathy or problem solving. Rather it respects the other's autonomy and lets him make his own decisions whilst trying to imaginatively accompany him and appreciate the depth of the dilemmas involved in his life choices.

Empathy is about listening. It is about hearing the words which are used and not the ones we think have been said. It is about hearing the complex layers which lie beneath the surface and the things which are being implied or not voiced at all. It is about reading between the lines without guessing. It is about noticing the subtle changes of tone in the voice, the twitch of the eye or the slight welling of tears.

Developing empathy with someone is always a process of negotiation and checking. In this it is a humble process. Gradually we inch our way towards the real meaning of what is being said rather than giving wise pronouncements. Typically, empathy is established through reflective listening. The therapist listens and echoes what she thinks she has heard the client say, paraphrasing, summarising or sometimes repeating his actual words. The question which lies behind every empathic reflection is 'Is this how it really is?' When we are seeking empathy, we should be willing to hear that, no, it is not. We should be willing to listen again. Voicing our tentative understanding is important. It allows the other person to disabuse us of our misconceptions.

In therapeutic dialogue, whether in conventional settings or outdoors, there is always some ebb and flow in the process. Therapist and client move in and out of close connection. The therapist feels her way into the story which the client is telling and into her own reactions to it. This is sometimes described using the metaphor of 'entering the river'. Then periodically the therapist steps back and takes a more objective viewpoint, checking her perceptions for

accuracy and usefulness. This is sometimes described as ‘keeping one foot on the river bank’. In this way, the therapist does not simply respond from her stream of consciousness, which would inevitably impose inappropriate interpretations and personal agendas onto the client’s experience, but, rather, filters what she says appropriately.

In describing empathic process, the metaphor of ‘having one foot in the river and one foot on the bank’ illustrates the balance which has to be maintained between the felt-sense and the intellect. Two feet in the river lacks objectivity and runs the risk of becoming identification. Two feet on the bank is over-distanced and lacks compassionate understanding.

Resonance and attunement

Achieving empathy relies upon our ability to imaginatively enter the world of another person and see things as he does. We listen and, as we do so, we allow their story to play in the imagination like a film. As we listen, we watch, gradually tuning in to the detail of nuance and imagery until we reach a point of resonance. When we have got alongside the other in this way, an unconscious process unfolds which means that our bodies start to mirror and resonate with the felt-sense of the other person. When in empathy with another person, we feel something of their joy or their fear, their anger or their grief in our body-sense. This kind of resonance is often experienced at a low or subliminal level that we are not consciously aware of, but it still affects our understanding. It can be particularly strong when we are closely related to the other person or emotionally involved with them. The mother feels the pain of the son. The lover feels the pain of their partner. Friends share elation or disappointment, frustration or anxiety with one another.

Empathy is thus an embodied process. It relies upon the body’s ability to feel and attune to another’s embodied experience. Attunement goes both ways. On the one hand, the therapist is grounded and, by being so, transmits groundedness to the client. The therapist’s groundedness provides safety and support, which in turn invites the client to relax and become more grounded. At the same time, through awareness of the body-sense, the therapist experiences resonance with the client’s moods and reactions and may pick up aspects of the client’s story through feelings which are not being overtly talked about, and are perhaps not even known to the client himself. The therapist may thus respond not only to what is being said, but also to what is not being said (Truax & Carkhuff 1967).

Attunement is not just something which happens between people. When we go into nature, we may feel body-resonance with the land around us. In a dark wood we may feel gloomy and fearful. On a hill top we may feel exuberant and free. By a river we may feel calm. By the sea we may feel energised. We may feel deeply affected by the weather or the time of day. Most people feel different on a sunny morning from the way they feel when it is overcast. The body-sense responds to cues from the environment with a feeling-based set of reactions and associations.

Such emotional resonances would not generally be described as empathy, but they do seem to involve similar processes to those of imaginative accompaniment. Perhaps such experiences

raise questions about the real nature of empathy and about our relationship to our environment. Can we feel empathy for the fox pursued by hounds or the badger that is being gassed in its set? Can we empathise with the exuberance of a bird singing in the early morning? Can we develop empathy for trees which are being destroyed or vegetables which are being harvested? It is easy to think that, in feeling such resonances, we are projecting our own emotional responses onto animals, succumbing to anthropocentric thinking and irrational flights of imagination; yet do such feelings have validity? Even though we can never enter the mind of an animal or plant, perhaps such thoughts are important in cultivating sensitivity to the non-human just as they do in human relationships.

Empathy and observation

Working outdoors can be freeing. No longer constrained by the formalities of the therapy room, as we walk alongside another person we can move between conversation and silence in ways which feel natural. As we have seen, this can help us achieve a deep empathy for their world-view. Other ways of working outdoors, however, can make establishing an empathic connection difficult. Whilst it can be easy to tune in to the other person's feelings and feel a deep empathic connection whilst side by side, in some activities it is difficult to achieve a depth of contact.

It can, for example, be difficult to maintain consistent empathy in situations when participants are scattered over a wide area and we are not party to their minute-by-minute process. We do not know what they are thinking or even, sometimes, what they are doing, and lack the physical closeness needed to feel body resonance. Working outdoors in this way gives people space to explore the environment on their own without the therapist intruding on their process, but for them to maintain connection with the therapist, they also need check-in time before an exercise and to be able to debrief afterwards. Thus the group and the facilitators move in and out of empathic engagement.

In these alternating phases of engagement and separation, facilitators tend to alternate their styles of operating. When the participants come together to share, the facilitators attune empathically to their process. During the periods when participants are engaged in activity, however, the facilitators' role becomes to act as more objective observers. This means that they relate to the participants in more than one way: in dialogue and through observation.

Whilst the group is engaged in activity, the facilitators observe, watching how participants respond to one another and to their surroundings when left to their own devices. Sometimes this allows therapists to spot anomalies between participants' behaviour and the way they talk about their experiences. For example, if a participant tells the group in a sharing session that he is timid and never takes risks, but later the facilitator observes this same person taking the lead in an activity where other participants are anxious and holding back, the therapist can comment on this anomaly. Indoors, the therapist might have listened empathically to this person's sense of their own timidity, and invited him to share examples of times when he felt unable to join in with collective activities. In the consulting room the person would be likely to recall instances where he was indeed overcome by shyness and the therapist might well

have responded in ways that reinforced his sense of himself as a nervous person, failing to realise that, in other circumstances that he was not reporting, he actually had much more courage than he believed. Thus in indoor therapy, with its emphasis on reportage, the negative self-story can be inadvertently reinforced.

Outdoors the facilitator can use the two vantage points, empathic resonance and objective observation, to see the incongruence between a person's story and his actions and can give direct feedback, challenging his 'out of date' self-image or inviting him to explore in more detail why he sees himself in a particular way. It is not impossible to achieve contrasting viewpoints indoors, and, indeed, other-centred approach advocates this, but the immediacy of the outdoor environment makes it easier. Finding two vantage points reveals layers within the self-story which the participant is presenting, and helps to challenge fixity in it by exposing its inconsistencies.

Other-centred empathy

Empathic connection is a skill that comes naturally to some people, but it is also something which can be learned. Being able to empathise with others is a life skill and not just something which is useful in the therapy room. It provides a foundation for all kinds of relating, helping us to get on better with people in all areas of our lives, and particularly in intimate relationships. It helps us to connect with others and appreciate why they respond to us in particular ways. It also helps us to recognise their needs and respond to them, as well as enabling us to communicate our own feelings more appropriately. Empathy is therefore good for mental health.

Other-centred approach is concerned with understanding the way that the world-view is biased and orientated towards personal agendas. It follows that encouraging people to develop empathy for the people who are significant in their life-world is important to other-centred methodology, because by doing this people become open to other perspectives and bring into question the orthodoxy of their personal view (Brazier 2009). Having empathy for others helps people to think systemically and explore situations from the viewpoints of all the people involved rather than simply from their own habitual position. Developing better empathy skills like this also encourages people to relate more directly to those around them. This does not necessarily mean sympathising with them, but, rather, involves appreciating the wider context of influences and conditions which are creating their situation so that it becomes possible to respond more skilfully. In empathising with someone else, we start to appreciate their personal logic and the emotional pressures behind their actions.

In other-centred approach, the therapist works in empathic resonance with the client, collaborating with him to build up an empathic picture of the significant people in his life. As figures emerge in his world, the therapist asks questions about them, inviting the client to reflect on, and sometimes question, the way that he sees and relates to them. The therapist asks about these people's probable motivations and enthusiasms, and, together, client and therapist develop a picture of the conditions which are significant in these third parties' lives, which may in turn have relevance to the client's situation. The process of enquiry which

begins in the therapy context does not stop when the session finishes either, for, if these significant people are still part of the client's life, it is likely that the therapy will evoke his curiosity about them and their situations and he will start to relate to them in different ways when he meets them between sessions. As this happens, his relationships with them will change and this in itself may have a therapeutic effect.

Helping clients to develop empathy for others can also help to free them from inappropriate feelings of responsibility and from feeling stuck in impossible situations. Recognising that others act as they do for their own reasons, a client may realise that he cannot do anything to change the situation, or, conversely, that, if he acts differently, the other person may, of their own accord, change their behaviour. The therapist not only develops resonance and empathy for the client's way of seeing things, but also encourages him to pay more attention to the way in which he is interpreting things. The focal enquiry is on the facts of the situation, and particularly the different perspectives at play. As Carl Rogers believed, 'the facts are always friendly' (1961b: p. 26).

Attention, mindfulness and awareness

Therapy involves deep curiosity about human process. Often a dance with nuance and implication, it also involves investigating truth and exploring facts through experiential enquiry. It is thus both rigorous and fluid. Therapy can involve feeling our way into the subtlety of situations and reactions as the people we work with experience them, but it also involves observing the detail of things and not operating on assumptions. It is in the detail that we sometimes discover the roots of particular mind-states in past or present circumstances. Buddhism also teaches awareness and observation. In particular, we find these skills explained in terms of the practice of mindfulness. Mindfulness involves bringing focused attention to the things that we connect with, engaging directly and without judgement (Hanh 1975; Kabat-Zinn 1990).

When we walk outdoors, our attention is caught by many different things. Mostly, we are not aware of this process. We are distracted or absorbed in what we are doing. We may be on one thought track, and then someone or something catches our attention, shifting our mind onto something new before we have even noticed, so that our thoughts flit from object to object. We are unmindful. Unless we have reason to concentrate, attention follows the patterns of distraction which are already structured into the mentality as mental formations. The ordinary mind tends to run along habitual tracks and go around in circles.

Mindfulness provides a way of observing the mind process. It offers a method for objective enquiry into what is happening both internally and externally.¹ What is the eye seeking out? How is it looking? How wide or narrow is its focus? **In the Buddhist texts on mindfulness, one image which is used to describe the practice is that of climbing to the top of an elevated platform or tower (Analayo 2003).** This image suggests that, according to this understanding of mindfulness, the **quality of attention** which is being sought is **primarily objective and somewhat distanced.** The practitioner reviews the field of experience as if from a great height. Other images from the Buddhist texts suggest that the

attention which is given when practising mindfulness is soft and relaxed rather than being narrow and focused (Analayo 2003).

When we are mindful, we engage with things gently. We observe the whole picture in a precise but easy-going, non-reactive way, without grasping at one particular aspect of it. Mindfulness is often reflexive. The mind watches itself. It watches the action of the senses and the arising of reactions. It is calm but enquiring. We monitor our experience and no longer identify with it so strongly. We step back from our reactivity. The fickle behaviour of the ordinary, wandering mind becomes something to smile at.

Not all attention has this distanced, objective quality, however. The process of observing mind-actions can itself seem to separate us from our experience and this is not always what we want. If I am watching my senses be caught by the song of the skylark, I am not fully listening to the bird. My attention is on the process of listening. On the other hand, if I am lost in the glorious sound, I may not even be aware that I am listening until the song finishes and the bird descends. Sometimes our attention can be so caught up in immediate experience that we become completely absorbed in the experiencing in a single pointed way. **This kind of immersive absorption** is similar to that which is characteristic of meditative states arising from mindfulness practice. **It is the next step.**

Outdoors there are many stimulating experiences. The senses can feel very alive as we become caught up in the things that are going on around us. Our attention is drawn by beautiful, exciting or ugly sights, smells, sounds and sensations. We can feel very energised and present. Other times we may be caught up in life concerns and not even notice our surroundings. Many people use walking as a time for thinking, either in order to work through problems, or for indulging in daydreams and chilling out. So, the focus of attention can vary greatly. We might be very much in the present moment as we walk, enjoying the experience of being in the countryside or a city park, or we might be so caught up in thoughts that we don't even notice what's going on around us until something happens to interrupt our reflections.

When we facilitate therapeutic work outdoors, by working alongside them, we may encourage people to give more attention to their surroundings, to look more closely and to experience things through all their senses. This sort of awareness enables people to see things around them more intensely and more precisely. It is about enquiry. Sometimes, however, we want to invite people to use their imagination and allow their attention to be less focused, letting go of the need to be in control of their experience, exploring associations and personal stories as they emerge and are reflected in the surroundings. This sort of attention is about flowing with a process which is often partly unconscious. Therapy is not always about bringing things to full consciousness. Things which are held in peripheral attention can be very influential on our mind-states and structures of thinking. This material is also important to therapeutic work. Making everything conscious, and thus verbal and rational, is not always the best route to therapeutic change. Psychological growth and influence often occur through processes which go on at the edge of awareness.

When we work outdoors, there are many things in the natural environment which impact upon the senses and affect the mood which may not be consciously recognised. In some ways, these aspects of environmentally-based therapy work can be the most important. Many approaches to therapy in the outdoors involve taking people outside for activities such as sports, arts events or walking. These approaches rely on the influence of the natural environment as a therapeutic condition, often without ever making this explicit to participants at all.

Fallibility and fellow feeling

We have already reflected upon the fact that the relationship between therapist and client may involve different power dynamics from those found in the therapy room. Outdoors, the therapist shares the environment with participants in ways that she doesn't in the therapy room. She is less able to hide behind a professional persona and often becomes more personally visible to those with whom she works. Therapist and participants become people in a landscape, experiencing phenomena together and subject to a great range of influences.

In groupwork, the therapist is probably even more visible than when offering individual therapy. She cannot always, for example, disguise the fact that sometimes she feels uncomfortable or physically taxed by the activities. Things may go wrong and there may be practical problems. She may feel stupid and embarrassed or ashamed if she feels that she has made mistakes. There may be a sudden ill-timed downpour, or the group may lose the path. She may even feel deeply negative, experiencing fear, anger, depression or anxiety about what is going on, and these feelings may sometimes become apparent to those around her.

Even when she manages to keep a professional manner, the therapist knows that she can experience the range of human emotions. While she is working she may be so focused on the individuals with whom she is engaged that she is not particularly conscious of her own reactions, and, if she does experience emotions, she may attribute them to others, interpreting them as counter-transference or contagion from the group. At other times, however, she may be all too aware that the difficult feelings that have been triggered in her are her own.

Recognising our capacity for negative feelings like shame and despair is vital to our work as therapists. We can get it wrong and make mistakes and sometimes we feel like giving up. Usually we need to moderate our reactions and deal with the things which cause us to react emotionally in our own therapy or in other settings, safeguarding the therapeutic container for our groups or clients, but if we deny to ourselves that we have such feelings, we may project them onto others and set ourselves apart from those with whom we work, making false assumptions about our own infallibility. It is our fallibility which helps us to empathise with people and which forms the basis for real connection with them. We do not necessarily need to reveal the details of our difficulties, but if we are aware of them, it will show in the manner of our responses to others because we will come from a place of mutuality. We will be more compassionate. Our fallibility, referred to as our *bombu* nature in Japanese Buddhism (Brazier 2007), is what makes us human.

In seeing our own negativity, we cannot cling on to any sense of superiority, but, rather, we meet others from a position of deep equality. Being aware of our own vulnerability helps us to develop 'fellow feeling' for those with whom we work (Brazier 2009: p. 278). This quality is the basis of the empathic accompaniment which we have been describing. It is only when we can recognise our own low points that we can really let ourselves be with others who are feeling low. Otherwise subtle levels of superiority tend to creep into our relating, debasing empathy into sympathy. The recognition which the therapist feels when sensing the client's feelings of vulnerability is communicated subliminally. When we are in touch with our ordinariness, the client not only feels heard, but also knows intuitively that his anxieties are recognised. He is not alone in his fear and shame. This recognition is not cognitive, but visceral.

Working outdoors, things are unpredictable. The therapist may suddenly feel outside her comfort zone. There are so many things that can go wrong: a change of weather, getting lost, encountering a bull whilst crossing a field, meeting a friend whilst in the middle of an activity, feeling an emotional reaction to something unexpected, getting physically tired. In such situations the therapist ideally makes a judgement about how much of her reactions to share. There are times when showing fallibility can be risky if it undermines the confidence of the group, and therapists need to deal with their emotions in supervision or personal therapy. On the other hand, there are times when being seen to be human is no bad thing and can be deeply empowering for others.

Triangular relationships in groups

In this chapter we have explored the way that principles of triangularity pervade therapeutic relationships outdoors. At its simplest, the triangular relationship is described in terms of the triad between therapist, client and the environment, but when we work with groups, other relationship triads emerge that are important to the therapy process. These include relationships between group members, the facilitators, the environment, specific objects and the stories that are being explored.

When group members are engaged in an activity together, they may be primarily focused on the task in hand. Relationships become predominantly functional and people are often not consciously reflecting on them. If a project is running smoothly, people are not necessarily aware of how they are relating, but if relationships become more strained, they may become much more aware of one another and of differences within the group. One reason for this is that in this kind of situation, each person tends to assume that other people think like him and not take into account that they may have other ways of doing things. Being in a functional relationship works so long as the task is accomplished effectively, but the relationship breaks down when things go wrong or interpersonal dynamics become conflicted. Sharing practical tasks together can create opportunities to explore interpersonal dynamics more consciously and bring awareness to the way that personal patterns of behaviour emerge in work groups. These inter-personal dynamics are often based on personal history and habitual reactions rather than on the real relations between people present. Here-and-now dynamics in a group

tend to reflect longstanding behavioural patterns, and these often become more obvious when people are engaged in activities together than they are in the therapy room. Discussing the process afterwards allows participants to get feedback from other participants on roles they have taken.

Because working outdoors often faces people with new situations, it can create anxieties. These tend to lead people to revert to old patterns of reaction. If debriefing sessions are facilitated sympathetically, this can help people find new ways of relating, changing these unhelpful ways of being. In the next section we will look in more detail at the ways that personal stories and behavioural patterns can be explored and worked with outdoors.

Whilst we can gain understanding from looking at inter-personal process in this way, some ways of being together in nature are valuable in themselves and do not need reflection. When two people are in nature together, the process can feel natural and ordinary. Conversation flows easily without an obvious division of roles. It can, in many ways, feel like the sort of relationship one might have with a friend or relative, undemanding and not overtly therapeutic. For people with serious mental health problems or other long-term difficulties, modelling good relating can be important in itself. Clean, straightforward relationships are fundamental to good mental health, and the experience of relating in a more mutual way may be what the person needs. Whether the relationship is with another participant or with a support worker or facilitator, inasmuch as it reflects simple friendliness, it is likely to be helpful.

Engaging with others outdoors is therapeutic on many levels. The facilitator's primary role is to foster conditions in which change can happen. The principle of triangularity is fundamental to this. The shared experience of being outdoors provides a rich therapeutic space in part because the therapist experiences the environmental conditions alongside participants. In addition, the therapist and the environmental conditions together form the therapeutic container. Other-centred methodology focuses on relationship. In the context of the outdoors, the shared encounter with nature is transformative, but so too are the relationships which emerge between participants and those who work with them. People learn from one another, discovering new skills and new facets of themselves. They gain confidence in facing new situations, and broaden their thinking and ways of seeing the world. Working together, people have the experience of becoming part of a healthy system or community, often redressing earlier negative experiences of home, school or work communities where things have gone wrong.

Note

1 This phrase, internally and externally, is repeated many times in the Satipatthana Sutta, the Buddhist text on the Foundations of Mindfulness.

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