

Counselling in Scotland

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Story Metaphor Dramatherapy

Walk and Talk

Outdoor Therapy

Working with Climate Grief

Looking for the Thread

Spotlight on...



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Editorial



John Dodds

In this issue there are three articles discussing therapy in non-conventional contexts, two on outdoor therapy and one on dramatherapy.

Observing non-verbal communication in clients is, of course, part of the process of actively listening to the client. The value of this is vividly highlighted in Hannah Price-Llewellyn's article about walk and talk therapy. In the case study, the way her client walks, breathes and talks quickly seems to reflect and manifest their inner feelings, and the fact that the client begins to slow down through the process shows just how beneficial the process is for them. We know about the benefits of being in nature, but combining that with a specific therapeutic process is clearly of great value.

Jennifer Geach and Graeme Green also illustrates this point in their piece on animal-assisted outdoor therapy, which mentions research that nature improves mental health and discusses the emotional and psychological benefits from interacting with animals (something I know for myself with the dogs my wife and I have had over the years, one of whom, a little Jack Russell, is currently sitting on my lap while I type).

Thalia Chappell's piece about dramatherapy has some fascinating insights into how we connect with myth and fairy tales, not in the Jungian sense of archetypes representing us but how stories link us in the human experience and, in her work, in ways that are of therapeutic value to her clients. I also appreciated how Hannah reflects on how she physicalised or embodied a character in one of the stories linking to personal experiences and says, "applying my experience to the existing story exposed more than representing the true saga of events would have done."

Something that has been very much in the news in recent years, and which there has been a great deal of debate and attempts at changing things, is climate change. We all have our views and feelings about that, but in some cases it can become more, responsiveness to it as a form of identity with a cycle of emotions (as the author, Ewan Davidson describes), which, in his own life, includes despair, dread, depression but also excitement, elation and hope. He uses the phrase Climate Grief rather than Climate Anxiety deliberately, for a deeper look at what it means for many and for those he works with.

In Mike Moss's piece, *Looking for the Thread*, he writes about working with a client and the process of establishing, what he calls a "directional presence", "a sense of trying to follow something, delicate and half-seen, drawing us both in, as if we are trying to find a thread." It feels like several elements in counselling consolidated, empathy, reflection, unconditional positive regard and an important part about getting to the heart of the story, which can be difficult if the client feels unclear about what they wish to express or hesitate about sharing intimate matters.

Finally, we have two short pieces in our Spotlight On... series, this time focussing on COSCA's Ethics Committee.

As ever, we welcome letters in response to the articles, and invite more pieces, which could relate to any of the topics here, or something else that – we are always open to your thoughts and ideas.

John Dodds, Editor

Story, Metaphor and Symbol in Dramatherapy

in Dramatherapy



Thalia Chappell

The role of therapist, or psychodynamically-informed counsellor, involves acting as a “container”, taking in the feelings and experiences of the client, and translating them into something that can be safely digested (Casement, 1985, p.112). In the arts therapies, including dramatherapy – my own modality – creative projection methods are the tertiary participant in the process, and also act as a container (Schaverien, 2000, p.61).

“Dramatherapy encourages the projection of an inner emotional trauma or problem into a dramatic representation (...) projection creates a vital and special kind of relationship between inner emotional states and external dramatic form or presences.” (Jones, 1996, p.130).

Creative projection is the process of applying expressions of one’s experience or identity into creative media (Silverman, 2020, p.29). A story is a dramatic representation of ideas or events; storymaking can therefore be used in dramatherapy as a projective technique, to externalise inner truths through symbol and metaphor.

The “special relationship” to which Jones refers is the containing function that the external dramatic form affords to the inner emotional state. Dramatherapy’s “core processes of metaphor and distance” (Lewis, 2016, p.51) allow for safe exploration of feelings that might be too painful to directly encounter. Distance is an important containment structure in the therapeutic space. “Dramatic distance” means that the client can explore the truth of their own story “more as a reader”, through the guarding structure of fiction. (Jones, 1996, ç106). The client can experience the safety of their expressions being “only art”. (Andersen-Warren, 2000, p.14).

The containment of dramatic distance contributes to the safety of everyone in a dramatherapy group. There is a risk involved in sharing true stories: a sense of loss of ownership if a listener relates to or is moved by the tale. Likewise, the listener is made vulnerable by their identification. However, if a story is told that is not “owned” by one member of the group, but instead shared among them, this risk is mitigated. Using myths and fairy tales, known or unknown to the group, enables the source material to appear neutral prior to projective engagement. Working with archetypal ideas about identity, role, and character, as found in myth and fairytale, allows for easy identification and projection (Smail, 2013, p.60).

Identifying with a character can help the client to project their own experiences into the storytelling. Projection is usually an unconscious process. (Silverman, 2020, p.31), but if the client is able to identify the connection between their inner truth and their creative expression, they may work in deliberately:

“As the process of therapy continued, some of Joey’s feelings began to move from the unconscious to the conscious and the story itself became more literal as he started to make connections between what was taking place in the creative space and his reality. The language of reality began to creep into the metaphor and reflected his movement into a more conscious way of working.” (Davidson, 2017, p.24).

Metaphor can function within a story structure, or as an independent therapeutic tool. Clients can prioritise their preferred communication styles by engaging with metaphor verbally, or by using projective exercises, or bodily expression, allowing for somatic response (Swanepoel, 2011, p.103).

I am a dramatherapist and have been the privileged witness of many clients who have used creative projection to make therapeutic progress. However, due to the subtleties often held in the therapeutic alliance – especially in some work, which involves less direct verbal analysis – I would prefer to speak from a place of authority about how this process goes from my own perspective only. I can best elucidate my practical understanding of the containing function of story and metaphor by examining my own experience as a client, rather than as a practitioner. So I am the subject in this case study – the internal process I’ll describe was accessed through the container of an existing story and a creative response, witnessed by a dramatherapist and peers in a dramatherapy group.

Process

We heard the story of a poor woodcutter who forms a bond with a tree-spirit (*The Three Eggs*, Gersie and King, 1990). He visits often and shares his worries with her. The tree-spirit decides to give him a gift: three priceless golden eggs. He is thrilled, planning to surprise his family with their new fortune – but he loses them all. Our facilitator halted the storytelling there, and invited us to write the ending ourselves:

“Storytelling as literature is not what a dramatherapy group needs. In a drama session, the creative work is done by the participants.” (Pearson, 2013, p.42).

The next invitation was for us to come up with three questions to ask one of the characters. After we wrote these down, we were prompted to physically embody that character. We then formed pairs, and one person took charge of asking the questions the other had written and witnessing the response, while the other participant acted as the character for whom they had written their questions. Finally and crucially, we went through a de-rolling (getting yourself out of the character) process, and shared reflections.

Creative response

Beginning my writing, I remembered that the man was a woodcutter. I felt outraged at his hypocrisy, daring to befriend a tree-spirit when he made his living destroying trees. The ending saw the man reporting his loss, and the tree-spirit informing him that she had meant, all along, for this to happen. She gave these “hollow gifts” to teach him a lesson, after discovering how he treated other trees. He had to choose to change, or continue a selfish, destructive lifestyle. The tree-spirit turned away, and did not wait for him to make his decision.

I chose to question the woodcutter, since I identified with the tree-spirit, thinking that I would get to embody her (the author of the version of *The Three Eggs* to which I responded identifies the tree as a symbol for the self within a range of stories. (Gersie and King, 1990, p.169). The questions I wrote were accusatory. Upon being prompted to embody the woodcutter, I discovered I had written them for someone real. I had responded to the invitation to physicalise the character by adopting his gait and voice. I recognised him as a man who I felt had betrayed my trust by mistreating female friends.

This unexpected role-reversal was powerful: I was moved, experiencing (a version of) my own anger and scrutiny from (my embodied facsimile of) his perspective as I received questions. I was able to imagine vividly what the experience of my real-life anger might have been like for this man, and reflected that it would have been very difficult to meet it with humility and contrition. My own arms folded to protect him from the onslaught.

After de-rolling, I was able to understand my experience in a new way, noting that the man was more complex than my villainous interpretation of the woodcutter. If I applied the proliferated metaphor to my reality, I could see that this man had not betrayed me by choosing a life dedicated to woodcutting (mistreating women), as I had felt – rather, he had cut down a few trees. The hurt seemed less catastrophic, since the dramatic distance had allowed me to find a more accurate name for it.

Analysis

My creative projection happened unconsciously. As soon as I had decided the woodcutter was a hypocrite, I had cast myself in the role of the tree-spirit, and my male contemporary was cast opposite me. He received the golden-egg gift of my trust. He found this gift to be hollow when he appealed to me, bereft, after doing wrong. Just like the tree-spirit, it was no comfort that he had not turned his metaphorical axe on me – it mattered how he treated the whole forest.

My story and my real experience had different endings, which were important to compare to progress my reflections after the session. If I had tried to consciously translate the truth of my lived experience into the metaphor of the story, the tree-spirit would have waited for the man to decide. Eventually he would have made a demand for more golden eggs. However, unconsciously applying my experience to the existing story exposed more than representing the true saga of events would have done.

In writing an ending to the story about the woodcutter that was mismatched from the real experience I was projecting onto it, a sense of catharsis emerged. I got to imagine a version of my experience in which I had been unyieldingly self-preserving. Comparing myself with the original tree-spirit, I saw that my real-life impatient vigil to see what my friend would learn from his mistakes was actually motivated by my longing to rescue the friendship I loved. This was somewhat distinct from the benevolent nature of the original story's tree-spirit, with which I had credited myself. Indeed, my tree-spirit *deliberately* set the woodcutter up to lose the golden eggs. This was a significant and revealing metaphor for the way I had unconsciously related to my friend throughout our relationship: the tree-spirit's trick exposed to me that there had been something false and testing about my trust.

Naming this through the story allowed an unconscious understanding that I was then able to bring into conscious knowledge through life/drama connection. Within the containment of the fictional foundation, I could recognise that my belief had been that my trust was a life-changing privilege that my friend ought to be delighted he had earned. This was unfair. I felt that this constituted a useful piece of learning for the future. Identifying potential for self-improvement felt like transformation, another of the core processes of dramatherapy. (Jones, 1996, p.119).

It was distance which enabled my exploration during this process: it had been unbearable to remain sufficiently close to my feelings about my friend to do this work consciously. What finally enabled me to curiously enter this dangerous ground was the container of the story. Despite my powerful emotional response, a sense of detachment remained. I therefore managed to work with my unconscious mind to examine the specific experience. Becoming aware that it was *not* “just a story”, and in fact held truths, I found grounding in the differences between the story and reality. I was able to work in the more deliberate manner described above (Davidson, 2017). It felt safe to be witnessed, because my witnesses could not identify what the story meant to me without me explaining. A sense of resolution came from life/drama connection, another core process (Jones, 1996, p.100).

Through my reflections on my experience as a client, I hope I may have brought you closer to understanding how a dramatherapy session can facilitate change through the use of story – and metaphor-related methods of containment. Though dramatherapy is a complex and highly specialised modality, there are safe ways for any therapeutic or counselling practitioner to integrate story, metaphor, and symbol into their practice.

Applications of dramatherapeutic storywork are varied. In a setting where the client group is familiar with dramatic play, dramatic reenactment might be used to explore a story. Examining the six-part story model (Linds et al., 2021) could provide a client group without prior experience of storymaking with the tools to build original imaginings, or identify new ways of engaging with existing stories. A facilitator might invite work with symbol or metaphor outwith a storymaking context, or identify a character that can act as a projective method, using a system of roles (Landy, 2009, p.67). The structure used in the case study I've shared might be too intensive to attempt without a thorough grounding in expressive arts facilitation or experience holding a creative therapy space: I share it not as instruction, but to demonstrate how powerfully story, symbol, and metaphor can act on the psyche, enabling genuine therapeutic progress. If you would like to incorporate story

and metaphor work into your practice, remember that distance is a protecting factor for the client. Your role as the facilitator is not to “decode” a story or symbol to see what it means, but to honour and uphold the distance – unless the client wishes to close it.

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Biography

Thalia Chappell trained on the pioneering MSc course at Queen Margaret University. She is a dramatherapist based in Glasgow. Thalia is currently collaborating with her peer Liane on a dramatherapy and creative facilitation project, Skytiger. She is also a puppet artist and researcher.

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Walk and Talk Therapy:

Integrating Body, Mind and Nature in Psychological Practice



Dr Hannah Prince-Llewellyn

My path into walk and talk therapy has been shaped by my personal history with both the natural world and movement. I was an active child with access to the countryside, where the outdoors became a comforting place to process difficult experiences. Unlike the netball court or hockey pitch where there were expectations to perform, here I could simply be myself. In my late teens, however, I became unwell. My world shrank to the house and garden, and the natural world transitioned from a place of active adventure to one of peace and healing. I became an observer of nature and found great solace in connection to something bigger than me. This is what researchers describe as nature connectedness, which broadly relates to our subjective experience with the natural world and our sense of being an integral part of nature (Capaldi et al., 2014). It was this deeply personal relationship with the natural world that would ultimately shape my professional practice.

By integrating walk and talk into my practice, particularly as part of my research into this modality, I have come to understand this type of therapy as different from indoor work; not simply because it happens outside, but because of how the integration of movement, nature, and altered relational dynamics creates unique therapeutic possibilities. In this article, I share three client examples that illustrate the distinctive therapeutic qualities of walk and talk therapy, then reflect on what these experiences have taught me about walk and talk. These are real experiences, anonymised to protect client confidentiality, that demonstrate the embodied, relational, and metaphorical dimensions of outdoor therapeutic work.

The rhythm of being

This client came to see me for help with stress at work. They described feeling constantly overwhelmed, as though they were always running to catch up but never quite managing to get on top of things. Our first walk together was memorable. They arrived breathless and immediately set off at a march, words tumbling out at the same relentless pace. I struggled to keep up, both physically and cognitively. What struck me was the remarkable synchronicity between their physical movement and their internal world. Their body was literally enacting the psychological pattern they later shared; a constant forward propulsion and difficulty pausing.

After around twenty minutes, something began to shift, as their pace gradually softened, their breathing deepened, and the space between their words began to widen. As we paused, I gently offered what I had been noticing. “I’m curious about something. When we started walking, we were moving quite quickly, and I noticed your pace has gradually slowed. I am wondering, what that has been like for you?” They shared how they had not noticed they were rushing, as it was their default mode. Through subsequent explorations, we understood this momentum served a protective function against persistent fear of inadequacy. Slowing down felt dangerous and therefore something they avoided.

Our walk and talk sessions thereafter became a space for practising a different way of being. Nature itself provided its own rhythm: the unhurried growth of plants, the patient cycles of seasons, the simple presence of trees that had stood for decades without rushing anywhere. In this outdoor space, they began to notice how their body held this chronic urgency, and they learned that slowing down did not mean collapse or failure. Instead, it created space for connection with the natural world, with themselves, and gradually, with a sense of inherent worthiness that did not require constant motion to validate.

What this taught me

Embodied patterns can become visible outdoors in ways that might take much longer to emerge through verbal description alone. The body speaks truths the mind has not yet articulated, revealing itself through pace, posture, and the quality of movement. Noticing these patterns requires a particular kind of attention. Rogers (1980) spoke of the therapeutic importance of presence for healing, a concept later developed by other humanistic practitioners as, among other things, inherently bodily (Geller & Greenberg, 2002). In outdoor settings, this embodied presence becomes tangible through movement. Synchronised walking replaces traditional attending cues such as eye contact, conveying an unspoken message: I am here, I am with you.

Walking together also facilitates psychological processing in unique ways. The Theory of Embodied Cognition suggests that the mind is intricately connected to the physical body and its interactions with the world (Wilson, 2002). Walking as an automatic activity appears to free cognitive resources, potentially allowing for deeper self-reflection and the emergence of new perspectives. Moreover, Barsalou (2008) argues that bodily experiences reciprocally influence thoughts, feelings, and behaviours. When clients become aware of how they move through space, they gain insight into how they move through life. Walk and talk therapy might therefore make this embodied knowledge more accessible.

With this client, nature itself also participated in this therapeutic work. The unhurried rhythms of the natural world, the patient growth of plants, the cycling of seasons became a powerful counterpoint to their chronic rushing, offering a living example that other ways of being were possible.

Walking through avoidance

This client wanted support for anxiety that had, in their words, “taken over too much of my life”. They were avoiding important things such as speaking up around others, going to gigs and pursuing opportunities at work, in part because they feared rejection. Walk and talk therapy appealed to them because the idea of sitting face to face in a room felt too exposing and intense. Instead, the option to walk side by side felt more manageable and less performative.

From our first walk, a pattern emerged. At the start of each session, I asked which route they would like to take. They consistently chose the flatter path and would ask to turn around when we reached a slightly undulating section of the park. When I occasionally suggested a different route, one which included this section, they would respond with fears such as “What if I slip or trip? I’m not very steady on my feet.”

Afterwards, I reflected on the parallel process which appeared to be unfolding. This client was seeking to address patterns of avoidance driven by anxious predictions, and similar patterns were playing out in the geography of our walks. Would pointing this out risk shaming them? I recognised that my client had explicitly stated they wanted support and challenge, knowing that growth would require some discomfort. So I waited for an appropriate moment. Several sessions into our work, when they were sharing catastrophic predictions about a presentation, I asked if I could share something. They nodded and ‘what ifs’ about your presentation, much like you had ‘what ifs’ here, about tripping or slipping and being embarrassed. And yet we’ve naturally covered the entire perimeter, including that undulating section you were initially worried about, multiple times now, without stopping, without slipping. You have navigated it with ease. I am wondering, what is it like, recognising that you have already done the thing you were afraid you could not do?”

They began to make connections between the micro-avoidances in our sessions and the macro-avoidances in their life. They recognised that their anxious predictions rarely matched reality and that they had capabilities they often overlooked thanks to their anxious mind. The embodied experience of walking the paths they had feared became a somatic reference point for challenging fears. In subsequent sessions, the park became a practice ground for what Acceptance and Commitment Therapy calls values-based action. They began choosing routes deliberately, sometimes selecting the path that felt more uncomfortable, using the physical challenge to practice staying with anxiety rather than avoiding it. The natural environment provided direct feedback where they could see that they were capable, their fears often did not materialise and that discomfort was temporary and manageable.

What this taught me

In outdoor settings, clients' patterns can become visible through how they navigate physical space. The paths chosen and avoided can mirror psychological patterns in ways that might take longer to recognise in verbal therapy alone. With this client, their avoidance of the undulating path paralleled the broader avoidance patterns that were limiting their life. This does not mean outdoor therapy is superior, but it does offer a different kind of therapeutic material to work with. Patterns that might take weeks to emerge through conversation can show up in how clients move through space and how they manage uncertainty. The outdoor environment provides tangible opportunities to notice and work with these patterns as they unfold. Pijpker et al. (2022) identified experiential learning as a key element of outdoor therapy, noting how the dynamic outdoor environment facilitates insight in ways the controlled therapy room cannot. The unpredictability, the choices, the physical challenges all become material for therapeutic exploration.

The pond we missed

This client came seeking support for what they described as feeling disconnected from their own life, as though they were “watching it happen rather than actually being in it.” During one of our regular walks through the Gardens, we passed through an area we had walked by several times before, a small clearing with a pond surrounded by trees and long grass. We were mid-conversation, discussing their ongoing struggles with feeling disconnected, when they stopped walking, their attention caught by something.

“There’s a pond here?”, they said, genuine surprise in their voice. “I’ve never noticed that before, is it new?”

I shook my head but stayed quiet, sensing something important emerging. They continued, “How did I miss that?! I guess I’ve been so wrapped up in my thoughts that I completely missed it... for weeks now.” They paused, looking at the water, then turned to me. “That’s funny, given what we’ve been talking about.”

This spontaneous metaphorical understanding seemed to capture a pattern we had been exploring over several sessions: how habitual rumination and planning seemed to create a kind of fog that obscured present-moment experience. They had described feeling like they were watching their life happen rather than participating in it, missing experiences because they were lost in thoughts about other times and places. Hearing it articulated by them, arising from their own noticing in the moment, seemed to hold a particular kind of therapeutic power that my interpretations might not have carried. From there we explored ways of bringing them into the present, using nature during sessions, as well as components from mindfulness and acceptance and commitment therapy.

The pond also became a kind of touchstone for us in subsequent sessions. Sometimes they would deliberately walk to it, using the visual anchor of the water to bring themselves back from the abstract realm of worry into the present. Other times, we would pass it naturally during our walks, and they would smile slightly, acknowledging this place that had become meaningful in their therapeutic journey.

What this taught me

The outdoor environment actively participates in the therapeutic process in ways I could not have anticipated. Nature mirrors clients' patterns in immediate, tangible ways, with insights emerging from their own lived experience rather than my interpretation. The environment becomes what Berger and McLeod (2006) describe as an active partner in the therapeutic process. Moreover, I learned to trust the value of spaciousness, of not rushing to interpret or explain, but allowing clients the time and space to discover their own meaning in what they notice. The most profound therapeutic insights often seem not to come from clever interpretations I might offer, but from creating conditions where clients can make their own discoveries. I have also learned how to navigate distractions, and when to use them therapeutically, recognising that interruptions can sometimes provide valuable breathing space or opportunities for clients to integrate what they have just shared.

Importantly, outdoor spaces remain accessible to clients outside of our sessions. This client could return to this pond whenever they wished, using it to strengthen the therapeutic work independently. This points to what Jordan and Marshall (2010) describe as an enrichment of the therapeutic frame, where the space is not owned by the therapist, thus reflecting mutuality and a more balanced dynamic.

Reflections and looking forward

Walk and talk therapy is more than therapy relocated outdoors. It makes visible what might otherwise remain abstract, offers experiential learning through the natural environment, and extends the therapeutic space beyond our sessions.

For me, this work has been transformational, reconnecting my personal and professional identities to offer a more sustainable, embodied, and relational psychological practice. For my clients, the natural calming effect of the outdoors combined with movement creates space for greater perspective, self-awareness, and acceptance (Prince-Llewellyn & McCarthy, 2024).

As we navigate an increasingly indoor and sedentary professional landscape, perhaps there is value in remembering that some of the best therapeutic work might happen not within four walls, but along a path, beneath trees, with the natural world as our companion. What outdoor therapy offers is not simply an alternative setting, but an invitation to return to something fundamental: that healing happens not in isolation from the natural world, but as part of it.

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Biography

Dr Hannah Prince-Llewellyn is an HCPC Registered Practitioner Psychologist with a background spanning mental health, sport and exercise psychology, and organizational settings. She is a founding member of the Applied Psychologists in Physical Activity Network and has published research on Walk and Talk therapy. Hannah specialises in nature-based approaches to wellbeing, offering Walk and Talk sessions alongside more traditional therapy. Alongside her clinical work, Hannah is interested in what sustainable, compassionate performance looks like across sport, work, and everyday life, and how the relationship between body and mind sits at the heart of that. She is committed to approaches that are workable for the long term, grounded in both evidence and human experience.

Recognition

of the Outdoor Therapy Room



Jennifer Geach & Graeme Green

13

Over the last thirty or so years there has been an increasing development of interventions that support both human therapeutic healing and the development of life-skills such as resilience and self-efficacy which are undertaken in an outdoor or natural environment, as well as alongside animals.

This is manifesting in practices as varied as, for example, therapeutic horticulture, the presence of dogs in therapy rooms, small-animal visits to special educational needs schools, or structured ground-work with horses.

These interventions are increasingly recognised as facilitating more open and expansive communication, social connections, as well as impactful personal insight and learning, between practitioners or therapists and their clients.

Returning to our roots

In 1984 E.O. Wilson built the scientific model of Biophilia Hypothesis (Biophilia, The Human Bond with other Species, E O Wilson, 1984), based on the Erich Fromm's psychological proposition from the 1960s about the important fundamental affinity between humans and nature.

Paradoxically, this is supported by the recent forced separation from nature that occurred during COVID-19, research has provided a strong illustration of the impact of sustained disconnection, to quote The Lancet (2024)¹ "evidence that nature improves mental health is available from randomised controlled trials, longitudinal studies, and involuntary nature deprivation during COVID-19 pandemic lockdowns. Such evidence includes cognitive, affective, behavioural, physiological, and neurological measures across demographics and life histories."

Connection with the natural world can also be through interactions with animals, whether simply as pets or companion animals, in leisure activities such as equestrianism, or more formally through the interactions shaped as Animal Assisted Services. In the latter case the animals engaged often represent a more formal element of the process.

The idea of social capital

The foundations of Animal Assisted Services are based on the bond that can develop between people and animals. This can often facilitate feelings of calmness and personal safety that helps refocus a service-user/client away from difficult or challenging circumstances or situations, providing moments and associated feelings of lighter mood or pleasure.

Animals Assisted Services provide what Fine et al. (2015)² cite as Social Capital, being the value that exists within our relationships. The presence of the animal facilitates an honest authentic situation upon which trust can be established, and thus lower barriers to conversation. To quote from Fine et al., "they encourage people to talk to each other." Simply the presence of a dog in a therapy room can enable a greater client openness, or in the equine assisted space, brushing the horse can facilitate a deeper level of sharing from clients to therapist.

¹ Nature-based mental health: research and implementation agenda
www.thelancet.com/planetary-health Vol 8 August 2024

² Fine, Tedeschi and Elvove: Forward Thinking: The Evolving Field of Human-Animal Interactions, Academic Press 2015

What does it involve?

Animal Assisted Services are facilitated and/or structured interactions and interventions between animals and humans. The International Association of Human-Animal Interaction Organizations (IAHAIO) defines animal-assisted interventions (AAIs) as “a goal-oriented and structured intervention that intentionally includes or incorporates animals in health, education, and human services (e.g., social work) for the purpose of therapeutic gains in humans”.

Similarly, services such as horticultural therapy, or the broader model of social farming provide facilitated environments where therapeutic gain or benefit can be derived from structured nature-based activity.

These activities create opportunities for clients to be, feel present with, and acknowledged by, another. As well as engaging with meaningful activities. They provide safe spaces that can boost social engagement, in nature, with animals and the handlers and facilitators involved, fostering such beneficial outcomes as stronger communication, social connection, self-confidence and self-efficacy.

A distinct practice

In the UK, being a qualified psychotherapist or counsellor does not automatically make someone competent, safe, or accountable to deliver Animal Assisted or Nature-based Services. It is not just counselling outdoors. It is a distinct, specialist field that introduces additional layers of complexity, risk, and responsibility.

There is a dual competency requirement that has to encompass both human psychological and therapeutic practice, as well as animal behaviour, welfare, and safe handling.

This means that those wishing to provide animal assisted, and/or nature-based, Services require specific training and education, undertake appropriate risk assessment and mitigation, hold appropriate insurance and have in place appropriate policies and procedures that go beyond traditional counselling and psychotherapy practice.

An appropriate accredited register

In recognition of the need for recognised standards of ethics and professional practice in Animal, Equine and Nature-based services (as well as the specific needs around animal welfare) the Association for Animals, Horticultural and Equine Practitioners “AAHEP®” now holds a register under the Professional Standard Authority’s (PSA) accredited register programme in the UK. It has built on its foundations supporting Equine Assisted Services to also cover a broader range of practitioners working with animals, social farming environments and horticulture.

AAHEP® aims to serve as a focal point for public, professionals and commissioning bodies alike seeking to engage these services by ensuring confidence in the maintaining of professional and ethical standards, supported by the peace of mind that comes with the PSA’s Quality Mark.

As part of the accredited register programme AAHEP® is also working with regulators and other accredited registers to support both the appropriate governance of roles and titles, aligning to the important work that has been done under the SCoPEd framework, as well as providing a dedicated home for those practitioners that seek to formally register their engagement with this work.

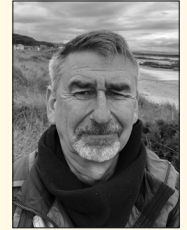
For more information, please visit <https://aahep.uk> contact us at hello@aahep.uk

Biographies

Jennifer Geach is the co-founder and CEO of AAHEP, formerly known as Athena® Herd Foundation. Jennifer has a lifetime of horse ownership, and over 25 years' experience of working internationally with magic circle law firms. Jennifer is trained in Equine Assisted Services (EAS), and Senior Fellow Member of the ACCPH, a Mental Health First Aider and actively supports funded projects onsite as well as design of Athena the Training Programmes. Supported by the AAHEP team Jennifer has worked with the PSA, to accredit the first and currently only Equine, Animal and Horticultural Accredited Practitioner Register regulating practice under their accredited registers programme. In her role, she represents AAHEP nationally and internationally on webinars and at conferences.

Graeme Green is COO of AAHEP and has provided EAS facilitation since 2010. Graeme is also the Registrar for the Accredited Practitioner Register. As part of the AAHEP team he works closely with the Professional Standards Authority under their accredited registers programme. Alongside Jennifer, he represents AAHEP nationally and internationally on webinars and at conferences.

Working With Climate Grief



Ewan Davidson

I've been experiencing climate grief for most of my adult life. I trained as an ecologist in the 1980s, and this confirmed my sense as an environmentally aware young person that the losses I was seeing among the creatures I loved were real, and caused by the impacts of human activity. Later in life I retrained as a counsellor. Initially I kept my activism away from this, but during the wave of renewed environmental activism that followed the 2015 and 2018 UN Climate Change reports, I became a part of Climate Psychology Alliance and now offer therapeutic support, and facilitate climate cafes, as part of their Scottish group.

So that's my background.

But what I want to focus on in this article is to give you some sense of how to support someone with concerns like mine in therapy, and how it might show up.

One of the most common discussions I have in therapeutic support is that folk have tried to raise their feelings about the climate in therapy but felt shut down, pathologised or patronised.¹ I don't think that is what therapists (my colleagues!) would have intended, but I think it is worth considering climate change responsiveness as a form of identity, and climate consciousness as a skill for therapists – particularly those who want to work in communities where it is likely to be relevant.²

You've probably noticed I'm avoiding the term "climate anxiety" in what I've written. Like many psychologists involved in this work I don't find that a useful term, even as a shorthand to describe what I feel and see. I would describe my feelings as a cycle of emotions, which run alongside, and are influenced by my own life, the news cycle and my encounters with the outside world. That cycle includes despair, dread, depression but also excitement, elation and hope.³ Anxiety mainly enters it in connection to how I communicate about this with other people. Although climate change is generally accepted as real, adapting individual or collective lifestyles to take account of that are not seen as normal. The caricatures of "snowflake", "wokeness" and "climate warrior" are frequently replayed in the media. In social situations, I usually have to pay extra to have plant milk added to my tea, while "real" cow's milk is available for nothing. These are subtle signals that your whole being is not welcome.

If I share some of my beliefs with you, I suspect you will experience a defence reaction. These are normal psychological processes which are used to deal with shock. However, dealing with those reactions, for someone who has already left that pattern behind, is frustrating, and if they are sharing their experience in the hope of recognition, empathy or support, it is counterproductive, and occasionally, unfortunately, traumatic. If we want to share fully, we usually prepare for challenge or disengagement from our listeners.

For these reasons, climate related emotions and concerns do not often show up in conventional therapy.

In my work in primary care, I had a young female client who shared her dilemmas about becoming a parent with me, without (initially) mentioning that her main concerns were about being responsible for a child in a world which she believed would be characterised by food shortages, extreme climate events and a breakdown of social cohesion.

Some of you will have had a visceral reaction to hearing that – these are the emotional defenses I mentioned above and will return to below. I don't think I did anything special as a therapist with my client which allowed her to share her dilemmas with me – I simply did not have these reactions, and made it clear it was legitimate for her to continue to tell me about hers. What followed was an unfolding of a process which I would describe as a grief reaction – the loss being her sense of comfort and expectation about what her life would be. I can't say if those expectations were true, but I can say that they were valid and considered (for example the concerns she shared have recently been mirrored in a leaked UK government report written at the time.⁴

So, what can you do to support a client who is concerned about climate change and its implications?

Firstly, think about your own reactions to the situation will these show up subtly in your presence and demeanour with such a client? The most common reactions have been thumbnailled as denial, disavowal, displacement and dissociation.⁵

If you hear phrases like “I feel there is no future”, “I don't feel able to become a parent” or “I am angry all the time”, give thought to how you can respond to them in ways which don't assume they are statements of personal pathology.⁶

Be aware that clients involved in climate activism are likely to be very circumspect about the details of what they are doing and support them to do this. Use your experience and skills to foster a sense of partnership and agency in the work, which will allow them to lead into the areas they are concerned about.

And if you are not concerned about the climate – avoid judgement and accept the difference of those who are.

The Therapeutic Support work which trained therapists offer within CPA builds on this insight. We make it clear that we have gone through our own journey with climate awareness – and recently have been developing training for others to do so.⁷ We acknowledge the emotions that the person brings to us, and we ask them about what provoked them and how they change with time and situation. The most common factors which stimulate a referral to us are parenting and family life, career choices, and experiences of activism, which now often include those of criminalisation and imprisonment. The most common outcomes to what is, deliberately, a very brief alliance are connection with nature, reassessment of level of commitment to activism or environmental work, and connections to therapeutic offerings within climate movement (such as the climate café/listening circles which CPA also runs, or the Work that Reconnects, developed by Joanna Macy).⁸

While most of our clients can find support within climate movement, what they most often feel regret about is the loss of connection with friends and family who have not been able to understand their journey. To offer the hope of restoring this might be the biggest therapeutic task (and gain) of working with a “conventional” therapist, and that, of course, is also an excellent opportunity for us, as therapists, to learn from our clients.

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Biography

Ewan Davidson is a member of COSCA and also a member of Climate Psychology Alliance, Scottish Branch, which is an organisation supporting people dealing with the psychological impact of climate change. Members include therapists of various sorts who deal with climate anxiety (we have a special division for those who work with young people and families) and I am part of a section who offer therapeutic support (basically time limited counselling) to activists and others who approach us for help with climate-related concerns (we tend to use the term grief rather than anxiety).

Looking for the Thread:

Directional Presence in the Therapeutic Relationship



Mike Moss

As a therapist, I notice there are moments in a session when something shifts. Where a sense of trying to follow something, delicate and half-seen, drawing us both in, as if we are trying to find a thread. It might be an idea, an observation, a thought, or a feeling appearing so tentatively and yet there is something holding it back. As if there is a presence just waiting ahead that wants to come forward to meet us. An experience of life finding its own direction, wanting to be followed perhaps, with care, where there can be a quiet sense of wanting to hold something that may lead somewhere. When this happens, I have noticed the conversation begins to feel different. It slows and deepens. It becomes less about questions and more about staying in close to something emerging, that both client and therapist are experiencing together. There can be a sense of movement with a direction unfolding, that neither person is quite in control of, yet, noticing and being and just letting it find its own way.

In this article I want to explore what this *something* is in these moments which in my experience can become transformational. To uncover what might be behind the words and feelings, where the clients own process of healing merges into the relational realm and something is happening. Where it can be felt and known from a shared sense, even when it is difficult to name, held only in the knowledge that like a thread it will have a beginning and an end. I would like to revisit an experience with a client I worked with some years ago. There was a particular moment in the therapeutic contact which has stayed with me for a long time. I want to try and understand what happened even more now, from having had recent expansive experiences which have taken me into a similar realm of exploration in my work as a therapist. I first introduced my client in an article published in COSCA *Counselling in Scotland, When We Are Passively Receptive* (2022/23).¹ I will continue to keep the client's identity private in this article.

My client talked about feeling lost at times, as if they were no longer in their own life. They felt they were just a memory of who they had been, and were unable to connect with the person they were now. I remember they would sometimes beat their chest in exasperation, as if trying to waken something up inside them. "I don't know who I am. Who the f... am I Mike?" they would shout. This was the therapy journey we had started, my client experiencing strong feelings of anger and dismay, and wondering about their life, and how it could have been better. Also revisiting past memories and connecting to the things they had "loved" which were now lost, and things they "hated"; which seemed to be becoming more and more. They also said they had many thoughts at night keeping them awake and the world was shit. They seemed to be stuck with feelings that they couldn't let go off and were experiencing great sadness and dismay.

We had met for four sessions. My intention was to offer a safe place for them to find a way back to their self, and to listen deeply to them. My role was a companion, and a facilitator, not trying to fix them or find solutions just being with them as close I could be, empathising and not judging; trying to be honest with them in my response as a therapist, a man, and as a human being.

There was a moment during our fifth session which felt different. The session had started similarly to the others yet there seemed to be a more expansive silence in the room on this day. Their words felt like they carried a weight that was softer, more quietly inwards and reflective. As they spoke,

¹ Moss, M When We Are Passively Receptive: further exploration of the therapeutic relationship. COSCA Counselling in Scotland Winter/Spring, 2022/23 (Pp12-15) Also published in Person Centred Quarterly Spring 2023 (Pp19-24)

I noticed myself listening differently. I was trying to stay close, deeply listening and sensing the movement of their experience as it unfolded, but I was aware of something in me, connecting more to the energy in them as well as their words. It felt as though I was following a thread of some vital remembering, not knowing where it would lead, but there was something forming, which felt like it mattered and was asking us both to stay with it.

My client wanted to understand an experience from their past which they had remembered earlier that week and asked if I could help them make sense of it. They still had a picture in their mind of something but it wasn't clear. We agreed we would try a visualisation. We closed our eyes and I invited them to focus on their breathing gently and imagine a colour, breathing in a colour and breathing out a colour. I then asked them to describe a safe place they could visit and to describe what they saw, and how they were feeling. I had experience offering visualisations before, and always started with an invitation for the client to close their eyes and pay attention to their breathing and notice any colours that might arise and to imagine a safe place. Wherever the visualisation might take the client there was always a safe place we had established and could go back to. It could be somewhere they had been before or had imagined. It had to be a place they felt safe in.

With my eyes closed too, I was also able to imagine being alongside them. As we progressed deeper into their imaginary experience, they began to describe they had left their safe place and it was now as if their body had begun to dissolve and mix with all the particles of the earth and they had become like air, they said. They started to float up into the sky and could see the ground below, their house getting smaller, and saw the vastness of the landscape stretch into the distance. Then they felt as if they were going into the clouds and becoming 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. "Oh", they said, "It's like I am in space." I imagined being there too, just floating. After a while, still keeping our eyes closed, they shared a deep feeling of sadness at how they felt completely alone in a vast empty universe. There were no stars or planets. They said they had remembered this place. This feeling of being stuck and lonely; immersed in what they described as just black darkness, with nothing. Completely on their own, and they felt scared.

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 felt that I could reach out to them, and in response to their feeling of isolation I said something that didn't seem to make much sense, however it felt so accurate. It wasn't 'I am here' or anything like that, letting them know I was with them in the moment, which would have been ok. It was strange what I actually said was, "I didn't know you were there".

It was as if we had already met in this place before somehow. Way beyond my understanding, in this vast emptiness. Where our individuality was not separate from one and other, and we were both part of a greater whole. As I reflect on this now, it truly feels like we had always been connected, way before we ever met as client and therapist and that we had experienced energy that had brought us together with a sense of oneness with the force of the universe. Even though I knew we were separate individuals, at the same time it felt as if we were indistinguishable, we were participants combined in a flow of imagination. I felt as if we part of some greater encounter with a more expansive sense of self connecting both of us. We were in relationship, not just a clinical interaction of two organisms, but as if we were becoming a shared consciousness somehow. I too had known this place with my client before and it felt like a sacred memory far beyond my understanding. I also imagined they had been left behind somehow, and had felt abandoned. 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, in communion with a deeper self that was also other.

Carl Rogers writes in *A Way of Being* (1980)² about there being one central source of energy in the human organism and that "this source is a trustworthy function of the whole system rather than of some portion of it." So I wonder if what he discovered may go part of the way towards helping me understand my soul felt response to my client. He also hypothesised that there is a formative

2 Rogers, C.R. (1980) *A Way of Being*. Boston: Houghton Mifflin, p. 123

directional tendency in the universe which may show itself “below the level of consciousness, to a conscious awareness of the organism and the external world, to a transcendental awareness of harmony and unity of the cosmic system, including humankind”.³ When I said I didn’t know they were there, what was I remembering at that time and where did this awareness come from. Was it a momentary experience of a whole system, where each organism is connected to a central source of universal energy?

My client didn’t make any particular reference to my statement. However later, when we talked about our experience they felt they had shifted from a feeling of being alone, to being deeply met. They said they had experienced being out of themselves in the visualisation and had connected to the universe in some way, and it had and had brought them back to life. It was now clearer to them that every experience they had ever had was connected to something bigger. Something they could start to relate to, that had brought them to being here, right now, and the world seemed different.

I believe there are so many opportunities for therapists to participate and imagine more intuitive ways of exploration with their clients when we can imagine something larger, and start from there. My example hopefully will show there may be other expansive territories to be explored towards finding meaning. And when Rogers considered the importance of facilitating a psychological climate he believed if “we are tapping into a tendency that permeates all of organic life – a tendency to become all the complexity of which organisms are capable. And on an even larger scale, I believe we are tuning in to a potent creative tendency which has formed our universe”.⁴ Of course, when we came to the end of our therapeutic work together my client and I remained separate on our paths and so far we have not met again. And yet, there is still a lingering sense I have of being side by side with them, and other clients I have worked closely with too, where we have connected momentarily at a deeper level, as if we have all been following the same thread.

Directional presence

I have begun to notice that within all therapeutic encounters there is often an intuitive awareness which, if gently attended to, even in the smallest of ways, allows movement toward healing to be experienced. It can feel as though there is a kind of knowing guidance toward potential growth and understanding, sometimes sensed as the presence of something more that can be followed or just waited for. I have come to understand these moments in therapy as a *directional presence*, something that quietly offers a potential therapeutic path. It emerges between the helper and the one seeking help. It is not owned by either person nor consciously created. By this I mean it is a way of being with another person that is receptive rather than effortful. It involves sensing the direction implicit in the client’s experiencing, not where it *should* go, but where it already seems to be moving and allowing one’s presence to respond to that movement. For me, a directional presence also signals something important beginning to form towards deeper therapeutic contact, joining us, if only momentarily, in the mystery of life. It invites the therapist to relinquish the need to lead or resolve, and instead to follow what is emerging, moment by moment and to trust what may be discovered. And perhaps I discovered a thread of something in my response with the words “*I didn’t know you were there*” acknowledging a deeper connection that cannot be fully understood.

I can understand there might be concern where moments of such deep contact risk blurring boundaries, or leading to over-identification with clients. This concern is necessary and it feels important to be aware of my own needs in this situation and I took my experience to supervision. My client did not become dependent, nor did I become central to their meaning-making. What changed was the quality of their aloneness. What had felt like abandonment became something that could be shared, held, and survived within the therapeutic relationship. There was a distinct sense of me standing alongside them.

In summary am aware it can be tempting for me to try to explain these moments, and decide whether they are psychological, relational, spiritual, or something else entirely. While these questions matter, I know I experienced something which felt significant and has stayed with me and I believe I have

3 Rogers, C.R. (1980) *A Way of Being*. Boston: Houghton Mifflin, p. 133

4 Rogers, C.R. (1980) *A Way of Being*. Boston: Houghton Mifflin, p. 134

learned from it and it has helped develop my awareness. I have continued to follow my intuitiveness and curiosity. Not to force directions or impose meaning in my work, but to remain receptive to the subtle, mysterious movements in the relational field. And when I stay with these movements in therapy, a directional presence begins to reveal itself. And by looking for the thread we may find it's a thread that can lead us all back to each other, and that we are not alone, but all one.

Biography

Mike Moss is a BACP registered Counsellor and Supervisor. He has worked in voluntary and statutory organisations for 42 years and has now retired from public employment and is currently in private practice. He describes his approach as Person-Centred with an interest in the Transpersonal. He has written widely about the power of the therapeutic relationship and presented his work at workshops and national and international conferences. He has a small private practice offering counselling, supervision and training. He can be contacted at mike.moss@outlook.com

Spotlight on...

COSCA Ethics Committee



Jenna Fraser

Continuing COSCA's regular article in the *COSCA Journal: Spotlight on...* I have turned my attention to COSCA's Ethics Committee. If there's anything that you would like me to highlight in future articles, please email: jenna@cosca.org.uk

COSCA's Ethics Committee is responsible for the development, review and implementation of COSCA's Statement of Ethics and Code of Practice and to assist with the development of ethical guidelines. Members also assess complaints and decide if there is a case to answer and, if there is, they are taken to a Complaints Panel which can include members of the Committee. The Committee is also involved in organising and leading COSCA's annual ethical event; which is an excellent opportunity for COSCA Members to learn more about and discuss an ethical topic. To find out more about COSCA's ethics, see [COSCA's Statement of Ethics and Code of Practice](#).

All COSCA Ethics Committee members generously give their time free of charge, and I thought you like might to hear a little about why they do this:

MY PENCHANT FOR ETHICS

Kay Kennedy



In 1972 I graduated as an Occupational Therapist in New Zealand. Standing up in front of the audience of proud parents and taking the ethical pledge was part of the ceremony – not a dry eye in the house!

In the early 80s I did my first psychotherapy training with an organisation which in those days was a relatively new and experiential and experimental American approach. I initially thought it would just be a way of increasing my communication skills in my work as an OT, but I found I really loved the method of working specifically with the therapeutic relationship. However, I became increasingly aware of the lack of knowledge or attention to ethical principles within the training and subsequent practice with clients – particularly where trainees had not come from medical or social work backgrounds. Lack of acknowledgement of ethical boundaries within the therapeutic relationship was not acknowledged as potentially emotionally harmful, and often the client's distress was addressed as "their issues" to be worked on. At that point there were no structures for complaint and nowhere to go.

I set up in private practice when I finished the training and found a supervisor outside the organisation whose practice was clearly ethical. I also became interested in the area of professional abuse and attended a number of international conferences and workshops on this aspect of malpractice.

The issue of regulation of the profession of counselling and psychotherapy began to arise, initially in the 70s with the parliamentary Foster Report and the multitudinous debates continued to take strength through the 80s and 90s. Training and qualifications were becoming more formally recognised. The UKCP was eventually inaugurated in 1993.

I joined COSCA in the early 90s and was very happy to be a member of the team which wrote the first COSCA code of ethics and for a number of years I worked as a Complaint Investigator.

By this time, as well as my private practice, I was working as an Occupational Therapy lecturer at the Caledonian University. I became aware that graduating OT students were only required to tick a box on their registration forms to say they had read the OT code of ethics – a far cry from the solemn and emotional pledge that my own graduation required. As codes of ethics can be somewhat daunting if one has little or no understanding of the underpinning principles or basic theories, it can be easy to think, “well – sort of” and just assume one’s practice will be ethical. I recognised the need for facilitating this understanding within the training and subsequently developed modules addressing basic ethical theories and principles and ethical decision-making in health and social care, which I taught to a range of health and social care students for a number of years until I retired from the university.

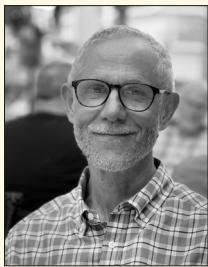
As I was still working in private practice as a psychotherapist, I really enjoyed the combination of teaching and practice as each reinforced the other. I also created workshops on ethical practice for a number of care organisations in the private sector.

I am presently a member of the COSCA Ethics Committee and have contributed to COSCA’s Ethics events over the years.

Thinking back over the years on this consistent theme in my work, my awareness from the very beginning has been that the work we do in the caring field, whatever our mode of delivery, is moral work – ie we all work for “the good”. As such, we need to have a common understanding of how to define our decision-making process and the tools to facilitate debate to this end – and why? Well – “it depends”!

MORALITY IS EVERYWHERE

John Dougan



When I was a COSCA Counselling Skills course participant, it was pointed out to the group that counselling skills as such might be used in a variety of situations and to a variety of ends. For instance, the competent salesperson might use empathic understanding responses and other elements of active listening to help cultivate a relationship whereby they could find a willing taker for whatever product they were trying to sell. What made the difference concerning the counselling skills relationship was that you were not looking to take advantage of a person to further your own agenda, but aiming at serving the wellbeing of the person you were attending to. Ethics is protective of a counselling skills approach. Of course, ethical principles will likely also be invoked to censure the salesperson whose exploitative practice is shown to take advantage of, or otherwise harm, a customer. Ethical concerns surface wherever professional practice is involved.

For just over 18 years, I have worked in counselling agencies belonging to CrossReach, which was formerly known as the social care arm of the Church of Scotland. Beginning in Simpson House in Edinburgh, where the focus is on a clientele with problematic substance use, I moved to the Tom Allan Centre in Glasgow. Here is housed both a perinatal counselling service (Bluebell) and the generic service where I work. I went on to qualify as a supervisor and trainer in counselling skills and the delivery of COSCA’s Counselling Skills course was a focus for many years. My current roles at the Tom Allan Centre involve me both in direct counselling relationships with clients and also in supervisory relationships with the counsellors who volunteer there, some still in training but most with qualified status. As part of a small, employed team of senior counsellors, I help to oversee the clinical aspects of the counselling work that takes place in the generic service.

I wouldn't have thought of myself as a natural fit for COSCA's Ethics Committee. I'm thinking back now to when I was a student, taking courses in philosophy and ethics, and struggling at times with the shades of grey that weren't accommodated by "black and white thinking". Over the years of sitting with others, however, considering actions in the light of ethical principles, I have come to understand that discerning the rightness or wrongness of behaviour requires us to consider a context, which is itself shaped by how we manage power, vulnerability, safety, risk and harm, truthfulness and transparency, professional accountability. . . . My work in the committee has brought me to appreciate the value and effectiveness of being able to hear others' viewpoints, and to experience how, together, we can arrive at a richer appreciation of where ethical standards have been upheld or otherwise.

My preferred way of relaxing is on a tennis court. Those lines have the final say whether things are in or out. Morality, however, is everywhere, even when humans are at play: "Did you just call that out?"

COSCA is so grateful to the work of volunteers who give their time and expertise freely to further counselling and counselling skills in Scotland. If you think you have skills that you would like to offer as a potential Ethics Committee Member, please get in touch: jenna@cosca.org.uk

Jenna Fraser is COSCA's Recognition Scheme Development Officer, working closely with Member Organisations to improve Standards and supporting the Recognition Scheme Community. She also has a small private practice, working with both clients and supervisees, in Edinburgh and online.

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

COUNSELLOR MEMBERS

PAUL FREW
ARLENE STRUTHERS-LAKE
LAURA J HENDRY
ANGELA FLETCHER
EMMA RICHMOND
JENNIFER FLACH
PHIL DRYSDALE
ELIZABETH YVONNE SLATER
JANE KACZYNSKI
UNNATI BHARDWAJ
COURTNEY McTAGGART
KATHLEEN JANET FORBES
AMIN BUXTON
ANDREA ELDER
CLAIRE MARIAN THOM
EMMA BERRY
EVELYN QUESADA CABRERA
HAYLEY ANNE MUNRO WOODSIDE
LEWIS HAMILTON BROWN
MICHEAL QUINLAN
NEIL McKENZIE
THOMAS WILLIAM WELLS

COUNSELING SKILLS MEMBER

ARLENE SLEIGH

PRACTITONER MEMBERS

MAUREEN BIGGAR
SAMANTHA KARPA

STUDENT MEMBERS

LAURA JOY HARRISON
CLAIRE McFADDEN
MICHAEL MANSELL
ALISHA THOMSON
AMY CHAPMAN DAVIES
AMY CULLEN MACDOUGALL

ANAHITA AHUJA
ANITA SU
ANN PATRICIA RUTHVEN
ANNA SINCLAIR
ANNE KIRKWOOD
ANNETTE MARY CALDER
AYESHA AHMED
BETHANY MARY SIMPSON
CAROLINE BEGGAN
CECSA AMANITA
CHARLENE NAISMITH
CLAIRE FORGAN
DANIEL DEY
EFFRAIMIA FILIPPOU
EILEAN NORMA PARKER
EILIDH GILLIES
ELIZABETH MARY MACDONALD
EMMA MURRAY
EVA MASON
GAVIN McFAYDEN
GEMMA REID
GEORGIA EARL
GILLIAN DRYSDALE
GILLIAN ELIZABETH REYNOLDS
HEATHER LOUISE REID
HELEN ELISABETH FEELEY
IGNACIO DIAZ FERNANDEZ
INES LERENA GARCIA
INGA HEIKE RISLE
JAHNAVI DUTTA
JOHN PATRICK DAVID EVANS
NKEIRUKA LADY JUDITH UHUEGBU
JULIJA BLIUM
KATHARINE DEANS
LAURA JANE GARDEN
LAURA WOOD KERR
LAURA SMITH
AMANDA HARKNESS

LAUREN LOUISE HONEY
LAUREN PERRY
LEE ORR CHARLESWORTH
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LYNN MOWATT
MAIRI CHAMBERLAIN
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MARIANNE MURRAY
MARISA WALCOTT-WILSON
MARY DUNN
MEDIEHAH BASHIR
MICHAEL MOORE
MICHELLE MACKINNON
NAOMI DASS
ORLA QUINN
PABLO VERGARA PEREZ
PATRICIA MUNRO
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PEGGY MACLEAN
RACHEL EGAN
ROBERT CHRISTOPHER BRADY
ROSS NORMAN McCOLM
STACIE McGUIRE
STEPHANIE BRADLEY
CAROLINE SUSAN BEARDWELL
THOMAS MORETON
VYSHNAVI TADANKI
YUANFEI FANG
SETAREH STEPHAN
PETER SEAMAN



COSCA

Counselling & Psychotherapy
in Scotland

Forthcoming Events 2026

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

Please contact Christina Oliver, COSCA Administrator,
for further details on any of the events below:

christina@cosca.org.uk

Telephone: 01786 475 140

COSCA Events for 2026

COSCA Trainer Accreditation

Workshop – 2nd June 2026

COSCA Counsellor Accreditation

Workshop – 11th June 2026

COSCA Annual General Meeting

30th September 2026

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.

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