
Copyright © 2014 The Author

A copy can be downloaded for personal non-commercial research or study, without prior permission or charge

Content must not be changed in any way or reproduced in any format or medium without the formal permission of the copyright holder(s)

When referring to this work, full bibliographic details must be given

http://eprints.gla.ac.uk/98905

Deposited on: 06 November 2014
Winifred Rushforth and the Davidson Clinic for Medical Psychotherapy: a case study in the overlap of psychotherapy, Christianity, and New Age spirituality

Dr Gavin Miller, School of Critical Studies, University of Glasgow

4 University Gardens, Glasgow, G12 8QQ

gavin.miller@glasgow.ac.uk
Winifred Rushforth and the Davidson Clinic for Medical Psychotherapy: a case study in the overlap of psychotherapy, Christianity, and New Age spirituality

Abstract

The activities of both Winifred Rushforth (1885-1983), and the Edinburgh-based Davidson Clinic for Medical Psychotherapy (1941-1973) which she directed, exemplify and elaborate the overlap in Scotland of religious discourses and practices with psychoanalytic psychotherapy. Even as post-war secularisation began to affect Scottish culture and society, Rushforth and the Davidson Clinic attempted to renew the biographical discourses of Christianity using the idioms and practices of psychoanalytic psychotherapy. Furthermore, alongside these Christian-inflected activities, Rushforth promoted a psychoanalytically-informed New Age spirituality. This parallel mode of belief and practice drew on Christian life-narrative patterns, preserving them within psychoanalytic forms grafted onto a vitalist worldview informed by the work of Pierre Teilhard de Chardin.

Key words: Christianity, New Age, psychotherapy, Scotland, Winifred Rushforth

Introduction

In March 1983, the United Kingdom’s Prince Charles, and his then wife, Princess Diana, visited the Edinburgh home of Winifred Rushforth (Rushforth, 1984: 174), a 97-year old psychotherapist, new age guru, and retired medical doctor. Prince Charles was prompted to visit Rushforth in Scotland after receiving copies of her 1981 book, *Something is Happening* (Rushforth, 1983; Rushforth, 1984: 174), a collection of essays, as its subtitle announced, on *Spiritual Awareness and Depth Psychology in the New Age*. Notes made during the Prince’s
visit indicate that he and Rushforth discussed a number of topics in their hour-long meeting, including their shared admiration for the primitivist guru Sir Laurens van der Post, as well as the Prince’s enjoyment of *Something is Happening*, his interest in holistic forms of healthcare, and his difficulties in meditating (‘Summary of Conversation’). The Prince and Rushforth also corresponded after their meeting (Rushforth, 1984: 174), although this was cut short by the latter’s death a few months later, in August 1983 (Rushforth, 1984: 176).

Rushforth’s standing as a matriarch and guru of the New Age may seem far removed from the typical concerns of the history of psychiatry, psychoanalysis, and psychotherapy. Yet Rushforth matters to such histories because of the way in which she and the organizations with which she was involved interwove psychoanalytic psychotherapy, a seemingly clinical activity, with both Christianity and an emergent New Age spirituality. Rushforth and the Davidson Clinic – the psychotherapeutic clinic which she directed in Edinburgh – renewed the biographical discourses of Christianity using the idioms and practices of psychoanalytic psychotherapy. Furthermore, even as the medical prestige of psychoanalytic psychotherapy waned in the post-war years, Rushforth continued to promote a psychoanalytically-informed New Age spirituality. This parallel mode of popular belief and practice drew on Christian life-narrative patterns, preserving them within psychoanalytic forms grafted onto a vitalist worldview.

**Rushforth and the Davidson Clinic: a brief history**

Margaret Winifred Bartholomew (later Rushforth) was born on 21 August 1885 to an upper-class farming family resident near Edinburgh. After medical training at the Edinburgh Medical College for Women, she graduated MBChB from Edinburgh University in 1908. Domestic restrictions on medical practice for female doctors, and her marriage in 1915 to
Frank Rushforth, a British officer in the Indian Regiments, meant that the first half of Rushforth’s medical career was spent as a medical missionary and voluntary worker in India (Rushforth c.v.: 1). Her knowledge of psychology was acquired in this colonial context via her ‘organisation of study circles for mothers of young children’ (Rushforth, 1984: 69); these were informed by the ideas of the general psychologist William McDougall and the psychoanalyst Alfred Adler. (The fruits of this experience were later published in Britain in 1933 as *The Outstretched Finger* (Rushforth, 1933), a child-rearing manual for mothers.) In 1929, Rushforth, having returned to the United Kingdom, began training as a psychoanalyst under Dr Hugh Crichton-Miller of the Tavistock Clinic, London. As well as attending a course of lectures and seminars, she was required to undergo personal analysis, and to take on her own psychoanalytic caseload. In 1931, she settled permanently in Edinburgh with her husband, and in 1933 began a private practice in psychoanalytic psychotherapy (Rushforth c.v.: 2). Growing interest in adult and child psychotherapy in Edinburgh led Rushforth to a central role in founding and guiding the Davidson Clinic for Medical Psychotherapy, which ran in various locations in Edinburgh from 1941 to 1973 (see below). She also became a public spokesperson for psychotherapy, particularly in the regular bulletins published by the Davidson Clinic from 1946-1967, and also in the mass media, including BBC radio broadcasts in the late 1940s (Rushforth scripts). After retiring from the Davidson Clinic in 1967, Rushforth continued to offer psychotherapy in various forms, including a regular dream analysis group (Rushforth, 1984: 146). As detailed above, her ‘guru’ status was confirmed in 1983 when she received a visit from the Prince and Princess of Wales. Rushforth died on 29 August 1983 (Rushforth, 1984: 176), and her memoir, *Ten Decades of Happenings: the autobiography of Winifred Rushforth*, was published the following year (Rushforth, 1984).

The Davidson Clinic opened on 24 January 1941 (*Annual Report*, 1941: 3), but planning for a clinic began in 1938, as noted in the Clinic’s first Minute Book, which covers
the period 1938-1945. On 18 November 1938, a group of ten people – the most important being Rushforth and an Edinburgh civic officer, John Falconer – met to discuss ‘the formation of a psychological clinic in Edinburgh’ (Minute Book: 1). Although some progress was made over a number of meetings, the eventual outbreak of war threw the provisional plan for a small clinic into disarray. The clinic project was revived, however, when Rushforth entered into a collaborative arrangement with Reverend Roy Hogg, the minister of the Davidson Church in Edinburgh, from which the Clinic acquired its name (Rushforth, 1984: 87-8). The first minuted meeting regarding the Davidson Clinic proper occurred on 20 November 1940, and was chaired by Hogg (Minute Book: 36-43). After formally opening on 24 January 1941, with first year attendances (albeit over 11 months) of 65 adult patients and 59 child patients (Darroch, 1973: 7; Annual Report, 1941: 4), the Clinic grew rapidly, reaching the height of its activities relatively early in its existence. Adult patient numbers peaked in 1948 when 591 attended (Annual Report, 1948: 4), and child patient numbers peaked in 1949 when 217 attended (Annual Report, 1949: 6). Thereafter, patient attendance gradually declined: child attendance ceased altogether in 1966 after a recorded low of 59 in 1964 (Annual Report, 1964: 11; the 1965 figure is not recorded in the Annual Report); adult attendance reached a recorded low of 128 in 1970 (Annual Report, 1970: 5; 1970 is the last year this figure is given in the Annual Report). The decline in attendance, and a staffing crisis precipitated by the death of the Medical Director, Dr A.J. Bain, in early 1971 (Darroch, 1973: 24), preceded the Davidson Clinic’s closure on 29 June 1973 (Rushforth, 1984: 143).

There has not yet been a full scholarly account of the Davidson Clinic’s organizational rise and fall, nor does this article aim to provide one. A provisional narrative can, though, be gleaned from the testimony of those associated with the Clinic. The most important factor, according to these sources, was the post-war creation of the UK’s National Health Service (NHS). Rushforth attributes the Clinic’s closure to the rise of
psychopharmacological treatments delivered by the NHS, and to the impossibility of competing with NHS salary scales (Rushforth, 1984: 133-4). Jane Darroch, in her brief 1973 history of the Clinic, states that it could only find a third of its requisite income from patient fees (Darroch, 1973: 22), and that it eventually lost its Child Guidance intake to the NHS and local authorities (Darroch, 1973: 23). She argues that the Clinic could have continued as a modest enterprise (Darroch, 1973: 23-4), except that it was unable to compete with the NHS for staff. A more extended explanation of the effect of the NHS is provided in Darroch’s volume by J.D. Sutherland (1905-1991), the Medical Director of the Tavistock Clinic in London from 1947-1968, who retired to Edinburgh, but remained active in various psychiatric and psychoanalytic organisations and endeavours. According to Sutherland, ‘after the inception of the Health Service, it was virtually impossible for the Clinic to survive in an independent position’ (Sutherland, 1973: 27). There are various reasons for his conclusion (Sutherland, 1973: 26-7): the NHS was culturally and economically unsympathetic to analytic psychotherapy, and so unlikely to refer patients; insofar as the NHS favoured analytic psychotherapy, it preferred in-house provision and its own standards of staff training; better NHS salaries meant that the Clinic could not compete to acquire new staff. Furthermore, in areas such as research and training, in which the NHS was not the main competitor, the Clinic was easily bettered by the universities.

The Davidson Clinic and Christianity: institutions and discourses

Twentieth-century Scotland saw various cross-fertilizations of Christian discourses and practices with those of psychoanalysis and psychotherapy. The overlap of Christianity with psychoanalysis in the object-relations tradition, and particularly with respect to the work of W.R.D. Fairbairn (1889-1964) and Ian D. Suttie (1889-1935) has been explored extensively
(Hoffman, 2004; Miller, 2008; Miller, 2014). A similar imbrication of Christianity and psychotherapy has also been disclosed in the ideas and activities of R.D. Laing (1927-1989) (Miller, 2009; Miller, 2012), as well as those of the Christian philosopher John Macmurray (1891-1976) (Miller, 2007). Moreover, as Graham Richards observes, ‘a religious strand existed in British psychotherapy virtually from the outset’ in the activities of inter-war pioneers such as Hugh-Crichton Miller of the Tavistock Clinic (Richards, 2011: 77).

The Davidson Clinic continues this pattern: Christian institutions and discourses were effective in its development from the very beginning, and were partly engendered by a historical connection with the Tavistock Clinic. H.V. Dicks explains that the Davidson Clinic was partly imitative – a ‘daughter colony’ (Dicks, 1970: 3) – of the Tavistock Clinic. The latter was founded in 1920 (Dicks, 1970: 14) by a medical doctor, Hugh Crichton-Miller (1877–1959), who held strong Christian religious convictions as both ‘an Elder of the Scottish Presbyterian Church of St Columba’s, London’, and as someone who saw ‘Christian moral ideas as bearing upon human conduct’ (Dicks, 1970: 24). These Christian ideals emerged ideologically, according to Gavin Miller, in Crichton-Miller’s argument in New Psychology and the Preacher (Crichton-Miller, 1924) that psychoanalytic methods would ‘preserve what is imperishable in religious sensibility’ (Miller, 2008: 43) rather than, as orthodox Freidians expected, expose religion as an everyday psychopathology. Crichton-Miller’s faith does not seem, however, to have led the Tavistock Clinic into a significant relationship with the Churches: in Dicks’s narrative, the clergy appear only marginally, as honorary support staff (Dicks, 1970: 47), or attending extra-mural lectures (Dicks, 1970: 30,75).

The marginalization of Christianity within the Tavistock Clinic may well explain Crichton-Miller’s apparent sense, later in life, that the Davidson Clinic was truer to his ideals: Rushforth’s 1959 tribute to Crichton-Miller in the Davidson Clinic Bulletin claims that
Crichton-Miller ‘considered the work of the Davidson Clinic in the direct line of what he had sought to establish in the Tavistock Clinic, holding on to some ideals which, all too sadly, he thought had perished in the London work’ (Rushforth, 1959: 10). This observation would cohere with Richards’s view that Crichton-Miller’s writings and organizational activities provided ‘the basis for the more explicitly religion-oriented psychotherapeutic projects which emerged in the 1930s’ (Richards, 2011: 1977). As Crichton-Miller’s sentiments (and Richards’s account) imply, the Davidson Clinic was often in a close collaborative relationship with the Christian Churches, particularly the Church of Scotland. J.A. Whyte, writing c.1967, claims that the Clinic ‘began as an experiment in equal partnership between Church and psychotherapeutic clinic’ (Whyte, 1967: 21). Although an offer of accommodation in Davidson Church property was refused by Rushforth, the Clinic opened in nearby rented rooms, and counted Margaret Allan, a Church of Scotland deaconess, among Rushforth’s initial three colleagues (Rushforth, 1984: 88). Allan, who, like Rushforth, had received analysis at the Tavistock Clinic, had her salary provided by the Christian Iona Community until 31 May 1941 (Minute Book: 73-74).

Interest was also shown in the Davidson Clinic by the Roman Catholic Church, which had already supported the Notre Dame Child Guidance Clinic in Glasgow, which opened in 1931 (Stewart, 2006: 61). This interest extended to the loan of a Notre Dame staff member, Dr Ruth Meier-Blauuw, who worked at the Davidson Clinic on Saturday mornings from May 1941 to September 1942 (Annual Report, 1941: 4; Annual Report, 1942: 3). The ecumenicism in the Davidson Clinic’s Christian institutional connections is emphasised when, after the end of the initial relationship with the Davidson Church, ‘a broader relationship with the Church’ was enabled via approaches to the Church of Scotland’s ‘Women’s Home Mission Committee and the Committee on Christian Life and Social Work’ and to the ‘Episcopal Diocese of Edinburgh’ (Annual Report, 1942: 4). There were also ad hoc collaborations with
various Scottish churches, such as the programmed Sunday Service in a local church that featured in the Davidson Clinic’s Easter and Summer Schools (e.g. Summer School 1949, Easter School 1951, ‘St Paul’s Search’).

These formalised relationships indicate a wider context of social and political activism by the Scottish Churches, and particularly the Church of Scotland. The latter’s movement towards greater social criticism than had been apparent in the inter-war years was evident in the activities from 1940-1945 of the Commission for the Interpretation of God’s Will in the Present Crisis, or ‘the Baillie Commission’ as it was more popularly known, after its convenor, the theologian Professor John Baillie (1886-1960). ‘In its first report to the General Assembly of May 1942’, notes Stewart J. Brown, the Baillie Commission ‘decisively reversed the positions held by […] the older leadership that the Church should not speak out on economic and political issues’ (Brown, 1994: 27). The Davidson Clinic clearly located itself within the Commission’s narrative of a turning point in the Church of Scotland’s history towards ‘working to inculcate a Christian morality in a pluralistic society and social welfare state’ (Brown, 1994: 28). Baillie, who was Professor of Divinity at New College, University of Edinburgh, appears in the Minute Book’s account of the Davidson Clinic’s second AGM on 5 February 1943: ‘The adoption of the Report was moved by the Rev. Professor John Baillie, Moderator Designate of the Church of Scotland. Professor Baillie spoke of a recent visit to the Clinic, and expressed his admiration of the work being done’ (Minute Book: 137).

Such connections were not merely a pragmatic alliance between the Davidson Clinic and socially active Scottish Christian organisations. The ‘equal partnership between Church and psychotherapeutic clinic’ described by Whyte extends to Clinic’s own account of its activities in the Davidson Clinic Bulletin. In a 1951 article entitled, ‘The Christian Label’, Dr William Kraemer (c.1911-1982), the Medical Director from 1943-1958 (Minute Book: 118; anon., 1983), and a central figure during the Clinic’s heyday, explains that ‘we sometimes
mention the name of God and Christ without apologising for it, and […] we sometimes refer to the teaching of Christ without seeing its possible social and political value as its only raison d’être, nor do we conceive this teaching to be merely the natural reactionary control to man’s instincts’ (Kraemer, 1951: 2). Kraemer’s article promotes a subjective authorization of Christianity whereby ‘truth can reveal itself at all times and in all of us’ rather than through ‘the emphasis of the official Churches […] on the written word in the Bible or the inspired tradition’ (Kraemer, 1951: 4).

Kraemer’s statement that ‘[t]he Christian label […] turns out not to be a label but rather a mode of living and thinking’ (Kraemer, 1951: 6) is further elaborated in the Clinic’s dual role as a provider of both ‘medical psychotherapy’ and ‘Christian psychotherapy’. In publications such as the Annual Report and miscellaneous publicity materials, the Clinic is referred to as the ‘Davidson Clinic for Medical Psychotherapy’: in the 1951 Annual Report, for instance, Rushforth claims that ‘[o]urs is the only centre in Scotland which sets out to treat patients by medical psychotherapy on purely analytical principles’ (Annual Report, 1951: 13). But although the clinic may have provided medical psychotherapy to its patients (a term which at this time also included children attending the child guidance clinic), examination of the Davidson Clinic’s public discourses, and particularly of the Annual Report, reveals a complementary discourse of ‘Christian psycho-therapy’ (Annual Report, 1941: 7). The term ‘Christian psychotherapy’ was almost certainly contributed by Reverend J.A.C. Murray (fl. 1938-1947), who was firstly a Church of Scotland minister in the Scottish town of Grangemouth, and then latterly in Edinburgh. Murray, who was amongst the Board of Governors of the Clinic, proposed on 22 January 1941 (two days before the Clinic’s formal opening) ‘that the words “principles of Christian psycho-therapy” be added to the objects of the clinic’ (Minute Book: 45). Murray’s 1938 book, An Introduction to a Christian Psycho-Therapy, expatiates on ‘Christian psychotherapy’, referring to ‘a small band of ministers, of
all denominations’ who ‘are convinced that Christ was the great Psychologist, and that the
New Testament contains much which waits to be unfolded and fulfilled in the fresh light
which psychology has shed’ (Murray, 1938: 15). By ‘psychology’, Murray means
psychoanalytic psychology, which, he believes, ‘has been stunted of its full growth by the
swaddling bands in which the medical profession has enswathed it’ (Murray, 1938: 22).
Psychoanalysis, Murray argues, must recognise not only the subconscious aspects of religion,
but also ‘make straight the way for the Faith by adventuring a geography of the
superconscious’ (Murray, 1938: 53), by which Murray means an account of states of
‘expanded consciousness’ (Murray, 1938: 55) such as artistic inspiration, creative genius,

Murray’s Christian psychotherapy exposes the Christian discursive context in which
Rushforth could locate her endeavours, even as post-war secularisation was about to
transform Scottish culture and society. Callum Brown in his account of British secularisation
distinguishes three forms of Christian adherence: discursive, associational and institutional
(e.g. Brown, 2001: 190). The latter two forms, which consist in usage and membership of a
church, are readily mapped by social histories of secularization that attend to phenomena
such as wedding services, church attendance, and communicant membership. Discursive
Christianity, however, is a cultural and psychological phenomenon that translates less easily
into statistical data, for it consists in a religious identity that shapes biographical narrative,
‘using notions of progression, improvement and personal salvation, whether within religion
or opposing it’ (Brown, 2001: 185). Secularization therefore brings about a ‘discursive
bereavement’ (Brown, 2001: 184) experienced in the declining currency of Christian life-
narrative patterns: those reared in the Christian faith find their notions of a life journey
increasingly out of kilter with the cultural dominant.
Murray’s *Christian Psycho-Therapy* offered to continue Christian life-narrative patterns within psychological discourse. Murray refers to a ‘life-curve’ punctuated by ‘several clearly definable danger-zones’ in which the individual encounters a crisis precipitated – in Murray’s characteristic movement between psychoanalytic and theological discourses – by ‘some power from his own inner depths, or a command from God’ (Murray, 1938: 154). Puberty, for instance, ‘biologically and psychologically, marks a crisis in the life-curve so radical as to deserve the description of a new birth’ (Murray, 1938: 154). The pubescent ‘rebirth’ described by Murray fuses somatic, psychological and theological discourses, so that puberty emerges as something like a synergistic opportunity for Christian regeneration: ‘The nameless unrests and blind longings of puberty are in large measure due to the hunger on the part of the created for the Creator’ (Murray, 1938: 156); a ‘deeper throb’ (Murray, 1938: 156) is felt as ‘the religious instinct rises to consciousness as naturally as the sun’ (Murray, 1938: 155) in an analogue to the psychoanalytic account of the end of sexual latency.

Such psychoanalytic and psychotherapeutic repristination of Christian life-narrative patterns extends to the discourses produced by Rushforth and, under her leadership, by the Davidson Clinic. Rushforth, like Murray, also exploits the idea of a rebirth. In a *Davidson Clinic Bulletin* article based on a lecture to the 1953 Summer School, Rushforth refers to the phenomenon (widespread, in her view) of analysands ‘going through the curious birth experience’ (Rushforth, 1953: 6). She gives the example of patient who ‘took a new lease of life’ which ‘dates from that day on the couch in the consulting room when he was quite literally born again’ (Rushforth, 1953: 6). A more frequent motif in Rushforth’s work, however, is that analytic psychotherapy literally works miracles of healing within the lives of patients. The 1942 *Annual Report* states explicitly that ‘psycho-therapeutic treatment can bring about miracles of healing which are the fulfilment of the Divine purpose’ (Annual
Report, 1942: 2). The idea is still in circulation over a decade later in the 1953 Annual Report, where Rushforth in her later capacity as Honorary Medical Director testifies to ‘constant miracles happening in the lives of our patients’ (Annual Report, 1953: 9).

Rushforth’s earliest experience of a putatively miraculous psychotherapeutic cure seems to have been her first analytic case at the Tavistock Clinic, as she explains in the Journal of the Indian Medical Profession: ‘my first case […] recovered miraculously. She was a woman in her thirties in the grip of a serious neurosis with conversion symptoms. This took the form of acute dysnoeic [i.e. dyspnoeic] attacks’ (Rushforth, 1962: 4098). The patient’s attacks of breathlessness are, Rushforth infers, hysterical symptoms that arise from a ‘conversion’ of her psychological neurosis into a somatic form. For both doctor and patient, as Rushforth explains in the more personal discourse of her autobiography, the eventual psychoanalytic relief of these symptoms was a recovery of Christ’s ministry of healing: ‘“The days of our Lord have returned” was how Chrissie put it, and I was not averse to considering it as a marvellous happening’ (Rushforth, 1984: 75).

Providentialism is another aspect of the discursive Christianity re-produced by Rushforth. Her autobiography is filled with textual cues inviting the reader to perceive the Providence at work in Rushforth’s life and in the institutional fortunes of the Davidson Clinic. Sometimes these cues are implicit, as when Rushforth reflects on the Davidson Clinic’s hiring of Kraemer: ‘Was it chance that brought to his notice an advertisement in which we offered the princely sum of £300 a year to an assistant medical director in the Davidson Clinic? Young and eager, he had been in touch with the Jungian fraternity in London; he was heaven sent’ (Rushforth, 1984: 93). As the wider narrative context reveals, neither the rhetorical question, nor the idiom ‘heaven sent’, are innocent. The ““pennies from heaven” that maintained our work’ (Rushforth, 1984: 96) are a sign of Divine approval according to Rushforth, and to John Falconer, who ‘shared my sense of assurance […] that
we were being used in this service and should accept our role as part of the will of God’ (Rushforth, 1984: 116). Rushforth’s discursive Christian credo is that ‘there is no such thing as chance’, ‘at each turning point there is co-operation with the Divine Purpose’ (Rushforth, 1984: 155).

The Davidson Clinic’s model of Christian psychotherapy clearly found favour not only internally, but also with some Church of Scotland clergy. As part of the Davidson Clinic Summer School of 1964, Rev. John R. Wilson, minister of St Bride’s Church in Dalry, Edinburgh from 1955-1968 (Young, 1983: 1), preached a sermon on 2 August 1964 entitled ‘St Paul’s Search for Identity’ – a topic intended to harmonise with the Summer School’s theme that year, ‘The Search for Our Identity’ (‘St Paul’s Search’: [1]). The essence of Christianity, according to Wilson, is a biographical progression that may be modelled in psychotherapeutic terms. To ground his thesis scripturally, Wilson offers a re-interpretation of Paul’s conversion to Christianity in which familiar theological concepts are translated into psychotherapeutic discourse. Paul’s famous conversion on the Road to Damascus ‘was in fact a nervous breakdown, a mental collapse’ (‘St Paul’s Search’: [1]). This supposed nervous breakdown was ultimately the result, according to Wilson, of Paul’s childhood, which was ‘a strict one; he was made to be “Too good too soon”’ (‘St Paul’s Search’: [1]). However, in converting to Christianity, Paul found that ‘[h]e could be just as he was, and Christ would accept him like that’ (‘St Paul’s Search’: [1]), and so ‘gradually a spontaneity came into his life; he was living by a spirit welling up from within, not according to a law superimposed upon him’ (‘St Paul’s Search’: [2]). The sermon’s lessons for the present are that conversion to the Christian faith involves ‘a deep depression’, ‘a collapse of the personality’ quite unlike the ‘wonderful elation’ promoted by the evangelical tradition (‘St Paul’s Search’ [1]).

Christian psychotherapy was also clearly satisfying to other consumers of the Davidson Clinic’s services, both clergy and lay. An anonymous 1951 contribution to the
Davidson Clinic Bulletin entitled ‘An American Looks at the Clinic’ presents the testimony of a US clergyman studying in Edinburgh. The author refers to ‘those hollow aspects of my personal life, those headaches every Sunday at two o’clock, those church promotional activities that left me so fatigued I was unable to drive home; and worst of all, those frantic feelings that my witness to Christ was being dulled’ (anon., 1951: 11). Yet, after twenty months of psychoanalysis, ‘the Clinic has been working one of its standard miracles’ – ‘standard because I have met at least a score of other people who are finding the same thing happening in their lives as a result of analysis’ (anon., 1951: 12). The sense of faith renewed is shared by another clergyman, W.I. Ireland, whose 1965 contribution to the Davidson Clinic Bulletin describes his experience of an ecumenical Ministers’ Group. Ireland argues for the purifying effects of psychotherapeutic critique, arguing that ‘the enduring things of Christ will, in the end, only shine the more [...] when attacked openly by our hidden and unacknowledged rejection of them’ (Ireland, 1965: 7).

The psychotherapeutic renewal of faith also seems to have satisfied Christian consumers who were not clergy. The anonymous patient ‘D.A.’ supplies a contribution to Darroch’s history entitled ‘To The Davidson Clinic: an appreciation’ in which he or she presents the Clinic as a contemporary analogue to the early Christian Church. What the Davidson Clinic produces, at least in the personal experience of ‘D.A.’, is not so much the relief of mental illness, as ‘a new awareness of the real meaning of life and living’ achieved through a ‘labyrinthine journey of analysis and self-enlightenment’ (D.A., 1973: 28). The ‘integrated human beings’ that result from the Clinic’s psychotherapy are at work within society, transforming it from within, ‘leavening the world’ or propagating like a seed that has ‘reproduced itself “an hundred fold”’ (D.A., 1973: 29). The allusions to the Scriptural Parable of the Leaven (Matthew 13: 33, Luke 13: 20-21) and the Parable of the Sower (e.g. Matthew 13: 3-8) indicate that ‘D.A.’ understands the Clinic as engaged in a modern missionary
activity, transforming society from within by a process of contagious personal transformation – with Rushforth’s gender perhaps being prophesied in the parabolic statement that ‘a woman took and hid [the leaven] in three measures of meal, till the whole was leavened’ (Luke 13: 21).

Such client testimony shows how the Davidson Clinic provided a psychoanalytic psychotherapy that was held to facilitate the narrative turning points of discursive Christianity. This, in turn, restored and renewed the faith of at least some of the Christians who felt themselves challenged by the apparent decline of Christendom. So-called ‘Christian psychotherapy’, and associated ideologies and practices, offered a new, psychologically re-interpreted and scientifically authorized template for Christian life narrative, thereby recovering and continuing diverse narrative elements such as conversion, rebirth or regeneration, miracles, providence, and salvation. The Davidson Clinic, for its part, was especially active in this syncretism not only because of the personal inclinations of those associated with it, but also because of the Clinic’s difficulties in achieving a secure medical status, and the consequent appeal of an alliance with a socially reforming Scottish Christianity.

From ‘spiritual enlightenment’ to ‘the Source’: psychotherapy and New Age spirituality

The therapeutic discourses and practices of personal regeneration promoted by Rushforth and the Davidson Clinic were not only in the service of Christian religiosity. A further, parallel religious agenda was advanced by Rushforth’s brand of psychotherapy, which was equally hospitable to elements of the eclectic, mobile and subjectively authorized contemporary religiosity now often referred to as New Age spirituality. (This term is, of course, problematic (e.g. Chryssides, 2012: 247-8), and a number of the difficulties with it will be explored
below). New Age religious life was stimulated and sustained in the activities of Rushforth herself (whose 1983 book, *Something is Happening*, as noted above, is subtitled *Spiritual Awareness and Depth Psychology in the New Age*), and in the activities of various Rushforth-inspired successor organisations to the Davidson Clinic. Analysis of Rushforth’s activities reveals the way in which she used psychoanalytic psychotherapy to usher a declining Christian culture towards a mode of popularized vitalism. Those who were attracted to psychotherapeutically-authorized biographical patterns of regeneration might be drawn onwards via practices of ‘Self-spirituality’ to a recognition of the cosmic purposiveness that, in Rushforth’s view, pervaded all life and matter.

In the 1959 Davidson Clinic *Annual Report*, Rushforth presents an ideal type of the personal transformation wrought by psychoanalysis. Rushforth remarks that analytic psychotherapy may relieve conversions and compulsions – ‘asthma, skin disease, compulsive nail-biting, even duodenal ulcers’ (*Annual Report*, 1959: 6) – but then adds that ‘[w]e are working to liberate further dimensions of human personality, to increase the capacity for relationship and to set free the natural creative faculty in man’ (*Annual Report*, 1959: 6). The latter, for instance, ‘may be through descriptive or imaginative writing, through musical composition or performance, through the ability to draw or paint, or to speak in public […] there is a quickening of life, a setting free of energy and an increase of happiness and contentment’ (*Annual Report*, 1959: 7). Such supposed personal transformation could, of course, be comfortably accommodated within the Clinic’s rhetoric of Christian psychotherapy. However, the self-transformation promised by the Clinic was also described in terms of contemporary spirituality. In the 1962 *Annual Report*, for instance, Rushforth approvingly recalls, even in the early days of the Clinic, ‘a professional man coming to enquire “Is it true that analysis leads to spiritual enlightenment?”’ and many years later at a
casual meeting assuring me that his life had taken a new turn from the day he had begun a short analysis’ (*Annual Report*, 1962: 7).

In its emphasis upon personal self-discovery and liberation, the spirituality promoted by the Davidson Clinic may well seem to invite theorisation via Paul Heelas’s account of New Age ‘Self-spirituality’. Heelas’s typology of Self-spirituality (Heelas, 1996: 18-20) offers three focal characteristics: 1) it is held that socialization is a form of indoctrination that limits and stultifies the self; 2) unhappiness and suffering can be relieved by displacing the conventional ego, thereby regaining contact with the authentic Higher Self; 3) true Selfhood may be achieved via some spiritual practice or technology, of which Self-spirituality offers various kinds. Self-spirituality thereby ‘explains why life – as conventionally experienced – is not what it should be; it provides an account of what it is to find perfection; and it provides the means for obtaining salvation’ (Heelas, 1996: 18). The confluence of discursive Christianity, psychotherapy, and ‘spiritual enlightenment’ via analysis, certainly indicates that Rushforth and the Clinic were concerned with the liberation of a supposed higher self. Moreover, Darroch’s testimony confirms the entanglement of the Clinic with the psychotherapeutic precursor to a New Religious Movement, when she recalls Rushforth’s interest in what she calls ‘Scientology’ (Darroch, 1973: 21). Darroch is presumably referring to L. Ron Hubbard’s earlier theory and practice of Dianetics, which proposed to rid the personality of traumatic memory traces known as ‘engrams’ which, it was held, remained active within the ‘reactive mind’, a part of the mind dedicated to immediate survival: ‘The purpose of Dianetic therapy […] was to gain access to and locate engrams, and “erase” them from the reactive mind, thus eradicating their effects in the form of psychosomatic illness, emotional tension, or lowered capability’ (Wallis, 1976: 26).

However, Rushforth’s brand of psychotherapeutic spirituality shows something additional at work, namely a vitalism consistent with Heelas’s more recent thesis that
‘spirituality is life-itself, the “life-force” or “energy” which flows through all human life (and much else besides), which sustains life, and which, when experienced, brings all of life “alive”’ (Heelas, 2008: 27). Rushforth’s vitalism no doubt drew on a modernist and proto-modernist European context that included the ideas and writings of Henri Bergson, Samuel Butler, George Bernard Shaw, and D.H. Lawrence (Lehan, 1992). But of greater importance for Rushforth was the work of Pierre Teilhard de Chardin (1881-1955), whose ideas she first encountered in the 1960s via the 1959 English translation of de Chardin’s *The Phenomenon of Man* (Rushforth, 1984: 136-7). ‘For a time’, testifies Rushforth, ‘my thoughts were dominated by my longing to impart the truth contained in his teaching’ (Rushforth, 1984: 137) – this desire apparently led to a number of discussion groups being formed, as well as a 1969 conference at Scottish Churches’ House in Dunblane on the subject of the Davidson Clinic’s ‘work in psychoanalysis, linked with Teilhard’s teaching’ (Rushforth, 1984: 137). Julian Huxley’s introduction to the English translation of *The Phenomenon of Man* describes de Chardin’s account of ‘the genesis of increasingly elaborate organization during cosmogenesis’, progressing ‘from atoms to inorganic and later to organic molecules’, ‘to cells, to multicellular individuals, to cephalized metazoa with brains, to primitive man, and now to civilized society’ (Huxley, 1959: 15). The ‘all-pervading tendency’ (Huxley, 1959: 15) of complexification supposed by de Chardin allowed him to speculate, as Mary Midgely explains, on the eventual evolution of the ‘Omega man’, ‘a future being, raised above us both spiritually and intellectually, whose destiny it is to complete the divine plan for this earth by perfecting it at the mental level – to add a nöosphere, or intellectual realm, to the living realm or biosphere’ (Midgley, 1985: 72). De Chardin’s theory, which relies upon the idea of a linear direction to evolution (Midgley, 1985: 34), supposes that *homo sapiens* is confronted with an imminent ‘new domain of psychical expansion’ (de Chardin, 1959: 253).
De Chardin’s work seems to have reawakened an enduring engagement with vitalism on Rushforth’s part. Her longstanding vitalist commitments are apparent in an autobiographical reference to the work of her aunt and cousin, Isabella and Louisa Mears, ‘on the translation of the I Ching (The Book of Changes)’ (Rushforth, 1984: 25); ‘a book called Creative Energy was published in the early thirties at about the time of Aunt Isabella’s death’ (Rushforth, 1984: 25). The Mears’s book, Creative Energy: Being an Introduction to the Study of the Yih King, or Book of Changes (1931), shows a remarkable continuity with Rushforth’s post-war vitalist spirituality, and may therefore have been more formative upon it than she publically acknowledged. The Mears argue that the I Ching, although seemingly a manual of divination, in fact describes an intentionality directing a process of evolutionary orthogenesis. The Chinese authors of the I Ching intuited that ‘the Scheme of Life made manifest in the world was the visible working out of a preconceived Plan. As they saw it, the Plan is being worked out partly through the agency of spiritual intelligences involved in it from the beginning, and then also partly through the agency of man’ (Mears and Mears, 1931: 18). Homo sapiens (or ‘man’) was no accidental outcome of natural selection; rather ‘[l]iving “germs” were brought into existence that were destined, after millennia of generations, to become fully developed mankind of the sixth day of creation. Within each one Creative Energy surged unceasingly onward’ (Mears and Mears, 1931: 13). The I Ching’s authors, the Mears argue, were able to intuit this truth because, in effect, the Creative Energy, or ‘cosmic soul-life’ (Mears and Mears, 1931: 13), bestowed upon some members of the human race a special sensitivity to religious truth (Mears and Mears, 1931: 8-9).

Despite the significance of vitalism in Rushforth’s later spiritualized psychotherapy, such ideas are not necessarily explicit. They are instead allowed to more indirectly permeate the discourses, attitudes, and practices of Rushforth’s associates and audience. Rushforth’s obliqueness is typified by her choice of ‘Sempervivum’ as the name for one of the Davidson
Clinic’s successor initiatives (see below). She explains how the ‘flowering spikes’ of sempervivum ‘are evanescent and soon wither and might be likened to the life-span of the individual personality, but the plant itself is capable of almost unlimited growth’ (Rushforth, 1984: 141). Another metaphor inscribes into a central image both Christian and vitalist discourses. ‘The Well’ (Rushforth, 1985), a brief reflection first published in 1983 in the New Age periodical *New Humanity*, explores the various intertextual relations of this word and metaphor. ‘What do we find at the bottom of the well?’, asks Rushforth, ‘A spring of water – *Ursprung-Quelle* – bubbling up from a deeper source – *Urgrund*, the ground of our being’ (Rushforth, 1985: 150). She then indicates (somewhat imprecisely) a set of Judaeo-Christian scriptural antecedents, including Ezekiel 47, Ecclesiasticus 24.31 (a deuterocanonical book), Isaiah 58.11, and John 7.37-38. The most important of these Christian allusions for Rushforth is the well at Samaria in John 4.14: ‘Anyone who drinks the water that I shall give will never be thirsty again; the water that I shall give will turn into a spring inside him, welling up to eternal life’ (Rushforth, 1985: 151).

Rushforth’s citations, however, do not necessarily indicate that she subscribes to a doctrine of personal immortality. Instead, the ‘eternal life’ springing up via psychoanalytic psychotherapy, and anticipated in Christian scripture, is to some extent the unceasing life process postulated by vitalism as the substance to which the living individual is ‘accidental’ (in an ontological, not aetiological sense). Rushforth therefore freely offers a variety of supposed vitalist equivalents from various traditions, including Jungian psychotherapy, Buddhism, Nietzsche’s philosophy, and Georg Groddeck’s psychoanalysis (Rushforth, 1985: 150). Groddeck’s notion of an unknowable intentionality inaccessible to conscious thought, but nevertheless guiding and controlling life at all levels (“Man is lived by the It”) (Groddeck, 1950: 16)) helps articulate Rushforth’s willingness to describe even everyday somatic healing as wondrous: for instance, she describes the healing of stitches, which she
first witnessed while a medical student, as ‘a truly miraculous happening’ (Rushforth, 1984: 22). All healing – somatic or psychic – is, for Rushforth, a ‘miracle’ because it is a process that ultimately depends upon a vitalist intentionality in nature.

Vitalist discourses were continued by Rushforth in dream groups that she ran for a number of years after the closure of the Davidson Clinic. The theoretical context is partly Jungian: Rushforth explains her view that that ‘[d]reams take us into the collective unconscious’ (Rushforth, 1984: 162); ‘The analogy is with the sea, the ocean with its mingling currents and waves; any one drop may touch any other’ (Rushforth, 1984: 162). Yet the Jungian collective unconscious is written into a larger narrative reminiscent of de Chardin’s vitalism: ‘one function of the unconscious is to unite individuals everywhere, regardless of geographical location’ as ‘[g]radually the words we, us, ours, replace I, me, mine, and human life declares itself in unity’ (Rushforth, 1984: 164). This view clarifies Rushforth’s peculiar and unelaborated statement in her 1973 address on the occasion of the Davidson Clinic’s closure: ‘Analytic work is dynamic and, linked as it is with unconscious forces, cannot but survive and spread. I am bold enough to think it has evolutionary value, so today we are only slightly sad’ (Rushforth, 1984: 144). The unconscious here is not the Freudian personal unconscious, nor even the Jungian collective unconscious, but an evolutionary unconscious somehow underlying them – an entelechy which will eventually produce a new stage, or perhaps a ‘New Age’, in evolutionary development.

The dream groups also allowed Rushforth to encode her vitalism into discourses and practices of the body. An anonymous manuscript document entitled ‘Holding hands with Winifred Rushforth’ describes the groups further, and refers to a bodily, as much as psychic, discipline of supposed contact with the vitalist wellspring:
she [Rushforth] would relax […] and ‘plug in’ to the Source […]. Feeling God’s energy flow in through her heart, abdomen, legs, through her whole body to the earth, to the poor, the sick, the depressed, to the rejected and to every living organism and thing. She emphasized how the energy must be received and freely given out […] which can then return to the Source, having completed its cycle. She emphasized that each one of us can tap this wonderful Source of energy at any and at all times. (‘Holding Hands’: 4)

Rushforth’s practical encoding of her vitalism extended even beyond such ritualised activities. She seems also to have distributed cuttings of the symbolic plant sempervivum to at least some members of the networks that grew up around her various small group activities (Thomas Rodgerson, personal communication).

Given Rushforth’s charismatic New Age leadership, it is perhaps unsurprising that the Davidson Clinic left behind three spiritually-inflected legacy organizations: the Salisbury Centre, Sempervivum, and Wellspring. These are described in a tribute to Rushforth c.1983 by Marcus Lefèbure (1933-2012) a Roman Catholic monk active in the provision of counselling and psychotherapy in Edinburgh:

the Salisbury Centre, at first a Sufi meditation centre which subsequently proved its vitality by opening up to become a meeting place for spiritual seekers of all kinds; Sempervivum, a movement and network of people concerned with creativity and all-round well-being, individual and social; and finally Wellspring, a psycho-therapeutic and counselling centre for individuals and groups and open to the Spirit. (‘How Remember’

There are clear continuities with Rushforth and the Davidson Clinic in all these organisations. The Salisbury Centre opened in 1973 in a large building originally owned and commercially let by the Davidson Clinic (Rushforth, 1984: 142). Wellspring was originally directed by Rushforth’s daughter, Dr Diana Bates (Rushforth, 1984: 168); moreover, the influence of vitalism was also apparent in the centre’s early activities (Miller, 2013: 137-8). Sempervivum was, at least in part, an attempt to continue the Easter and Summer Schools run by the Davidson Clinic until the mid-1960s (Rushforth, 1984: 98). All three successor organisations are still in existence. The rhetoric of being ‘open to the Spirit’ is no longer apparent in Wellspring’s current public face, but the centre still exists as a provider of counselling and psychotherapy in Edinburgh (Wellspring Centre, 2014). The Salisbury Centre, for its part, continues as a focus in Edinburgh (Salisbury Centre, 2014) for the kind of spiritual ‘holistic milieu’ described by Linda Woodhead and Paul Heelas in their study of the town of Kendal (Heelas, Woodhead et al., 2005). Sempervivum has moved locations over the decades, but continues in essentially the same form, offering residential and non-residential participation in a variety of holistic workshops and activities (Sempervivum, 2014).

**Conclusion**

Brown’s use of the phrase ‘discursive bereavement’ (Brown, 2001: 184) in his account of the ‘sudden and culturally violent event’ (Brown, 2001: 176) that, in his view, constituted post-war British secularization, seems to assume that the death of traditional discursive Christianity was followed by no rebirth in new forms. The Davidson Clinic, however, belies this apparent assumption: the varied ideologies and practices of Christian psychotherapy were quite clearly a way of continuing the life-narrative patterns of discursive Christianity (and are no doubt on a par with similar Christian psychotherapies discussed by Richards (Richards,
Nor should it be assumed that the eventual closure of the Clinic meant that the psychotherapeutic rebirth of discursive Christianity was temporary or marginal. The Clinic also facilitated the formation of the Scottish Pastoral Association (SPA), an initiative partly informed by the involvement of Margaret Allen (1893-1965), the deaconess of the Church of Scotland who was, from 1941-1962 (*Annual Report*, 1962: 8), seconded to the Davidson Clinic as a lay analyst (P.S., 1965: 2). Although the SPA had ceased to exist as a distinct organization by 1975 (Lyall, 2010: 154), its journal *Contact*, which began in 1960, still exists, although it is now known as *Practical Theology* (Lyall, 2010: 151). The formation of the Scottish Pastoral Association, and successors such as *Contact*/*Pastoral Theology* and the Scottish Association for Pastoral Care and Counselling, indicates some degree of success for Christian psychotherapy. The ‘Clinical Theology’ devised by Frank Lake (Lake, 1966; Peters, 1989), which is roughly contemporary with these developments, would also seem to hint at a continuation of discursive Christianity within a psychotherapeutic framework.

Popular culture, furthermore, was also receptive, even if unwittingly, to narratives with a strong family resemblance to the Davidson Clinic’s brand of Christian psychotherapy. In the mid-1960s, Rushforth had hoped to appoint the so-called ‘anti-psychiatrist’ R.D. Laing (1927-1989) as the successor to William Kraemer as Medical Director of the Davidson Clinic (MS Laing GR 71). Although Laing declined Rushforth’s offer (MS Laing GR 75), his enormously successful book, *The Politics of Experience* (1967), argued, according to Miller, that psychosis was ‘the lost essence of early Christian religious experience’, with the corollary that ‘[t]he role of the therapist is therefore to assist in this conversion or rebirth’ (Miller, 2009: 15).

The history of the Davidson Clinic, and, in particular, of Rushforth’s ideas and activities, also informs accounts of New Age spirituality. Steven Sutcliffe criticises the field of New Age studies for its ‘entrenched essentialism’ (Sutcliffe, 2006: 295), and uses Pierre
Bourdieu’s concept of the *habitus* (the ‘customary, routinized attitudes and practices’ of everyday life (Sutcliffe, 2006: 298)), to argue that ‘[s]o-called “new age religion” is […] more fruitfully conceptualised as a popular *habitus* within majority ethnic cultures’ (Sutcliffe, 2006: 302). ‘Popular religion’, states Sutcliffe, ‘consists in pragmatic adaptation to and supplementation of normative religious orders by various non-elite constituencies of practitioners, both subaltern and middle ranking’ (Sutcliffe, 2006: 301). When understood as popular religion, argues Sutcliffe, ‘*sui generis* new age cults and *gurus* begin to look more like an outgrowth from secularized and globalized Protestant cultures’ (Sutcliffe, 2006: 301).

Rushforth’s activities both substantiate and elaborate Sutcliffe’s argument. For Rushforth, psychotherapy, with its discourses and practices of personal regeneration, offered a way of preserving Christian culture in new forms of religious life. Moreover, what Rushforth brought to Christianity, psychotherapy, and vitalism, was not a rigorous theoretical contribution, but instead a discursive and practical translation of her worldview into the *habitus* via signifiers such as the ‘wellspring’, symbolic objects such as the sempervivum plant, and ritual practices such as the dream groups. While Heelas may insist on a clear distinction between Christian and New Age spirituality (Heelas, 2008: 27-8), this view cannot be sustained: Rushforth’s ‘New Age’ was (to echo Sutcliffe’s words) a popular outgrowth from a secularized Protestant culture, an offshoot in which the life narratives of discursive Christianity were continued via psychoanalytic psychotherapy, and grafted into a vitalist cosmology. The discourses and practices of the Davidson Clinic’s Christian psychotherapy, and the parallel discourses of Rushforth’s vitalist healing, thus exemplify precisely the pragmatic adaptation and supplementation of normative religiosity identified by Sutcliffe.
References

a) Archival and quasi-archival sources

A variety of archival and quasi-archival primary materials have informed the argument in this article. The Centre for Research Collections, University of Edinburgh Library, holds a collection of Rushforth’s personal papers, of which further details are given in the References section below. In-text references to these papers are via a short-title description, with further description in the main text and/or list of References. Some reference is also made to the R.D. Laing Collection in the Special Collections Department of the University of Glasgow Library. In-text references to the Laing Collection use call numbers, with further descriptions in the main text and/or list of References. As well as the Winifred Rushforth Papers and the R.D. Laing Collection, this article also draws upon two pamphlets regularly issued by the Davidson Clinic: the Annual Report, and the Davidson Clinic Bulletin. These publications were not widely disseminated to libraries, and complete library holdings are therefore very scarce. This article employs the complete runs held in the Edinburgh and Scottish Collection of the Central Library, Edinburgh; further details are given in the list of References. The contents of the Bulletin will be referred to as conventional journal articles. The Annual Report moves between individual and corporate authorship of its contents, which are often only casually itemised and attributed. Parenthetical reference to the Annual Report will therefore be made by year (i.e. year under report, not year of publication) and page number, with further content description, where appropriate, in the main body of the article.

Archival sources
R.D. Laing Collection. Special Collections Department, Library, University of Glasgow, Glasgow, G12 8QE.


Papers relating to Dr Winifred Rushforth (1885-1983). Centre for Research Collections, Main Library, University of Edinburgh, George Square, Edinburgh, EH8 9LJ. The collection number for this acquisition is Coll-1260, and the accompanying handlist number is H-1260. The list below is alphabetised by the short-title form used in the main body of this article.


Rushforth scripts. BBC radio broadcast and rehearsal scripts. ts. Box 6.

‘St Paul’s Search’. ‘St Paul’s Search for Identity (Sermon preached in St Bride’s Church on 2nd August, 1964)’, JRW [John R. Wilson]. Box 1. [pages are un-numbered in this document; page references are to inferred page numbers]


Quasi-archival sources

Davidson Clinic Annual Report, 1941-1971. Y RC 343. Edinburgh and Scottish Collection, Central Library, 7-9 George IV Bridge, Edinburgh, EH1 1EG.

Davidson Clinic Bulletin, Nos 1-85, July 1946 - July 1967. Y RC 343. Edinburgh and Scottish Collection, Central Library, 7-9 George IV Bridge, Edinburgh, EH1 1EG. [specific articles are individually cited in published sources below]

b) Published sources


The Salisbury Centre (2014); accessed (7 April 2014) at: http://www.salisburycentre.org

Sempervivum: Always Alive (2014); accessed (7 April 2014) at:

http://www.sempervivum.org.uk


Wellspring Centre for Counselling and Psychotherapy (2014); accessed (7 April 2014) at:

http://www.wellspring-scotland.co.uk


(Edinburgh, no publisher).