

## REVIEW OPEN ACCESS

# Talk With Me Outside: Therapists' Experiences of the Therapeutic Relationship in Natural Outdoor Settings

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## ABSTRACT

This qualitative study explores therapists' experiences of the therapeutic relationship when therapy is conducted in natural public spaces, such as parks, footpaths and community gardens. Drawing on therapists' experiences of working outdoors with their clients, the aim was to capture and understand how the therapeutic relationship is impacted when the natural environment becomes part of the relational encounter.

Six therapists participated in one-to-one semi-structured interviews, which were analysed using thematic analysis. Therapists described a more equalised relationship, with both therapist and client exposed to the unpredictability of the environment. This created a dynamic interplay in the relationship, where collaboration was used to overcome unexpected situations, resulting in what therapists experienced as a natural vulnerability. Consequently, relational depth became more apparent, and therapists were perceived as fallible outside, as opposed to being perceived as infallible inside. The research uncovered that, despite potential risks, the un-boundaried natural environment offered a relational therapeutic depth and intimacy that carried an embedded equality, proving enriching and transformative within the relationship.

The findings suggest that nature-based therapy enhances and equalises the therapeutic relationship, while also supporting the well-being of both therapist and client. The study recommends embedding outdoor therapy interventions as part of a blended approach to talking therapies and integrating nature-based practices into core counselling/psychotherapy training programmes.

## 1 | Introduction

The biophilia effect is the healing bond humans have with nature, the connectivity that nature provides us with that positively contributes to our well-being (Arvey 2018, 3). The term originates from German-born American psychoanalyst and philosopher Erich Fromm (1900–1980). His contemporary, Wilson (1984–2021), referred to this biological-based longing as the 'biophilia hypothesis' (1984), a subconscious yearning to connect with the outside environment.

Ecotherapy or ecopsychotherapy is not a new concept; broadly, it relates to understanding humankind's interrelationship with

nature and what part it plays in our healing process (Chaudhury and Banerjee 2020). Jordan (2015) alludes to the reciprocity of nature as a central tenet to mental health, and our move away from nature is a root cause of human psychological distress. Ecotherapy's main object is to heal the human-nature relationship through connectivity with the outside. Revell et al. (2014) refer to the heterogeneous and often interchangeable labels given to a spectrum of ecotherapy, requiring any outside therapy as needing to include an 'intentional psychotherapeutic' element.

In the UK, the development of outdoor therapy has increasingly been recognised within academic and professional contexts.

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## Summary

- An implication for practice is that taking therapy outside enhances the psychotherapeutic relationship and benefits the well-being of the therapist and client.
- An implication for the profession is to embed outdoor therapy interventions as part of a blended approach to talking therapies.
- It would be interesting to consider the incorporation of outdoor therapy as part of a psychotherapy training plan.
- Incorporating practice during training would seem a safe and appropriate way to try out an outdoor therapeutic practice, particularly as 'green' prescribing is a recognised beneficial side effect of spending time in outdoor spaces.
- The psychotherapeutic community needs to embrace this practice from the bottom up.
- Perhaps the hesitancy still lies in the comfort of the therapy room, or perhaps there is not yet enough research or understanding of how talking therapy can be safely translated to outdoor settings.
- What is evident in both the political and health sectors is that a combination of exercise, the outdoors and therapy can be instrumental in the promotion of well-being.
- An implication for policy would be to produce guidance or a framework or model of low impact outdoor talking therapy to ensure a safe practice that minimises risk.

Key contributions to the theoretical foundations, ethical standards and professional practices have been notably driven by the work of Dr. Kaye Richards (Richards 2016; Richards et al. 2023). Richards' extensive research and publications have focused on integrating outdoor experiences within therapeutic interventions, establishing professional guidelines and significantly shaping the field through her involvement with professional bodies, such as the Association for Outdoor Therapy (Richards et al. 2023).

The Outdoor Therapy Statement of Good Practice (Richards et al. 2023) offers helpful guidance on delivering outdoor mental health interventions ethically and safely. It highlights the importance of combining psychological and outdoor skills, being open and transparent in how we work and carefully weighing risks and benefits. The statement includes the Outdoor Mental Health Interventions (OMHI) Model, which groups interventions into three levels: (i) therapeutic outdoor engagement, (ii) therapeutic outdoor enhancement and (iii) integrated outdoor therapy, and presents 15 key principles to support safe, effective and evidence-based practice (Richards et al. 2023).

Despite this growing support for using talking therapies outside, there is still no universally recognised definition (Harper and Doherty 2021). What is agreed upon in the research field are three common factors that embrace therapy outside: that they are place-based outside and include the physical meeting

of client and therapist; that they feature active bodily movement where there is a physical engagement with the natural environment; and that they recognise nature-human kinship (Harper and Doherty 2021). Empirically, what many clinicians, therapists and practitioners have known anecdotally is that personal well-being is enhanced through our relationship with nature, and too much sedentary time spent inside is having a negative impact on our well-being (Greenleaf et al. 2013).

Cooley, Jones, et al. (2021) suggest that there is still a reluctance to step away from the clinical inside setting, which is stereotypically interpreted as both a safe and containing space counterbalanced by a limiting and restricting space. Jordan and Marshall (2010) explore the various challenges that arise when the therapeutic frame is extended beyond the confines of four walls, highlighting that the therapeutic relationship is almost symbolically synonymous with the traditional idea of the counselling room. This is typically imagined as two chairs, interpreted both as a safe, containing space and, at the same time, a limiting and restricting one. This suggests that the boundaries and conditions of the frame are always a balancing act, no matter where therapy is offered. The traditional concepts of the therapeutic 'frame' (boundaries, roles, time, and space) are most often associated with indoor environments yet are challenged when therapy moves outdoors. In these settings, therapists must negotiate new forms of boundaries and contracting, often making the frame more fluid and dynamic (Jordan and Marshall 2010).

Essentially, the therapy room is largely free from the risk of being seen when feeling emotional or vulnerable and is covered by the necessary health and safety protocols. A mixed-methods study conducted by Backhaus (2008) of 153 clients and 73 therapists revealed that clients desire the therapy environment to emulate a sense of 'home', which would indicate the need for a sense of safety, security and familiarity. The function of the therapy room helps to establish the role of the therapist and provides a place where the expectation of help is received without being overheard. Morrey et al. (2020) denote that the client is in relationship with the therapeutic environment on a number of experiential interactive levels, which signifies the importance of the positive interplay between the physical environment, therapist identity and psychological process.

Fenner (2011) asserts that the therapy room is considered an extension of care given by the therapist, whilst Lemma (2016) suggests that it is the therapist's unique internal attitude which creates part of the therapeutic frame and that they are the 'custodian' of the setting. Gray (2014) states that it is the personal relationship and contact between client and therapist that forms the most important aspect of the frame. Bond (2015) alludes to the therapeutic relationship as one of unevenly distributed power and the therapy room could be perceived as a manifestation of this.

Research focused on walk and talk therapy as a therapeutic activity has received little attention. Doucette (2004) explored the benefits of walk and talk therapy as experienced by young people. The purpose was to phenomenologically explore the experiences of walk and talk therapy with behaviourally challenged young people. Revealed in the findings were responses from five of the seven participants, such as 'It was a positive experience' and 'It

was good because I got my feelings out'. Limits to the study include sample size and narrow demographic. McKinney (2011) investigated therapists' experiences of participating in walk and talk therapy and a more recently published pluralist inquiry into practice, perceptions and client experiences of walk and talk therapy was conducted by Revell (2019). Both Revell's (2019) and McKinney's (2011) findings suggest that it is the relationship between client and therapist, bodily movement and cognition, in conjunction with the assimilation of physicality and place, that form the interwoven aspects of outside therapy. Revell's (2019) pluralistic study included a narrative case study of a client's experience of walk and talk therapy with the aim of understanding benefits and limitations. What unfolded was a rich, descriptive, moving account of their experience and evidence of the tri-fold relationship between self, therapist and the location, suggesting that there are differing relational dynamics which take place when therapy is taken outside.

A further research study by Cooley, Robertson, et al. (2021) was primarily interested in the perceived concerns and barriers to going outside. This included accessibility to contained green spaces, user anxiety regarding the change from inside to the uncertainty of outside, confidentiality and boundary violation. The study's findings suggested guidance was necessary and practitioners should adopt a position of 'safe uncertainty' and explore training, carefully chosen locations, and clear and collaborative contracting prior to commencing. In 2020, guiding principles on the use of talking therapies outdoors were produced by the British Psychological Society (Cooley and Robertson 2020). The guidance outlines considerations to ensure talking therapy outside remains a safe, contained and ethical practice. An example of a guiding principle is that outdoor talking therapy is an evidence-based approach that is used to combine the conventional outcomes of indoor therapy with the known benefits of connecting with the natural world. According to Cooley and Robertson (2020), when offering outdoor therapy, practitioners should assess the suitability of both the client and the setting, ensuring that the outdoor environment is safe and conducive to therapeutic work. A thorough risk assessment is essential, considering factors such as weather, accessibility, privacy and the potential for unexpected encounters. Practitioners must obtain informed consent, clearly highlighting potential risks and agreeing on boundaries, session structure and strategies for managing any issues that arise during work. Therapists should also ensure they are adequately trained for outdoor work and are supported with appropriate policies, indemnity insurance and supervision in place (Cooley and Robertson 2020).

An ethnographical study called Walk to Wellbeing (Cooley, Jones, et al. 2021) explored the benefits of a year-long occupational therapy-led walking group in a programme. The study was conducted in a secondary mental health service and required participants to record a diary of their experiences after

each walking intervention. Numerous benefits were reported, which included physical fitness, improved mood, social connections, as well as a connectedness to the natural environment.

It is evident that these studies refer to the fact that low intensity walking therapy outside is still an emergent psychotherapeutic approach which has both helpful and limiting factors. The purpose of this research is to better understand and appreciate the triadic outdoor relationship between therapist, client and the natural environment. The intention is to capture real-life experiences from therapists who have stepped outside with their clients as part of an articulated treatment plan. This research aims to contribute to a deeper understanding of how outdoor settings can shape the therapeutic process and relational encounters.

## 2 | Methodology

A qualitative research method was used to highlight participants' lived experiences using thematic analysis (Braun and Clarke 2013). The design was based on conducting one-to-one semi-structured interviews, allowing for unfolding conversation to uncover patterns of meaning. Participants identified as counsellors and psychotherapists, four females and two males, and a purposive sampling approach was used (Creswell and Poth 2018). Three identified as integrative practitioners, one as relational person-centred, one as Gestalt, and one as transactional analysis. All had experience of working therapeutically both inside and outside, and had been practising from 7 to more than 10 years. All worked with adults; one participant specialised in working with young people. All started a consistent outside therapy practice due to the 2020 COVID-19 pandemic; only one had offered outside work prior to the 2020 pandemic. All participants were White British. For small projects, 6–10 participants are recommended for interviews (Fugarda and Potts 2015). Saturation was considered both in terms of data and emerging themes. While the small sample provided detailed and meaningful insights, certain topics were only briefly mentioned and not explored in depth. As a result, thematic saturation may not have been fully reached, and this is acknowledged as a limitation of the study.

Participants were given the autonomy of choosing either face-to-face indoor or outdoor interviews, or online or telephone interviews, which allowed for a more self-directed and independent experience. Offering the opportunity for a face-to-face outdoor interview felt appropriate for the research study topic. It also provided an opportunity for the interviewer to see, experience and photograph areas that practitioners used for their outdoor therapy. However, this was not possible for all interviews due to logistics and timing. All interviews were one to one and conducted according to the participants' preferred method (see Table 1 for participants' preferred method of interview).

**TABLE 1** | Participant preferred method of interview.

Pseudonyms	Abi	Joe	Sal	Meg	Pete	Flo
Mode of Interview	Online	Face to face outside	Face to face outside	Phone	Face to face outside	Online

Ethical approval was obtained from the lead researcher's (EM) University Ethics Committee. The research was conducted in line with institutional guidelines as well as the British Association for Counselling and Psychotherapy (BACP) Ethical Framework for Research in the Counselling Professions (2019). Recruitment of the participants followed the standard consent procedure in line with the University guidelines.

Prior to starting data collection, participants were given an information sheet that set out what the study was about, what taking part would involve, and any possible risks or benefits. The information sheet also made it clear how their data would be recorded, stored and used, and explained how they could withdraw within a certain timeframe and how data would be deleted if needed. Contact details for the research team were provided, along with information about where to find further support if needed. Participants were encouraged to ask any questions before deciding if they wanted to take part. Informed consent was obtained electronically, confirming each participant's willingness to be involved. Throughout, confidentiality was taken seriously: names and identifying details were kept separate from the research data, and everything was stored securely and in line with current data protection laws.

Special consideration was given to address the contextual confidentiality challenges that can arise in outdoor settings, such as the possibility of being overheard by members of the public. Prior to each outdoor interview, the researcher and participants discussed the choice of location, the potential for interruptions, and strategies to maintain privacy, such as selecting quieter areas or pausing the interview if others approached. In addition, the safety of both participants and the researcher was considered in all arrangements, with clear agreements on meeting points, the duration and boundaries of the interviews and ensuring that all locations were accessible and safe. These measures helped ensure that ethical standards for confidentiality and participant well-being were maintained throughout the data collection process.

All interviews were audio-recorded and transcribed by the lead researcher, enabling immersion in the data. Printed copies were also made to enable the sensory and cognitive processes to be ignited throughout the re-immersion process. A record of the initial 'noticing's' (Braun and Clarke 2013) was first recorded on post-it notes; these were then narrowed down into common and interrelated themes. From the initial 'noticing's' and the coded transcript data, a table of the early stages of coding was produced for each interview. This was then developed into two overarching themes with interrelated themes and sub-themes.

### 3 | Ethical Reflexivity

The research was inspired by the phenomenological experience of the lead researcher (EM) when they went outside during a period of personal therapy. After 6 months of weekly face-to-face therapy followed by a period of online therapy due to the COVID-19 pandemic, an impasse was experienced in the therapy room. A request to take their therapy beyond the room and into the outside environment was met by their therapist. Walking alongside and outside felt different in so many ways.

Bodies were closer together, walking rhythms were mirrored, the view was ahead instead of towards, and there was a shared perspective. The air was fresh and invigorating; most importantly, the therapist had met a need to go beyond the clinical space, and there was a working together to make it happen.

This embodied shift impacted my understanding of what is possible in the therapeutic relationship, and it challenged the classic image of therapy in my mind, two chairs inside the therapy room. It made me curious about how simply being outside and moving together might affect the way we relate, navigate our contact and how change happens. What followed in the form of research was a wanting to know why walking outside had felt so different and impactful to the therapeutic relationship. As a result, researcher subjectivity was used as a resource rather than a problem to manage.

My approach to this study was shaped by my Gestalt-based integrative therapeutic background and my own experience of receiving outdoor therapy. I have a responsive and creative approach to therapeutic work (including outdoor therapy), which forms a core part of my own psychotherapy practice. Throughout the study, I remained mindful of my own position and experiences, recognising that reflexivity could deepen both the analysis and interpretation of the data. To help mitigate my own biases, I used strategies such as keeping a reflective journal and regularly discussing emerging themes in supervision during the research process, as well as staying critically self-aware throughout data collection, analysis and write-up.

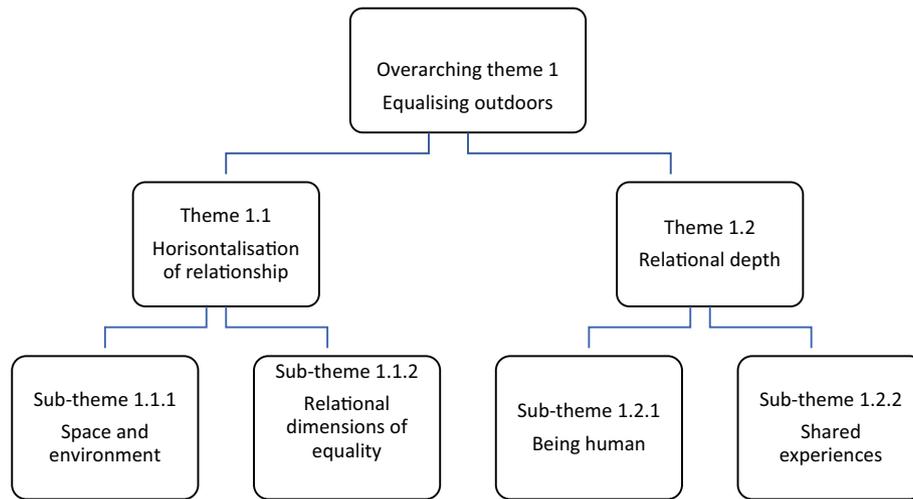
It is essential to acknowledge that there are inherent challenges to client confidentiality in outdoor, natural settings. It is paramount that therapists clearly communicate to clients how their privacy will be respected and explain the specific limits of confidentiality, as this transparency establishes the foundation for trust and collaboration in the therapeutic relationship.

## 4 | Findings

### 4.1 | Overarching Theme 1—Equalising Outdoors

Equalising outdoors, participants viewed the outside space as a more neutral, open space where the therapeutic relationship became horizontalised. This reflected on relational depth through the sharing of experiences, which included the unpredictability of the outside environment, as well as sharing the phenomena of nature. Relational intimacy was demonstrated by showing vulnerability in the relationship with one another as unpredictable obstacles, such as unpredictable weather conditions, navigating uneven paths or opening gates, were overcome together. These aspects of relational depth were made unique by self-disclosing the fallibility of being a human therapist outside in an unfamiliar neutral environment, as opposed to being perceived as an infallible therapist inside in a familiar, owned environment.

Interrelated areas demonstrated in the data included a sense of the space not belonging to either party and of an equalising



energy outside, giving way to a more evenly balanced and disinhibited relationship:

that kind of horizontalising, equalising thing, you know, my therapy room is my therapy room however much I try to make it equal, whereas this space really is, this space doesn't belong to me or to them

(Pete)

not quite collegial energy but more of an equal energy

(Meg)

to talk out to the trees it kind of went PHEW into the ether and the client felt they could release that and that felt a lot bigger being in the outdoors than it did being in the room

(Abi)

The relational dimensions of equality included aspects of walking alongside their clients outside as opposed to being static and sitting opposite them inside (Figure 1). Here, the notion of intimacy, movement, honesty and closeness was expressed by participants:

that phenomenon of being able to have difficult conversations when you are side by side rather than facing towards, for some clients. A bit like those conversations we have when we are diving along

(Pete)

I'm aware that being alongside each other is as powerful as having eye contact it's very powerful having that closeness

(Flo)

Also illustrative of relational depth is the horizontalisation of the relationship, where vulnerability was experienced in the relationship through shared events and incidences that happened as a consequence of going outside. Being exposed to the



**FIGURE 1** | Sal's outdoor space in an large enclosed community garden used for her clinical work. In the background is a blue summer house which she sometimes uses for her therapeutic work.

unpredictable forces of nature enabled discussions between client and therapist about the impact that those situations had on each of them:

so we'd get absolutely soaking wet and that was, you know, that really bought on a lot of child ego state laughter

(Meg)

it's almost like we've got this shared memory together ... and I think there's a greater sense of self-disclosure as well on my part, because I guess it's essential when you're outdoors ... I guess it's disclosing experiences rather than anything about my personality or character or personal life

(Flo)

Being human is demonstrated in the caring for one another or looking out for one another outside. This provided an interesting angle and a new dimension to the therapeutic relationship which had not been experience before and would not have happened inside in the same way:

a client who found it difficult taking responsibility, found themselves taking more responsibility for me ... they were worried about me falling over so they were kind of thinking a bit for me, so polarising their responsibility

(Pete)

Relational depth and care taking was also experienced on a natural trail which was described as being 'wild and woolly', during which they had an unexpected request which was touchingly met:

and he said are you ok to walk on a bit because I just need to go and spend a penny it didn't bother me because he feels safe and really comfortable with me ... I felt really protective of him

(Meg)

Being encouraged to demonstrate the fallibility of being human felt more authentic and spontaneous and, therefore, more equalising outside. Dealing with the reality of having to face the unexpected occurrences in the natural world provided opportunities for relational depth and exploration. This indicates that only the openness of the outside environment, with its inherent unpredictability, could provide these opportunities of relational growth.

## 4.2 | Overarching Theme 2—Dynamic Interplay

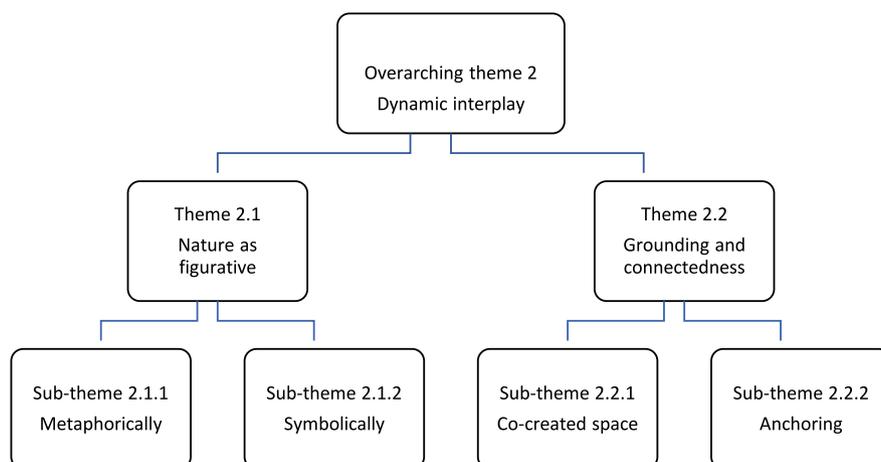
Dynamic interplay is the triadic relationship between therapist, client and the outside environment.

Nature is seen as a figurative interchangeable and dynamic entity that served as both a metaphor and guide in helping to reveal emotional depth. Clients used the energy of the environment and nature as an enabler to convey and communicate inarticulable feelings with their therapists. Nature also served as a symbolic instrument to give voice to significant life-changing experiences. Participants spoke about being outside in the natural environment as an opportunity to navigate the outside space collaboratively; co-creating the use of space enhanced a connectedness between therapist and client and environment. Participants also spoke about the nature, person, environment interaction as a support in anchoring emotion and thus providing a sense of being grounded by the outside environment which, for some clients, helped them to access their emotions, whilst for others, it was 'too exposing'.

Nature as figurative incorporates the triadic relationship between nature, client and therapist. Participants spoke about how nature provided plenty of opportunities for metaphor, symbolism and experiment, where the client was able to instinctively use resources available in the surrounding environment to explore ways of communicating how they felt. Co-created experiences in this way reflected where nature was incorporated through experiment or as a way of being emotionally understood (Figure 2). Nature in this way was experienced as figurative, where a bridge during their walk with clients was used symbolically:

one client (points to one side of foot bridge) this is their life pre-divorce (points to other side of foot bridge) that's where they are aiming towards ... it's a bridge between that old life and the new life that they are aspiring to

(Pete)





**FIGURE 2** | Pete's outdoor space in a large urban park, which he used for his clinical work.

Nature as figurative was captured through the use of experiment outside within the Gestalt notion of safe emergency as a way to try something outside which was risky for the client, but was considered safe enough to try outside:

Choosing the route we took was the kind of nice experiment for them, so they could take responsibility for choosing the route

(Pete)

Nature as symbolic was demonstrated using a stick that a client had carried with them throughout their session, deciding at the end of the session to break it to symbolise the change that they wanted to make in their life (Figure 3). The symbolism of nature served as a way for participants to understand, measure and interpret what was happening for their clients:

there was a client I worked with who I could tell where they were in their head by how they responded ... I can't possible see anything positive so there's no point in me looking at the trees because there's not space for them in my head

(Flo)

Participants described moments of grounded connectedness where the outside environment was an opportunity to co-create the use of the space together, allowing for moments of anchoring emotion:

we would take our own chairs and sit in a field and so choosing the spot ... so again that sort of co-creation of the sort of session I guess, erm whereas the client is normally just coming to my space

(Flo)

there was a funny exchange about how much of the blanket I felt able to take up and they felt able to take up and kind of negotiating that space

(Pete)

they've been talking about quite a lot of trauma and it's been quite helpful to just get up and just move ...



**FIGURE 3** | Sal's outdoor space in a large enclosed community used for her clinical work, which houses chickens.

have a wonder round the garden and just to have a look at the chickens that's something you wouldn't generally do in a therapy room, you're just kinda of stuck there

(Sal)

Conversely, being outside was perceived by one client as unsettling, particularly in relation to a client's neurodiversity:

there was too much going on, occasionally there would be someone walking past so we would have to just sort of mute the conversation slightly and it was just too much for them it was just too overwhelming

(Flo)

The outside environment is not for every client or every therapist. What was interesting and common across all the participants' interviews is that outdoor therapy has provided an opportunity to try something different. For each of the participants, going outside offered a way to take care of their own well-being, and, in the field of psychotherapy, self-care is an important aspect of being a good therapist:

for me personally it really anchored, grounded the kind of relational work these people come with various kinds of trauma and that needs anchoring, it needs grounding, which is more difficult to do online than than is possible here.

(Pete)

## 5 | Discussion

The aim of this study was to explore therapists' experiences of the therapeutic relationship when it is taken outdoors. The findings suggest that the participants offered outdoor therapy because face-to-face indoor contact was no longer possible during the COVID-19 pandemic. The benefits of working outdoors became more apparent when therapists realised that phone or

online therapy did not feel sufficiently containing or relationally supportive. As a result, outdoor sessions were offered to clients who were especially missing in-person therapeutic contact. One participant, who worked mainly with young people, felt that showing up in person, in a garden, no matter what the weather, helped their clients feel more relaxed and less isolated. For that participant, outdoor working became intrinsically linked to enhancing the mental well-being of their clients during this period.

This study builds on existing work that suggests outdoor therapy can reshape power dynamics and deepen relational connection (Berger 2006; Jordan 2014; Revell 2019). Findings reinforce that the natural environment acts as a third partner in the therapeutic alliance, bringing unpredictability and spontaneity that foster mutual vulnerability and shared humanity.

All participants relayed stories where they had experienced their relationship with their client in a different way that became more equalising and humanising. They described a greater sense of relational depth outside, often self-disclosing vulnerabilities out of necessity due to the unpredictability of the natural environment. These relational dimensions of equality experienced outside may not have led to such moments of self-disclosure or become apparent in the same way within the therapy room. Berger (2006) refers to the outdoors as a democratising space, allowing both therapist and client more freedom to talk. This research suggests that embracing a triadic relationship between client, therapist and nature allows for a more equally balanced power dynamic to open up.

Research undertaken by Jordan (2015) to determine what happens when the therapeutic relationship goes beyond the confines of the indoor setting refers to both client and therapist experiencing a more fluid boundary. However, the current research suggests this extends beyond simply having a fluid therapeutic boundary. It suggests that the un-boundaried natural environment and all that arises from being outside is intrinsically linked to an equalising relationship that becomes more profound through the sharing of experience. This is amplified by the dynamic interplay between person and outdoor environment, cultivating a more honest, fallible and human relationship. This reinforces the idea suggested by Morrey et al. (2020) that interaction with environment, process and relationship are intrinsically linked.

This is not to suggest that outdoor therapeutic relationships should be without boundaries. Of course, the ethical issues of confidentiality and risk in taking therapy outdoors remain fundamental, regardless of therapeutic modality. This research indicated that all ethical concerns were addressed in individualised, creative and structured ways. Of the four participants who offered walk and talk therapy in parks, country footpaths, fields and wooded areas, all appropriately researched these spaces prior to using them. Two participants went with 'a pad and pen' and wrote up risk assessment tables and asked clients to sign confidentiality waivers to accept that confidentiality would be different outdoors as there are other people walking around which cannot be prevented. The other two approached risk more informally, but sent email communication to clients about the logistics of the session. All participants agreed in collaboration with their client what they would do in the event that they met

someone they knew, or if an approach was made by another person, or if people came close enough to overhear the conversation. In this way, negotiation around how outdoor therapy would work was discussed together, with agreed outcomes that respectfully and sensibly considered the needs of both the therapist and the client. These findings corroborate the guidance put forward by Cooley, Jones, et al. (2021) that therapists adopting a position of 'safe uncertainty' when going outdoors need to work collaboratively to achieve this.

All participants reported feeling invigorated and changed by their outdoor sessions and felt that they had developed personally. Five participants expressed a desire and willingness to continue and further develop their outdoor therapy practice. Three participants stated they wished to enhance their practice and seek further training and continue to research the topic for a greater understanding of the dynamics and how they could develop their offer to individual clients and in group therapy work. Two participants had access to a large, contained community garden and stated that they wished to continue to offer therapy outdoors and develop their practice to include a therapy dog and a walk-and-talk practice beyond the community garden. Only one participant currently used a therapy dog in their sessions, finding it particularly helpful as a focus for a client diagnosed with autism. Only one of the participants who offered walk-and-talk therapy had decided not to actively pursue it any further, largely because some clients did not feel emotionally able to access their feelings outside for fear of being overheard or seen when upset. However, they indicated that if they had access to a private outdoor space where confidentiality could be guaranteed, they would consider offering it again.

Another key finding is that the participants interviewed were well equipped to handle the uncertainty of the outdoor environment, mainly because they were already established therapists. Their impetus for offering outdoor therapy was led by the 2020 pandemic, providing an authentic experience-based opportunity for them to try it out with their clients. Consequently, the therapists in this research had to push their traditional boundaries, allowing them the chance to reflect on the benefits of integrating the outdoors and nature into the therapeutic setting. A debate in the field of walk-and-talk therapy is whether the term 'therapy' can be applied (Revell and McLeod 2016). Revell et al. (2014) distinguish between the benefits of exposure to the outdoors, which is present when engaged in an outdoor activity such as walking or gardening, and that which involves a structured therapeutic relationship. This qualitative research suggests that outdoor therapy needs to be epitomised not only by the accredited professionalism of the practitioner, but also by their professional use of the outside space, which when used correctly, wisely and sensitively is seen as an extension of the relational therapeutic indoor space.

Importantly, ethical considerations were regarded as paramount; therapists worked with their clients in a collaborative manner to agree on boundaries, assess risks and acknowledge limitations to confidentiality. This collaborative approach was guided by both the BACP Ethical Framework and the Outdoor Therapy Statement of Good Practice (Richards et al. 2023). In practice, a commitment to reflective practice is essential: who chooses the meeting space, how safety is discussed, and the

ways therapists navigate power and vulnerability when working outdoors are all part of ongoing therapeutic work. These questions deserve more attention in both therapist training and future research.

In relation to the use of different interview modes (face-to-face outdoors, online and telephone), we recognise that each format potentially impacted the interview scope, as well as what participants shared. In-person outdoor interviews allowed for richer, more embodied explorations, with participants physically showing the paths and outdoor spaces they use for therapy. Experiencing participants' therapy environments in a real sense offered an in-depth understanding and experience of their therapeutic worlds. While online and telephone interviews, on one hand, offered a less immersive experience, on the other hand, a sense of privacy and spatial distance may have encouraged more candid reflections, particularly when exploring sensitive issues—the benefits of online disinhibitions are well known. By giving participants the choice of interview mode (in-person, online or telephone), we aimed to minimise power imbalances and support participants' comfort. This is an important area for further reflection and research, as the medium of the interview can influence what stories are told and how the therapeutic context is represented. The interview approach/medium can impact data richness and shape the overall interaction between the researcher and participant (Allen et al. 2025).

## 6 | Limitations and Future Research

It is important to consider the wider limitations of this study, particularly in the context of sample size. It is difficult to know if a larger sample would have yielded more data, as the data obtained was rich with description of the overarching themes, as well as additional potential emerging themes. Additional themes that were touched on by the six participants included the impact of movement on mood, the distractions of nature and the impact that the outside has on neurodiverse therapists and clients. A larger sample size could have yielded more data on these potential themes, suggesting that saturation was not achieved in these areas; more research with a larger sample size could add a wider perspective.

In addition, the sample primarily reflected the experiences of therapists who conducted therapy outside due to the COVID-19 pandemic, when no other option for face-to-face work was available to them. It would be interesting to identify how many therapists continue to offer therapy outside post-pandemic, or whether they have returned to their indoor spaces. Another area of interest would be to better understand the reluctance to offer therapy outside as part of an integrative approach. It would also be worth investigating why educational establishments do not always include information or training about outdoor therapy, even where access to outdoor spaces is available.

## 7 | Conclusion

It currently seems as if low-intensity outdoor therapies are perceived as an afterthought or fringed activity, added out of necessity or only when specifically requested. This may be because

outdoor spaces are not seen as a 'clinical' enough setting by some clients and therapists.

The emerging issues for outdoor therapists are the need to consider a more fluid and dynamic frame by adopting the model of a 'living frame' which is pliable and open to discussion between client and therapist and includes a relational connection with the outdoor environment. Given the often claustrophobic and cramped clinical spaces that some therapists and trainee therapists are required to work in, going outside might be both a practical and desirable option, one where the relationality between humans and nature could potentially enhance the therapeutic process and contribute to the well-being of all involved. It would be interesting to consider the incorporation of outdoor therapy as part of psychotherapy training. Providing opportunities for outdoor practice during training could be a safe and appropriate way to introduce therapists to this mode of working, especially as 'green' prescribing is now recognised for its benefits in promoting well-being. The psychotherapeutic community needs to embrace this practice from the ground up. Perhaps the hesitancy still lies in the comfort of the therapy room, or perhaps there is not yet enough research or understanding of how talking therapy can be safely and effectively translated to outdoor settings.

What is evident in both the political and health sectors is that a combination of exercise, the outdoors and therapy can be instrumental in the promotion of well-being. This research has demonstrated that the outdoors is a hugely creative space that provides potential and depth for a growing and developing relationship. It offers a space for inquiry, reflection and experimentation, and it is an environment that fosters relational equality.

### Consent

The authors obtained written informed consent from all participants in this research.

### Conflicts of Interest

The authors declare no conflicts of interest.

### Data Availability Statement

Research data are not shared.

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