



## The Heart Wood Approach: 9 Key Influences

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### Introduction

For us, it feels very challenging to attempt to put a very brief summary of the way Heart Wood works on to paper. We could describe ourselves as Client-Centred Therapists or aligned with the Pre-Therapy model and that would point the reader in those directions. However, we feel that it is important to indicate that this way of working has come from a number of allied theoretical backgrounds. Most, from within the Person-Centred tradition.

The way Heart Wood offers therapeutic engagement to some, seems quite radical but we are confirmed in the view (and we believe research backs this up) that: “The relationship *is* the therapy...” (Mearns and Thorne, 2013).

We strive to offer a very sensitively attuned way of relating to a client group who often appear to be marginalised, isolated, disempowered and describe counselling and therapy as ‘not for them’. People who, at times, have also been described as ‘hard to reach’.

At Heart Wood, we are convinced of the benefits of offering therapeutic engagement, within a nature-based setting. We believe this creates an effective holding, relating and resourcing environment for individuals who may have become ‘hard to reach’.

Below, we briefly describe 9 key influences which we hope will provide enough of a summary of Heart Wood’s approach.



## 1. Client-Centred Therapy

Client-Centred Therapy is one of the humanistic modalities or approaches to counselling and psychotherapy. It was founded in the 1940s by the American Psychologist Carl Rogers who believed that, given certain 'Core' relational conditions, a person can be supported in moving towards their full 'potential' self. A state of being which Carl Rogers termed 'self-actualisation'. This actualisation process is innate and accessible to everyone.

*"Client-Centred Therapy is rooted in a fundamental trust in all organisms, including humans, natural tendency to "actualize, maintain, and enhance the experiencing organism" Rogers 1951).*

A move towards growth, and greater complexity. It recognises that organisms need certain conditions to do this, plants need good soil, water and sunlight, and that humans, as relational creatures, need certain relational conditions in which to flourish.

Later the term 'Person-Centred Approach' was adopted when it was shown that the theory and philosophy of counselling could be transferred to other settings where peoples' growth and development were of central importance - in education, for example' (Rogers 1983; Merry 1995; Barret Lennard, 1998).

## 2. Person-Centred Approach

Often the term 'Person-Centred' is used by services to describe a way of treating vulnerable people which, whilst being about being person-focused, is not rooted in the Person-Centred Approach as formulated and developed by Carl Rogers and many others. Perhaps a key difference is that whilst being 'person focused', that person is likely to be defined in terms of a diagnostic/treatment model rather than a self-defining potentiality model.

In the early 1970s the Client-Centred Therapy model became the Person-Centred Approach (PCA) as a way of acknowledging the move from one-to-one therapy into group, large community and conflict resolution on a large scale.

Other developments that emerged in this period which are relevant to the Heart Wood approach include Pre-therapy (see below), Focusing (Gendlin's work on 'experiencing and processing experience'), Roger's work on 'Therapeutic Presence', Margaret Warner's reformulations of PC theory, The Contact Milieu work of Dion Van Werde.



### 3. Pre-Therapy

Of the 9 key influences described here, we regard Pre-therapy as closest to home. We regard Dion Van Werde's 'Contact Milieu' and 'grey zone functioning' (2002) formulations as very important to us as they describe something which feels very close to Heart Wood's way of working.

Pre-therapy was originally developed by Garry Prouty in the 1970s and 1980s at a time when he was working with hospitalised patients normally with a diagnosis of schizophrenia or psychosis. In the 1980s and 1990s, Pre-therapy was applied to a ward-based regime in Belgium for individuals identified as having psychotic experiences. The model went on to be used as a way of supporting people with autism, learning disabilities and dementia. Papers have also been written on Pre-therapy focusing on individuals who experience elements of dissociation and complex trauma. While Heart Wood doesn't work specifically with any of the above diagnoses, we do work with individuals who we would describe as struggling with levels of 'contact impairment'.

The main focus of Pre-Therapy is on offering the sensitive attunement and presence of the therapist to support the strengthening of 'psychological contact'; (the ability to relate to others, to self and to the shared reality). The more someone is able to experience psychological contact, the more they can use relationship in a healing way. When levels of psychological contact are lower, the suffering is increased as someone feels disconnected and isolated.

For example if someone has been living in a depressed or emotionally overwhelmed state, possibly over many years, their capacity to connect with their own 'moment to moment' experiencing or their narrative, relate with other people or with the world around them, can become very limited. A person with this experience could be expected to have developed a degree of contact impairment.

At Heart Wood we don't assume Psychological Contact. We recognise that some people are unable to engage with regular counselling or therapy due (perhaps) to the limited parameters of the therapeutic context. However, they still suffer and deserve a therapy that can expand this context to be more able offer a level of engagement that meets their needs. To meet them 'where they are'.



#### **4. A 'Contact'- orientated, nature-based way of engaging**

At Heart Wood we offer 4-hour sessions for groups of around 10 people. Each programme is 18 weeks long and runs through Spring and Summer. Through Autumn and Winter we offer monthly 'connecting sessions' which last around 3 hours so people can access an ongoing level of connection. All sessions take place in woodland where we sit around a fire, keep the kettle boiling so there is plenty of hot drinks available, cook 'group soup' or make fried egg rolls. We have an old parachute for shelter from rain. We offer simple, achievable conservation tasks. Sessions start with a 'check-in' and end with a 'check out', and there's an hour of group talking and listening time, usually before lunch. During these times we invite people to take it in turn (should they choose to) to share their experience and listen respectfully when not speaking. This allows individuals have opportunities to speak and feel heard.

As facilitators, our primary goal is to work with people in a 'Contact' orientated way. This means not assuming a shared level of 'Psychological Contact' but attempting to be as sensitive as possible to the persons perceived reality when responding and reflecting back. We work to relate in a way that helps group members share, and in doing so, clarify their experiencing, while we attempt to be less psychologically intrusive. To not interpret their perceived reality but to be with them, where they are. In Client-Centred Therapy language, we describe an attitude of being 'non-directive' and we work hard to achieve this. We strive to understand peoples' experience as they perceive it and to keep checking our understanding. We work to be open, honest and transparent ourselves as a crucial element of creating a relationally safe environment.

The woods themselves offer countless opportunities to talk about very psychologically safe/external topics, like noticing signs of spring, the movement of the flames, or the wetness of the rain. These less personally revealing communications can be easier to engage with and yet support the ability to begin to feel more comfortable talking in a group, sharing personal viewpoints and listening to others.

#### **5. Therapeutic community development**

Therapeutic community development started after WW2 as a way of relating to large numbers of patients with similar symptoms in psychiatric hospitals. Initially developed by Maxwell Jones, he acknowledged: "*we moved from the idea of teaching with a passive, captive audience, to one of social learning as a process of interaction between the staff and patients*".



Although no longer popular, therapeutic communities offered an empowering healing environment to many individuals who in pre-therapy language would be seen as contact-impaired.

In Heart Wood we believe we are offering something similar to the therapeutic community model in that we recognise the value of every point of contact and the whole context of the group including that which takes place outside of the group sessions. For example we give lifts in our cars to sessions, keep contact via phone and text outside sessions. New potential participants are offered one-to-one contact with one of the lead facilitators and can have a one to one or group introduction to the site prior to attending an open day. As facilitators we see our roles as 3-fold; as leaders, as facilitators and as group members. There are always two facilitators in Heart Wood groups so that, for example, when one is functioning as a group member in quite a social way, the other can focus on group dynamics or an individual's particular experiencing.

## 6. Eco- Psychology

Eco-Psychology as a term has been around since the late 1980s at a time when the 'western' world was beginning to identify concerns about global warming, climate change and biodiversity problems.

Eco-Psychology recognises the mental health epidemic as related to or caused in part by disconnect from our own environment - includes disconnect with natural pace of life, food, seasons and bodies.

Theodore Roszak in his book 'The Voice of The Earth' (1992) quotes Sudhir Kakar when he observes that *"modern psychiatry differs from traditional therapies in emphasising text over context. By text he means the private life of the patient treated as a self-contained story of an autonomous individual... as a basis for psychotherapy, this tight focus upon the self as text makes healing of the wounded soul a lonely, purely intra-psychic struggle."*

Another example *"...we ourselves are the only creature we would ever expect to flourish in an environment which does not give us what we need! We wouldn't order a spider to spin an exquisite web in empty space, or a seed to sprout on a bare desktop. And yet that is exactly what we have been demanding of ourselves."* (From Linda Buzzel quoting Barbera Sher in Wishcraft).



## 7. An existential, phenomenological way of encountering – a few examples:

Existentialism (dictionary)

*“a philosophical theory or approach which emphasises the existence of the individual person as a free and responsible agent determining their own development through acts of the will”*

Pete Sanders

*“so a phenomenological theory would be about **my** truth in my world of experience not **the** truth in the world. Not what exists but what I believe exists”*

Martin Luther King

*“Man as a reflexive being can, and must, meaningfully define his existence and his presence in the world”*

Carl Rogers

*“Every individual exists in a continually changing world of experience of which he is the centre” (1951)*

*“The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, reality” (1951)*

## 8. Relational Depth

*“This is a two-person-centred Therapy, or client-centred relational psychotherapy. This is an approach to person-centred therapy in which the primary focus of the work is neither on maintaining non-directive attitude nor on facilitating emotional change but in encountering the client in an in-depth way and sustaining such a depth of relating. A state of profound contact and engagement between two people, in which each person is fully real with the other, and able to understand and value the others experiences at a high level. There will be many moments of relational depth, but there are also likely to be times when there are less intense moments of contact.” (Dave Mearns and Mick Cooper; 2004)*

## 9. A non-directive attitude

At Heart Wood we try to ensure that in terms of the person’s emotional self-exploration that we intrude or evaluate as little as possible. Using reflections to clarify understanding without necessarily bringing bias. This recognises the client as self-directing.