

**Mapping Meaning into the Everyday: Experiences of an  
Urban Walk and Talk Group**

Jessica Muir

A thesis submitted in partial fulfilment of the requirements of the  
University of East London for the Professional Doctorate Degree in  
Clinical Psychology

May 2017

## ABSTRACT

In line with public health discourses, current literature indicates that walking can improve mental wellbeing. Much of this research draws on bio-cognitive models to suggest that walking, especially in natural environments, reduces distress. The individualist focus in these studies means that service-users' holistic experiences of environments and walking are overlooked. There is also little qualitative research that considers service-users' subjective meaning-making processes. Alternatively, this qualitative study explores service-users' perspectives of an urban-based 'Walk and Talk' (WnT) group and how being part of it has intersected with their experiences of other contexts.

An ecological ontology that drew on the work of Tim Ingold (2011; 2015) and Kurt Lewin (1936/2015) and critical realist epistemology underpinned the study. Multi-modal methods were employed. Participants took photographs that formed the basis of a semi-structured interview and also participated in individual walk-along interviews. Transcripts were analysed using thematic analysis. This framework aimed to increase nuanced understandings of participants' ongoing experiences of their environments and walking.

An analysis of the data identified several, interconnected themes that are situated within two overarching sections: 'Everyday Landscapes' and 'Wider Worlds'. It is argued that participants inhabited complex environments which contained malleable micro-spaces and oppressive boundaries shaped by macro forces. Furthermore, WnT is argued to be a relational space that fluidly accommodated participants' subjectivities and helped expand their personal territories.

The findings suggest that urban walking groups, which are not time-limited and focus on shared interests, can form a therapeutic space for service-users. Moreover, the findings highlight the need for clinical psychologists to develop clinical and theoretical frameworks that engage more fully and dynamically with service-users' experiences of environments. It is also recommended that further research should highlight the complex and multifarious ways that structural inequalities enfold the fluid contexts' that service-users negotiate.

## Contents

Abstract.....	II
Acknowledgements .....	V
List of abbreviations .....	VI
List of appendices .....	VII
<b>1. INTRODUCTION.....</b>	<b>8</b>
1.1. Introduction to the Research.....	8
1.2. Overview of the Introduction .....	11
1.3. Literature Review: Walking and Psychological Wellbeing .....	11
1.3.1. Physical Exercise and Psychological Wellbeing.....	12
1.3.2. Green Environments and Psychological Wellbeing .....	15
1.3.3. Social Environments and Psychological Wellbeing .....	18
1.3.5. Summary .....	23
1.4. Literature Review: The Complexity of Contexts .....	23
1.4.1. Community Care.....	24
1.4.2. Barriers to Belonging .....	24
1.4.3. Negotiating Fluid Spaces .....	27
1.4.4. Summary .....	30
1.5. Rationale .....	30
1.5.1. Aims .....	32
1.5.2. Research Questions .....	32
<b>2. METHODOLOGY.....</b>	<b>33</b>
2.1. Overview .....	33
2.2. The Ontological and Epistemological Position .....	33
2.2.1. Ontological Position .....	33
2.2.2. Epistemological Position .....	34
2.3. Methodology.....	35
2.4. Method .....	35
2.4.1. Photo-production .....	35
2.4.2. Walk-along Interviews.....	36
2.4.3. Thematic Analysis.....	37
2.5. Recruitment and Research Procedure.....	38
2.5.1. Recruitment .....	38
2.5.2. The WnT Group .....	38
2.5.3. Sample .....	39
2.5.4. Data Collection .....	40
2.6. Ethics .....	41
2.6.1. Ethical Approval.....	41
2.6.2. Informed Consent .....	41
2.6.3. Confidentiality .....	41
2.6.4. Risk .....	42
2.7. Analysis .....	42
2.7.1. Transcription.....	42
2.7.2. Outline of Thematic Analysis.....	43
2.8. Reflexivity .....	44
<b>3. ANALYSIS AND DISCUSSION .....</b>	<b>46</b>
3.1. Overview .....	46
3.2. Central Concepts.....	48

3.3. Everyday Landscapes .....	49
3.3.1. Personal Territories: Belonging and Loneliness .....	49
3.3.2. Activating Spaces .....	59
3.4. Wider Worlds .....	68
3.4.1. Walk and Talk: A Fluid Connectedness .....	68
3.4.2. Out of the Ordinary: Exploring Together .....	77
3.5. Conclusion.....	83
<b>4. SUMMARY AND CONCLUSIONS .....</b>	<b>85</b>
4.1. Overview .....	85
4.2. Summary of Findings.....	85
4.2.1. Missing to Connecting.....	85
4.2.2. Belonging to Expanding .....	87
4.2.3. Conclusion.....	89
4.3. Answering the Research Questions.....	89
4.3.1. How do participants understand the subjective experiences they have when walking alone and as part of a group? .....	90
4.3.2. How do participants feel about the locations that the WnT group moves through and has being part of it influenced how they relate to other places in which they spend their time? .....	90
4.3.3. How do participants' experiences of WnT relate to their experiences of other mental health services? .....	91
4.4. Implications .....	91
4.4.1. Practice: Mapping Meaning .....	91
4.4.2. Service: Moving Beyond the Clinic and Beyond Psychology? .....	92
4.4.3. Theory and Policy: Bringing the Macro and Micro Together .....	94
4.4.4. Future Research .....	95
4.5. Critical Evaluation.....	95
4.5.1. Contribution .....	96
4.5.2. Credibility.....	96
4.5.3. Rigour.....	97
4.5.4. Reflexivity .....	97
4.6. Final Reflections.....	100
<b>5. REFERENCES.....</b>	<b>101</b>
<b>6. APPENDICES.....</b>	<b>119</b>
Appendix A: Definitions .....	119
Appendix B: Composite table of studies that explore time-limited walking group programmes or the impact of walking with a group or walking groups, in relation to adults deemed to have mental health difficulties.....	122
Appendix C: Participant Information Sheet .....	131
Appendix D: Walk-along Interview Schedule .....	135
Appendix E: Photo-production Interview Schedule .....	137
Appendix F: University of East London Ethics Approval .....	140
Appendix G: Participant Consent Form .....	143
Appendix H: Transcription Key .....	145
Appendix I: Extracts of Raw Data .....	146
Appendix J: Examples of Thematic Maps .....	148
Appendix K: Extract from Reflexive Diary .....	151

## ACKNOWLEDGEMENTS

Firstly, I would like to thank the participants who made this thesis possible and generously agreed to walk and talk with me. I deeply value the time and energy you gave as well your encouragement. I have learnt so much from listening to you and will endeavour to hold on to the lessons you have taught me in my future work as a clinical psychologist. I'm also very grateful to the WnT members. Thank you for kindly welcoming me to the group. I enjoyed all the chats, walks and cups of tea!

My supervisor Dr Laura McGrath: thank you for always being so calm, supportive and enthusiastic. I feel very grateful to have been supervised by you and am glad that you encouraged me to keep pushing my understandings further. Also, thank you for introducing me to so many new theories, particularly Ingold's world of lines and Sloterdijk's bubbles!

My field supervisor Dr Angela Byrne: your guidance and encouragement throughout the project has been invaluable. I have been inspired by your creativity as well as your willingness to challenge assumptions and reflect thoughtfully on power.

I would also like to thank Christopher, whose kindness and intelligence has lit the paths we weave countless times.

## LIST OF ABBREVIATIONS

**ANOVA:** Analysis of Variance

**CMHT:** Community Mental Health Team

**LB:** London Borough

**NHS:** National Health Service

**NICE:** National Institute for Health and Care Excellence

**PANAS:** Positive and Negative Affect Schedule

**PAR:** Participatory Action Research

**SMI:** Severe Mental Illness

**TA:** Thematic Analysis

**UK:** United Kingdom

**USA:** United States of America

**WnT:** Walk and Talk

## **LIST OF APPENDICES**

**Appendix A:** Definitions of the terms 'Urban' and 'Space'

**Appendix B:** Composite table of studies that explore walking group programmes or the impact of walking with a group or walking groups, in relation to adults deemed to have mental health difficulties

**Appendix C:** Participant information sheet

**Appendix D:** Walk-along interview schedule

**Appendix E:** Photo-production interview schedule

**Appendix F:** University of East London ethics approval

**Appendix G:** Participant consent form

**Appendix H:** Transcription key

**Appendix I:** Examples of raw data

**Appendix J:** Examples of thematic maps

**Appendix K:** Extract from reflexive diary

# 1. INTRODUCTION

## 1.1. Introduction to the Research

*“A good walk can do wonders for your mental wellbeing. But it’s not just about the occasional one-off feel good factor. Being active has a whole range of benefits when it comes to mental wellbeing. It improves self-perception and self-esteem, mood and sleep quality, and it reduces stress, anxiety and fatigue. Physically active people have up to a 30% reduced risk of becoming depressed, and staying active helps those who are depressed recover”* (Walking for Health, 2017).

The above comment can be viewed as encapsulating a message promoted through UK public health discourses that walking, along with other forms of exercise, greatly improves mental wellbeing. Indeed, walking can now be prescribed by General Practitioners for various mental health ‘conditions’ including ‘depression’ (NHS Choices, 2016). Walking groups for adults experiencing mental health difficulties, such as ‘Mental Health Mates’ are also currently gaining much media attention (see Gordon, 2017 and Mathieson, 2016 for recent examples of media articles). As a vehicle for mental health policies, it is important that the profession of clinical psychology considers the increasingly extolled links between walking and wellbeing. A growing body of psychological research supports the idea that walking is an intervention that can boost psychological wellbeing (e.g., Hamer, Stamatakis & Steptoe, 2009; Marselle, Irvine & Warber, 2013). However, it will be argued that much of this literature on walking is individualised, overlooking the importance of inter-personal relationships as well as the complexity of contexts that people move through. Furthermore, a review of the literature revealed that qualitative research into the



topic is scarce. Consequently, there is limited understanding of service-users'<sup>1</sup> meaning-making processes and their perspectives on walking interventions.

This study hopes to contribute to research on walking by exploring the experiences of service-users who attend a 'walk and talk' (WnT) group based in the urban<sup>2</sup>, multi-cultural borough of Hackney in east London<sup>3</sup>. It will be underpinned by an ecological approach based on Tim Ingold (2011; 2015) and Kurt Lewin's (1936/2015) work. Ingold's (2011) 'meshwork' theory uses the metaphor of line and wayfarer to convey the embodied experience of moving through and making interconnected places. He argues that the 'lines' individuals lay become knotted with those of others to form 'meshworks':

“Proceeding along a path, every inhabitant lays a trail. Where inhabitants meet, trails are entwined, as the life of each becomes bound up with each other. Every entwining is a knot, and the more lifelines are entwined, the greater the density of the knot. Places, then, are like knots, and the threads from which they are tied are lines of wayfaring. A house for example, is a place where the lines of its residents are tightly knotted together. But these lines are no more contained within the house than are threads within a knot. Rather, they trail beyond it, only to be caught up with other lines in other places, as are threads in other knots. Together they make up what I have called the *meshwork*” (Ingold, 2011, p.149).

The theories of 'lines', 'wayfarers' and 'meshworks' will be used to help highlight the active and relational ways that participants use everyday spaces.

Lewin's (1936/2015) topological 'Life-Space' model also conceptualises relations between people and their environment. Lewin was particularly interested in how

---

<sup>1</sup> In line with current conventions the term 'service-user' will be used to refer to people who are experiencing psychological difficulties and access mental health services but with acknowledgement of the problematic issues it raises. For example, it has been argued that the term homogenises both 'users' and 'services' (see McLaughlin, (2009) for discussion).

<sup>2</sup> A definition of urban is outlined in Appendix A.

<sup>3</sup> All participants were made aware that as this study centers on experiences of places and involves photographs of different settings, locations would not be anonymised.

these relations often appear to defy ‘common-sense’ divisions between “mind and body, persons and things, and even space and time” (Brown & Reavey, 2015, p. 51). Lewin proposed that spaces are not demarcated but interconnected with numerous other spaces, both past and present. So, although a building may be constituted of physical materials, psychological experiences within it are not bounded by the literal materiality. In Lewin’s example, a factory worker’s distress at breaking a thread on a loom is entangled with both an argument she had at home that morning and anxieties relating to poverty. A key assertion is that spatially and even temporally remote locations can directly influence actions and psychological events, which, on the surface, appear entirely related to the present. Such a porous conceptualisation of space and time disrupts the idea that past and present experiences are separate. Instead, life is perceived as an ongoing flow of experience rather than a series of discrete events (Brown & Reavey, 2015). Furthermore, Lewin argued that our psychological experiences are influenced by a ‘quasi-conceptual’ anticipation of the future. Thus, although the future is yet to happen our expectations of it shape our psychological experiences in the present. These ideas will be drawn upon to help facilitate an exploration into the subjective experiences that participants have during WnT and how they relate to their experiences of other places.

The WnT model was inspired by the work of Guy Holmes (2010), a clinical psychologist based in an NHS Community Mental Health Team (CMHT) in Shropshire who set up the first WnT group. Holmes in his role at the CMHT, coordinated several community psychology interventions with service-users, of which the weekly WnT group was one. Varied reasons led to WnT being formed including feedback from service-users that they did not feel comfortable in the CMHT’s clinic and preferred to talk in less formal environments. Holmes also sought to facilitate the development of positive relationships through the group and ensured it was open to all members of the local community<sup>4</sup>. Finally, Holmes noted that service-users described elements of their everyday environments as “toxic” and wanted to help people “access and gain benefit from the beautiful countryside” (p.217). It is hoped that this study by focusing on an urban WnT

---

<sup>4</sup> The group this study focuses on is not open to members of the general public.

group will increase understandings of how and whether aspects of the original rural-based WnT translate into an inner city setting.

## **1.2. Overview of the Introduction**

Within this introductory chapter, current research on the therapeutic effects of walking will be explored. A narrative review of relevant literature will be presented alongside the findings of a systematic literature review on walking groups based in urban locations for service-users. It will be highlighted that urban, everyday environments are neglected in the literature and instead most studies use bio-cognitive frameworks to focus on how physical exercise and being in nature improves psychological wellbeing. Following this, research that attends to the macro-level factors, which shape many service-users' experiences of everyday contexts, will be introduced (e.g., Kinderman, Schwannauer, Pontin & Tai, 2013; Rogers & Pilgrim, 2014). Through explorations of this research, I will offer a critique of previously presented individualistic research on walking groups. From here, it will be argued that a recognition of the fluid, relational dimensions of space<sup>5</sup> (Lefebvre, 1991; Massey, 2005) is also important as it illuminates rich ways that service-users engage with contexts. This claim will be established by presenting studies that analyse how service-users' psychological wellbeing is influenced by varied aspects of different micro-spaces. Finally, a rationale for the study is provided.

## **1.3. Literature Review: Walking and Psychological Wellbeing**

In this section the existing body of research on walking and mental health is discussed. It is argued that the literature predominantly uses linear models to focus on walking, or walking groups, in relation to physical exercise or being in nature. A small number of studies that highlight the importance of considering the social environment walking groups take place in will also be reviewed. Next, a systematic review of research on urban-based walking groups is presented; it

---

<sup>5</sup> Appendix A contains a definition of the term 'Space'.

highlights that such studies are rare and generally overlook service-users' subjective experiences.

A literature search was conducted to review the current research on walking and psychological wellbeing as well as more specific research on walking groups for adult service-users. The online database search engine EBSCO was used to search several databases, including, Academic Search Complete, CINAHL Plus, Psycharticles and Psycinfo, for articles published from 1990 to 2016. Searches were undertaken using varied combinations of the following terms: ('walking' OR 'walking groups' OR 'urban walking groups' OR 'urban walking') AND ('wellbeing' OR 'psychological wellbeing' OR 'emotional wellbeing' OR 'mental health' OR 'mood' OR 'distress' OR 'stress' OR 'anxiety'). The search strategy initially revealed 709 articles. Through a process of manually reviewing the abstracts and texts approximately fifty were deemed relevant. Studies that were excluded included those that focused on children or did not relate closely to the topic, for example studies solely on the physical benefits of walking or walking in relation to urban planning. Research was also found through a snowballing technique, whereby the reference lists of identified papers were searched for further articles. I also used Google Scholar to search for relevant research and 'grey' literature such as third sector and government publications on walking. Appendix B includes a table containing details of all studies found that focus specifically on walking groups for adults with mental health difficulties.

#### 1.3.1. Physical Exercise and Psychological Wellbeing

Research on the psychological benefits of walking is frequently couched in a wider body of literature, including public policy, that links physical exercise with improved general wellbeing. A key UK public health message is that healthcare problems placing a strain on the economy, such as cardiovascular disease, obesity and diagnoses of depression, could be reduced if more people took up regular exercise (De Moor, 2013; Public Health England, 2016a; Public Health England, 2016b). In 2013 the then Scottish Government's Minister for Public Health, Michael Matheson, stated: "People underestimate the good they can do themselves even with low levels of physical activity – walking to the local shops or taking the stairs. These simple activities not only make people feel better

quickly, they also add years to quality of life” (Scottish Government, 2013). This comment is characteristic of popular discourses on walking which portray it as a form of exercise that individuals can quickly derive emotional benefits from and that can be easily embedded into their daily lives (De Moor, 2013; Lee & Buchner, 2008; NHS Choices, 2016; NICE, 2012; Public Health England, 2016a).

Much research on the mental health benefits of walking considers whether it can help to promote wellbeing in general populations. The results of most studies consistently associate it with better mental health. One large-scale study, which investigated the psychological wellbeing of individuals over a 13-week period, found that walking regularly was significantly associated with greater mental wellbeing and less perceived stress and depression (Marselle, Irvine & Warber, 2013). Similarly, Hamer, Stamatakis and Steptoe (2009) found that walking for twenty minutes or longer once a week or more was associated with a lower risk of psychological difficulties. Other large studies investigating the therapeutic benefits of physical exercise, including walking, echo these findings (see Alfermann & Stoll, 2000; De Moor, Beem, Stubbe, Boomsma & De Geus, 2006; Hanson & Jones, 2015; Hassmen, Koivula & Uutela, 2000; Isaacs et al., 2007).

The majority of studies that focus specifically on the experiences of adults with mental health difficulties investigate whether walking alleviates distress associated with ‘common disorders’ like depression and anxiety. A systematic review reported that walking regularly has large and significant effects on symptoms of depression, though the heterogeneity of studies (e.g., differing sample sizes and walking duration) was noted (Robertson, Robertson, Jepson & Maxwell, 2012). In addition, Carek, Laibstain and Carek (2011), following a synthesis of existing studies on physical activity and mental health, stated that undertaking physical exercise like regular walking can reduce symptoms of anxiety and depression. They concluded that, “physicians should recommend that adults participate in at least 30 minutes of accumulated moderate-intensity physical activity (for example, walking fast) on most days of the week” (p.21). This reflects a pattern in other studies, which posit that physical exercise can be a supplementary or possible alternative treatment for common mental health

difficulties (Callaghan, 2004; Martinsen, 2009; Perraton, Kumar & Machotka, 2010; Rethorst, Wipfli & Landers, 2009).

Research on walking that involves adults diagnosed with a 'severe mental illness' (SMI), such as 'schizophrenia', mostly explores physical health outcomes (see Pearsall, Smith, Pelosi & Geddes, 2014 and Soundy, Muhamed, Stubbs & Vancampfort, 2014). A key concern across the literature is with the 'sedentary lifestyles', premature mortality rates and high obesity levels that individuals with SMI are identified as having (De Hert et al., 2011; Firth et al., 2016; Lindamer et al., 2008; Pearsall et al., 2014; Vancampfort, Probst, Knapen, Carraro & De Hert, 2012). Studies on walking exercise programmes (which will be explored in more detail in section 1.3.4) for individuals with SMI found that participation substantially reduced distress (Browne, Penn, Battaglini & Ludwig, 2016) and improved mood (McDevitt, Wilbur, Logan & Briller, 2005). It was also reported that participants with SMI in a pedometer-based walking programme gained feelings of confidence and competence (Kane, Lee, Sereika & Brar, 2011). However, barriers to walking regularly, particularly the sedative effects of medication, conflicting appointments and low self-esteem were also noted (Browne et al., 2016; Pearsall et al., 2014; Soundy et al., 2014).

Altogether, a review of the physical activity research shows that most studies on mental health and walking present positive outcomes that bolster public health discourses. Within the body of research, however, a number of problematic issues have been identified. Firstly, the heterogeneity of studies and methodological matters, such as varied outcome measures and potential biases in volunteer participants, make it difficult to generalise findings (Pearsall et al., 2014; Priest, 2007; Salmon, 2001; Soundy et al., 2014). Secondly, most studies focus on establishing a link between walking and improved mental health and do not explore the reasons why it may be beneficial, or difficult, to do it regularly (Crone, Smith & Gough, 2006; Priest, 2007; Soundy et al., 2014). Instead, conclusions draw on biochemical and physiological causal mechanisms, which suggest walking is a way to generate 'mood-regulating' neurotransmitters (e.g., monoamine) and lower arousal levels (Crone et al., 2006; Robertson et al., 2012). Social cognitive theories are also frequently used to underpin arguments

that walking enhances wellbeing by boosting feelings of 'self-efficacy' and competence (Crone et al., 2006; Robertson et al., 2012). Overall, both the subjective understandings of participants and the impact of the environment in which walking takes place are overlooked (Crone et al., 2006; Priest, 2007; Soundy et al., 2014).

### 1.3.2. Green Environments and Psychological Wellbeing

In contrast to the studies outlined above, research within the field of environmental psychology has sought to explore whether the psychological benefits of walking are related to the environments in which walks take place. Environments are normally explored, however, within frameworks seeking to investigate the hypothesis that being outdoors in 'natural' environments has beneficial effects on mental wellbeing (Gatersleben, 2008). The term 'natural' is not strictly defined and what is meant by it can vary between studies, but most concentrate on the impact of 'green nature', i.e., grass and woodland (Marselle et al., 2013; Thompson et al., 2011). Two bio-cognitive nature-focused theories are particularly influential and underpin much of the literature, attention restoration theory (Kaplan & Kaplan, 1989) and the psycho-evolutionary theory of stress-reduction (Ulrich 1983; Ulrich et al., 1991).

Attention restoration theory posits that natural environments are full of stimuli high in soft 'fascination' (e.g., leaves moving in a breeze) that effortlessly attract individuals' involuntary attention (Kaplan, 1995). Conversely, urban environments contain 'hard' stress-inducing stimuli, such as noisy traffic, that forcefully demand voluntary attention. In addition, 'directed attention' is regularly required to manage as well as disengage from such stimuli (Berman, Jonides & Kaplan, 2008; Kaplan, 1995). It is therefore hypothesised that natural environments are restorative as 'directed attention' is minimised, thereby allowing the cognitive mechanisms involved to be replenished (Berman et al., 2008; Kaplan, 1995).

The psycho-evolutionary theory of stress-reduction also proposes that natural environments are restorative (Ulrich 1983; Ulrich et al., 1991). In this model, it is hypothesised that humans have an innate preference for natural settings and can process natural scenes more easily as their physiological systems evolved in

them (Frumkin, 2001; Ulrich, 1983). Thus, stimulus within natural environments, like trees and water, can reduce arousal and stress levels by directly activating an intrinsic physiological 'affective-arousal' response (Ulrich, 1983). In contrast, urban environments are more likely to stimulate an affective-arousal response, characterised by an increase in physiological activity (Ulrich, 1983). In summary, natural environments are viewed as evoking physiological and emotional states of calm, which can promote recovery from stress (Ulrich, et al., 1991).

Most research on walking is in accordance with the hypotheses outlined above. For instance, systematic reviews of existing studies found that walking in a natural location was more beneficial for psychological wellbeing than walking indoors (Bowler, Buyung-Ali, Knight & Pullin, 2010; Thompson Coon et al., 2011), or walking in an urban environment (Bowler et al., 2010). In one study participants' 'psychophysiological stress recovery' and 'directed attention restoration' were compared following walks in natural and urban settings (Hartig, Evans, Jamner, Davis & Gärling, 2003). It was concluded that walking in nature increased positive affect, attention performance and decreased anger, whereas the opposite pattern emerged following the urban walk. This pattern of walks in natural settings being shown to confer more therapeutic benefits than those in urban or indoor locations is substantiated in other quantitative studies (e.g., Berman et al., 2008; Crust, Henderson & Middleton, 2013; Geniole et al., 2016; Gidlow et al., 2016; Mayer, Frantz, Bruehlman-Senecal & Dolliver, 2009; Ryan et al., 2010). Indeed, Marselle et al. (2013) recommended that outdoor-walking programmes should be endorsed through "green prescriptions" (p.5604).

There are also a small number of studies that focus specifically on the psychological benefits of group walks in nature for adults diagnosed with mental health difficulties. For example, Iwata et al. (2016) used a mixed-methods design to investigate the restorative benefits of a 13-week 'group forest walk' exercise programme for people with SMI. They stated that walks could be an "effective adjunctive intervention" (p.25) after identifying that being in the forest engendered peaceful feelings and enhanced participants' mood. It was also reported that participants valued forming a social network and being in a novel landscape.



Similarly, Roe and Aspinall (2011), in a quantitative study, present findings that emphasise the benefits of nature walks but also point to therapeutic elements potentially separate from natural settings. They compared the 'restorative benefits' of walking in urban and rural settings in adults with 'good and poor' mental health. The findings showed that walking in a rural setting was very restorative for adults with psychological difficulties and positively impacted their affective state, efficacy and stress levels. Yet, contrary to their hypothesis, the urban environment was also identified as promoting 'restoration' in the 'poor mental health' group. The authors speculated that an underlying reason for this unexpected finding was that the urban walk reduced experiences of social isolation and dislocation from the world.

In summary, research on walking within the field of environmental psychology generally provides support for theories regarding the power of nature to enhance wellbeing through processes of cognitive and physiological restoration. Although, the studies on walking groups for adults with psychological difficulties highlighted that therapeutic benefits can also be gained in unnatural environments. These benefits mainly include opportunities to form social connections (Iwata et al., 2016; Roe & Aspinall, 2011) and experience novel landscapes (Iwata et al., 2016; Roe & Aspinall, 2011). These findings, however, are explored through frameworks shaped by attention restoration and psycho-evolutionary theories. For example, in Iwata et al.'s (2016) study, it is noted that service-users may find connecting to places other than their home or an in-patient unit therapeutic as it reduces isolation. Yet this point is then drawn on to support the conclusion that natural settings can "heal" and function like "co-therapists" (p.24). In addition, Roe and Aspinall (2011), as noted, considered the urban walk's social benefits and whether the location's historic features, may have evoked 'involuntary fascination'. However, these ideas are not expanded and the authors suggested that further research on walking in urban settings is undertaken. Altogether, the studies illustrate that the meaning-making processes of individuals attending walking groups is neglected in the literature. An exploration of the role of sociality and urban environments is also particularly absent.

One study, which does more fully address these concerns, is Priest's (2007) ethnographic exploration of service-users' subjective experiences of a walking group based in nature. Priest highlights how some participants linked the sense of connectedness and meaning that nature evoked to spirituality, and if they were religious, their religious beliefs. A further theme highlights that participants often felt vulnerable within their everyday environments and viewed the countryside as a "safer, more therapeutic environment" (p.50). In relation to this it is suggested that the walks were therapeutic partly because service-users did not feel pressured to behave in a certain way: "Going out into the countryside meant being able to escape from unwelcome people, who might be looking and staring and judging, and from uncomfortable identities" (p.47). However, it is not clear to what extent these benefits shaped service-users' ongoing experiences in everyday spaces. Priest notes this and considers whether the walks provided 'respite' for some participants from environments that ultimately they "must return to" (p.50). Overall, the findings illustrate the importance of considering how participants' subjectivities, and everyday environments, intersect with and influence their experiences of walking with others.

### 1.3.3. Social Environments and Psychological Wellbeing

A review of the literature also highlighted research that, unlike the dominant literature on walking and wellbeing, includes a strong emphasis on the social context that physical activities take place. This research is carried out within varied fields, including sports psychology, and normally aims to delineate the variables that influence individuals' experiences of physical exercise. One study, which monitored a nation-wide walking programme in Australia, identified social cohesion as the sole predictor of adherence to walking groups (Kwak, Kremers, Walsh & Brug, 2006). Similarly, Johansson, Hartig and Staats (2011) reported that individuals preferred walking in urban areas with friends. Participants' levels of psychological restoration and positive affect were also found to increase more after walking in an urban centre with a friend compared to walking alone (Johansson et al., 2011).

Certain studies in this area also concentrate on the experiences of adults with SMI partaking in exercise programmes. Similarly to the research described

above, most studies show that the social setting is an important therapeutic factor underpinning group exercise interventions. For instance, Soundy et al. (2014), following a review of studies, argue that group exercise programmes increase service-users' social confidence and are more likely to have sustained attendance than individually focused interventions. Moreover, Carless and Douglas (2008) highlight in their qualitative study that opportunities to have social time and access mutual support were core reasons why participants attended group exercise programmes. They also report that participants highly valued having "something to do and somewhere to go" (p.589) which is posited as challenging the dominant narrative of serious mental illness revolving around withdrawal from life. This corresponds with Hodgson, McCulloch and Fox's (2011) study, which identified social opportunities as well as a sense of purpose and routine as key therapeutic benefits that participants gained from a physical activity programme. The therapeutic importance of the social context is also raised in Priest's (2007) study, which emphasises the sense of belonging and relational connectedness the walking group facilitated.

Holmes and Evans (2011), drawing on field notes and service user evaluations, report that the Shropshire WnT group provided manifold psychosocial benefits. They state: "*Walk and Talk* has brought many people together over the years and helped to create a loose nexus of people who report benefits from making friends and being less socially isolated" (p.4). It is also noted that some participants find it easier to talk on the walks than they do in clinical settings due to a perceived lack of pressure or expectation. Although the report also describes the additive effects and interactions of being in nature, it is clear that the social setting is an aspect of WnT that its participants valued. Thus, like the research outlined above, it illustrates the importance of supportive personal relationships for enhancing mental health (Chase, 2011; Pilgrim, Rogers & Bentall, 2009; Wickham, Taylor, Shevlin & Bentall, 2014) and how walking groups can be a potential way of fostering them. Yet, as an overview of the literature demonstrates, research on the social context of walking groups is limited. Instead, most literature is individualistic, centring on the cognitive and physiological benefits of physical exercise and being in nature. As the following section will illustrate, studies into

urban-based walking groups for adults with psychological difficulties are also rare.

#### 1.3.4. Systematic Review: Urban Walking Groups For Adults with Psychological Difficulties

To gain a fuller understanding of the main issues explored in research on urban walking groups and wellbeing, a systematic literature review was conducted. The review revealed that there is little research on walking groups held in urban locations for adults with psychological difficulties (Appendix B). Three studies will be discussed in the following section. The first two studies focus on walking-based exercise programmes and the third describes an ecotherapy intervention held in inner city London that incorporated walking.

McDevitt, Wilbur, Kogan and Briller's (2005) study focuses on the impact of a 12-week group based walking intervention for fifteen 'psychiatric outpatients' enrolled in a Chicago, USA, psychosocial rehabilitation programme. All participants were described as having 'sedentary lifestyles' and 'serious and persistent mental illnesses' including 'schizophrenia' and 'major depression'. In regard to ethnicity, 60% of participants were African American, 27% were White and 13% were Hispanic. Participants' ages ranged from 21 to 65 years (mean = 41.1) and 53% were female. The intervention required participants to walk together three times a week for one hour. Participants were identified as being at risk of cardiovascular disease so were given target heart rate ranges and heart monitors to wear while walking. A key finding was that following completion of the programme participants either did not attain or maintain the recommended heart rate intensity. Furthermore, data gathered via the '12-item Short-Form Health Survey' showed no significant improvements in mental or physical health.

An improvement in participants' mood was however identified. Results drawn from a measure of psychosocial functioning (which clinical case managers completed) also indicated that walking improved participants' capacity to manage stress and anxiety. The discussion regarding outcomes focuses very little on participants' subjective experiences or the role of context. It is unclear, for example, in what type of urban environment the walks took place (e.g., residential

areas, urban parks, busy streets), or whether participants enjoyed walking with others. McDevitt et al do propose that participants' activity levels may not have increased as much as anticipated due to "body image issues and stigma of mental illness" (p.94). They go on to suggest that participants potentially avoided walking at a brisk pace and swinging their arms for fear of attracting the hostile attention of others. A recommendation is that future programmes should involve group discussions on body image and stigma concerns to assist participants in developing "self efficacy" (p.95). Overall, the study indicates that certain aspects of walking with others in an urban location were therapeutic. Yet the discussion regarding stigma points to complex and distressing issues that service-users may face when negotiating public space.

The second study (Browne, Penn, Battaglini & Ludwig, 2016) concerns a 10-week walking programme in North Carolina, USA, for sixteen adults diagnosed with 'schizophrenia spectrum disorders'. Participants were mainly White (75%), male (69.75%) and middle-aged (mean = 43.3). The intervention required participants to undertake group walks near the clinic twice a week and solo walks while wearing pedometers. Browne et al reported that doing so led to improvements in physical, social and mental health domains (the measures used are listed in Appendix B). They also state that walking "improved quality of life and social support" (p.655). Attention is drawn to participant feedback, which highlighted that social interaction and health benefits were the two main reasons they attended the walks. Furthermore, substantial improvements in participants' mental health symptoms were reported. However, there is limited information on what the urban context was like in which the walks took place and participants' perceptions of it. In addition, the social support the walks facilitated appears to have been important but this is not explored further and there is no indication of whether it was sustained after the intervention ended.

In the final study, Jones, Thompson and Watson (2016) reflect on an ecotherapy inspired intervention for adults accessing an NHS mental health day treatment service. Broadly, ecotherapy can be viewed as concerning the holistic relationship between humans and ecological systems. It commonly involves outdoor interventions that aim to foster healing "ecotherapeutic connections"

(Buzzell 2016). The group Jones et al organised involved walking in Woolwich Common, South London. The sessions were held on a weekly basis for one and a half hours over a period of twelve weeks. Service-users, who are described as 'recovering' from acute mental illness, were invited during group sessions to do several mindfulness and creative exercises such as writing poetry. They also engaged in 'quiet aware walking' around the common. It is reported that service-users valued the simplicity of walking and found it therapeutic as they did not need to think and could simply enjoy viewing the scenery around them.

Moreover, Jones et al in contrast to the other two studies, also consider the environment and service-users' relationship to it. They explain that service-users often reflected that being outside on the common with a group brought back happy childhood memories. In addition, service-users who had migrated to the UK reported that becoming familiar with the common assisted them in feeling more "at home" in London (p.173). This sense that being in the common facilitated important meaning-making processes is also highlighted through descriptions of how service-users, like those in Priest's (2007) study, connected the experience to their religious and spiritual beliefs. Furthermore, Jones et al postulated that exploring a local environment engendered an idea that hoped for change was obtainable rather than out of reach in an idyllic rural setting. They also report that being outdoors appeared to democratise the therapeutic relationship and fostered a collaborative atmosphere.

Altogether, the three studies suggest that urban-based walking groups can potentially be experienced by service-users as therapeutic on a number of levels. It is conveyed, particularly in Browne et al.'s study that participants value the social setting. Furthermore, both Browne et al, and McDevitt et al use quantitative measures to report that partaking in a walking programme reduced participants' levels of psychological distress. Some of the factors that potentially underlie such findings are pointed to in Jones et al.'s study, which describes how participants related to the urban landscape in rich ways that evoked spiritual beliefs and personal memories. However, as discussed, it is suggested by McDevitt et al that partaking in brisk walking was uncomfortable for participants due to fears it would attract hostile attention. Overall, the paucity of studies that explore walking

groups held in urban environments illustrates that further research in this area is required to help provide fuller understandings of how and whether they may be therapeutic for service-users.

#### 1.3.5. Summary

In summary, papers presented in both the narrative and systematic review demonstrate that although there is a growing body of research on the therapeutic benefits of walking, many studies rely on bio-cognitive frameworks to explore participants' experiences. Two stances, outlined in section 1.3.1 and 1.3.2 dominate the research. The key hypotheses that underpin the literature posit that being in nature and regularly undertaking physical exercise can alleviate mental distress. Qualitative research is rare, despite the nuanced and rich understandings it can bring forth. Research that focuses on social settings and urban contexts is also less dominant but illuminates alternative aspects of walking groups, like building relationships and opportunities to visit novel locations, that service-users appear to value. The emphasis in studies on how walking can create psychological, physiological and cognitive changes, arguably, upholds a technological paradigm (Bracken & Thomas, 2001) that neglects the complexity of everyday contexts and service-users' experiences of them. Yet, as the next section will show, there is much research that illustrates the importance of considering how the environments that service-users live in and move through influence their psychological wellbeing.

### **1.4. Literature Review: The Complexity of Contexts**

The neglect of everyday contexts, and the complex factors that shape them, in the literature on walking and wellbeing necessitates an exploration of such locations. This section will, therefore, briefly outline some of the key factors that have been identified in alternative literature as impacting the environments in which many service-users reside.

#### 1.4.1. Community Care

The overall context of mental health care in the UK marks an important starting place. This is particularly relevant because of the replacement of ‘total institutions’ (Goffman, 1961/1991) over the past 30 years by community care models. The change in mental health delivery has engendered a spatial transformation in the lives of many service-users (Curtis, 2010; Parr, 1997; Payne, 1999; Wolch & Philo, 2000). Community care is the dominant model of treating people who have been diagnosed with a ‘severe and enduring mental health disorder’ in the UK (Cromby, Harper & Reavey, 2013; Rogers & Pilgrim, 2014). It accompanied a gradual process of deinstitutionalization that started in the 1950s (Curtis, 2010; Payne, 1999). Large public asylums were no longer considered suitable environments in which to treat people for lengthy periods of and by the end of the 1990s most service-users were relocated from isolated institutions on the outskirts of urban centres, to multiple spaces in the wider community (Barnes & Bowl, 2000; Bartlett & Wright, 1999; Rogers & Pilgrim, 2014; Wolch & Philo, 2000). The treatments that service-users received were also dispersed into diverse community-based health and social care settings, such as outpatient clinics, day centers and GP surgeries (Rose, 1998; Sayce, 2000). Hospital psychiatric wards, though still a central part of mental health care, were now intended to provide shorter-term support during crisis periods (Jacobs et al., 2015). Thus, many service-users now negotiate varied micro-spaces set within community landscapes. However, literature on walking groups tends to homogenise these settings under the label ‘urban’. It also does not appear to consider whether regularly walking with others influences service-users’ relationships to these diverse places. As the next section explores, this is despite the impact that such contexts have on mental wellbeing.

#### 1.4.2. Barriers to Belonging

At an ideological level community care has been committed to promoting the integration of service-users in their local communities (Baldwin, 1993; Rogers & Pilgrim, 2014). This aspiration has been conveyed in recent years through discourses centered on social inclusion, which can be defined as equal access to citizenship, social association and wealth (Pilgrim, 2014). In 2006 the Department of Health policy document, ‘From Segregation to Inclusion’, explicitly



focused on social inclusion, stating: “Until people with mental health problems can participate fully, as equal citizens, with access to the same opportunities that most people take for granted, understanding and opportunity will remain limited” (p.3). Certain studies have indicated that community care has brought improvements to service-users’ lives and fostered inclusion. Killaspy (2007) found that it was consistently associated with greater patient satisfaction and quality of life. One long-term study following the experiences of 523 service-users, who had been moved from large hospitals to community settings, reported that 84% wished to remain in their community homes (Leff & Trieman, 2000). According to the data, participants valued being able to develop new friendships and live in less regulated environments that included recreational spaces such as cafés, cinemas and pubs (Leff & Trieman, 2000). Yet, although research indicates community care has brought many benefits, there is also a substantial body of literature that highlights persistent barriers to belonging many service-users encounter (Moloney, 2013; Pilgrim, 2014; Sayce, 2000; Tucker, 2010a).

Although the UK is an affluent country, there are substantial income gaps between its richest and poorest citizens (Dorling, 2015; Padley, Valadez & Hirsch, 2015; Wilkinson & Pickett, 2010). Indeed, since 2008 severe poverty that is comprised of multiple material deprivations (e.g., a damp home, insufficient money to purchase essential items and heat one’s home) has risen significantly (Department of Work & Pensions, 2016; Fitzpatrick et al., 2016; Lansley & Mack, 2015; McGrath, Griffin & Mundy, 2015). Service-users are more likely to experience poverty and live in poor localities (McGrath et al, 2015; Moloney, 2013; Pilgrim, 2014, Wickham et al., 2014). Moreover, the negative associations between economic deprivation and psychological wellbeing are well established for various mental health ‘disorders’, including psychosis (Kinderman et al., 2013; Kirkbride, Jones, Ullrich & Coid, 2012; Lorant et al., 2007; Rai, Zitko, Jones, Lynch & Araya, 2013). A recent large-scale study for instance reported that low levels of social status (income and education), are the most significant predictors of depression and anxiety after life events such as childhood abuse (Kinderman et al., 2013).

A consequence of limited economic capital is that it frequently entails having lower levels of social capital. Social capital is a complex concept but is often used to refer to “social participation in the activities of the formal and informal networks of civil society and/or as generalised trust” (Rogers & Pilgrim, 2014, p.193). It is viewed as providing a sense of connectedness that facilitates civic engagement, norms of reciprocity and feelings of safety (Putnam, 2001). Networks may include links to others in the wider community, like neighbours or groups with a shared interest, which can open up opportunities to form friendships and develop new skills (Rogers & Pilgrim, 2014; Putnam, 2001). Much research indicates that feeling connected to social networks is positively correlated with mental health (Pilgrim, 2014; Wickham et al., 2014). Yet service-users, particularly those with less disposable income, normally have fewer opportunities to attend social events and access social networks (Levitas, 2006; Pilgrim, 2014).

Stigma that service-users frequently encounter in their communities can also reduce opportunities to establish social connectivity (Sayce, 2000). Stigma is a process that involves attributing negative views or stereotypes towards an individual or group of people, culminating in them being set apart and discriminated (Dudley, 2000; Goffman, 1963/1990; Pilgrim, 2014). Stigmatisation of service-users normally stems from stereotypes proliferated in domains like the media that portray them as violent, unintelligible and lacking in social competence (Cromby et al., 2013; Pilgrim, 2014). The dominance of these stigmatised identities means that service-users experience marginalisation in multiple areas of their lives (Sayce, 2000). One study found that experiencing harassment in the community was twice as common for service-users than the local population, with 41% reporting verbal abuse from neighbours and teenagers (Berzins, Petch & Atkinson, 2003). Parker and Aggleton (2003) argue that stigma, although often felt at the individual level, is underpinned by power and reproduces social inequalities by marginalising those who are labelled as different. For instance, studies have shown that service-users are more likely to be excluded from employment, particularly secure employment, than people without mental illness (Evans-Lacko, McCrone, Thornicroft & Mojtabai, 2013; Office of the Deputy Prime Minister, 2004; Warner, 2004). The effects of stigma on individuals’ mental

health vary but can include isolation, anxiety and loneliness (Pilgrim, 2014; Sayce, 2000).

Ultimately, stigma and other social-material barriers, like low socio-economic capital, produce as well as sustain mental health difficulties in the environments where many service-users living under community care reside. The dominant literature on walking and mental health, detailed in section 1.3.1 and 1.3.2, barely mentions such barriers. By rendering socio-material oppression opaque a linear argument is advanced that spending time in green spaces or exercising more can alleviate mental health difficulties. However, arguably, the different ways that macro forces contour everyday environments means that walking regularly is an uncomfortable and potentially distressing experience for many service-users. Priest (2007), for example, reported that participants in her study felt vulnerable in their communities. Furthermore, it remains unclear whether the therapeutic benefits potentially gained from walking in nature are sustained once individuals return to their home environments. Moreover, the emphasis on individuals undertaking seemingly easy activities to improve their mental health, redirects the focus away from macro-policies that perpetuate inequalities (Harper & Speed, 2014; McGrath, Walker & Jones, 2016).

#### 1.4.3. Negotiating Fluid Spaces

Within the literature on walking and wellbeing the complexity of the micro-spaces that macro forces enfold, is also neglected. Contexts are portrayed as either neutral backdrops to exercise or natural and unnatural containers that have the power to shape individuals' mental health (e.g., Berman et al., 2008; Crust et al., 2013; Hartig et al., 2003). In addition, the idea that space is a variable, which mechanistically influences psychological states, is contested in theoretical developments across varied disciplines (Back, 2007; Ingold, 2011; Lefebvre, 1991; Massey, 2005; McGrath, Reavey & Brown, 2008; Parr, 2008). Human geographers, in particular, have offered alternative understandings of space that challenge Euclidean conceptions of it as simply a container, in which things happen or are held (Hubbard & Kitchin, 2010; Jones, 2009; Parr, 2008). Instead, space is viewed as in flux and interwoven with social, political and economic phenomena (Hubbard & Kitchin, 2010). Massey (2005) argues that space is

recursively produced through heterogeneous “interactions, from the immensity of the global to the intimately tiny” (p.9). Thus, peoples’ subjectivities, and the everyday practices through which they express them, both produce and are produced by the manifold spaces they move through (Valentine & Sporton, 2009).

1.4.3.1. *Constraining spaces*: Such theories are potentially highly relevant to literature on walking and wellbeing as they bring forth nuanced understandings of how the environments that individuals inhabit influence their mental health and subjectivities. For example, the everyday challenges that many service-users encounter is highlighted in Caroline Knowles’s (2000a, 2000b) research. She found that service-users often had to insert themselves into mainstream, urban spaces in rigid ways, which flattened their subjectivities. Service-users could remain in consumerist public spaces, such as shopping malls, provided they did not attract the attention of other customers and discretely maintained a façade that they were partaking in ongoing consumption (Knowles, 2000b). Knowles (2000b) argues that “remaining *invisible* is the price of using public space” (p.221). Yet, blending into the fabric of public spaces can be difficult for many service-users. In McGrath et al.’s (2008) research, participants recalled feeling fearful in public spaces, particularly of the potentially dangerous consequences that displaying their distress might evoke. They described trying to hide their distress from others by avoiding eye contact or using a walk-man to create a private musical space. Furthermore, in Tucker’s (2010b) research, experiences of discrimination in mainstream spaces, resulted in some service-users choosing to spend lengthy periods of time at home so as to minimise their contact with the wider community.

Studies have also focused on the myriad ways that service-users are impacted by non-public spaces such as mental health clinics (e.g., Chase, 2011; Curtis, Gesler, Priebe & Francis, 2009). McGrath and Reavey (2013) for instance, found that security features that texture community outpatient sites, such as locks and barriers, visibly reinforce discourses that negatively affect service-users’ subjectivities. Participants expressed that their inability to access most parts of the building, unless accompanied by a member of staff, placed them in a passive

subject position, historically associated with the 'patient' label (McGrath & Reavey, 2013).

1.4.3.2. *Malleable spaces*: Spatially oriented literature demonstrates that individuals who threaten to disrupt spaces demarcated by discourses of reason, such as service-users, are frequently positioned as outsiders and encounter 'geographies of exclusion' (Sibley, 1995). However, it also indicates that stigma is distributed unevenly through space and is frequently resisted by service-users who use 'tactics of everyday life' (De Certeau, 1984/2011) like walking, to appropriate belonging. Parr (1997), and Parr and Philo's (1995) analyses, for instance, highlight how service-users routinely resist marginalisation in cities by occupying micro-spaces of relative freedom, such as local parks, pavements and cafés. These spaces have different functions, including opportunities to relax and think alone or connect with others (Parr & Philo, 1995). Parr (1997) uses the term 'insane space' to describe these transient nodes because they do not constrain service-users' identities, in "opposition to 'sane spaces' that are policed through a mesh of public order, psychiatric or psychoanalytic understandings" (p.442). The everyday resistances that alter spaces are both individual and collective, with some urban locations being used by groups of service-users (Parr & Philo, 1995; Parr, 1997).

Similarly, Pinfold's (2000) research found that service-users regularly visit 'safe havens' (including pubs, workshops and voluntary groups) within wider mainstream spaces. These havens provide protection from stigmatising labels and offer opportunities for service-users to expand their identities and relational networks. According to Pinfold the existence of safe havens illustrates that service-users' spatialised subjectivities are too fluid and complex to occupy binary positions such as 'integrated' or 'isolated'. Altogether, the research points to therapeutic possibilities within urban landscapes and challenges the idea that they are either neutral or unrelentingly detrimental to mental health.

#### 1.4.4. Summary

The research outlined above highlighted that following the closure of asylums service-users now negotiate multiple spaces in the community. It also illustrates that powerful macro forces that create distressing barriers to inclusion mark the spaces many service-users live in. Furthermore, inter-disciplinary studies that use contemporary spatial theories illuminate the malleability of certain micro-spaces service-users inhabit. It is posited here that a failure to consider the macro and micro multidimensionality of contexts obscures issues that have been shown to facilitate mental distress. Moreover, it can also lead to the creative strategies that individuals use to shape their everyday environments, being overlooked. This, in turn, arguably, hinders richer understandings of walking groups and the different ways that they may be therapeutic from being developed.

### **1.5. Rationale**

This chapter has demonstrated that the existing body of research on the therapeutic benefits of walking and walking groups is embedded in bio-cognitive theories, and does not grapple with the complexity of service-users' contexts. For instance, a central strand of the literature presented in section 1.3.1 is couched in biomedical models of distress and seeks to establish that physical activity improves mental health (Crone et al., 2006; Robertson et al., 2012). Implicit in this approach is a linear message that individuals with mental health difficulties lead sedentary lifestyles and can reduce their distress by increasing their activity levels. Although McDevitt et al. (2005) and Priest (2007) point to the hostility people with psychological difficulties can encounter when outdoors, the impact of socio-material contexts is neglected.

Environmental literature posits that walking in nature is therapeutic as it can lower physiological arousal and restore cognitive attention (Marselle et al., 2014). This focus on altering the interiority of individuals via nature also redirects attention away from the heterogeneous environments service-users negotiate. Moreover, the importance of forming supportive relationships and experiencing something

novel is overlooked, despite findings that suggest they are significant (Iwata et al., 2016; Priest (2007); Roe & Aspinall, 2011).

As highlighted in section 1.3.3 there is a small body of research that focuses on the social setting that group exercise, including walking interventions, for adults with SMI take place in. This research illuminates that the relationships people form when exercising with others are viewed as important (Carless & Douglas, 2008; Hodgson et al., 2011). A further theme in these studies is that participants valued having an activity to do and the sense of purpose this generated (Carless & Douglas, 2008; Hodgson et al., 2011). Thus, it would appear that being active, rather than exercise per se, and having opportunities to build social networks is therapeutic. Yet, in comparison to nature and physical exercise focused literature, there are relatively few studies that explore walking groups in relation to social contexts.

Qualitative research on walking groups is also rare and there are limited explorations into what service-users find meaningful about walking with others. There is also very little focus on urban walking groups despite studies indicating that can promote therapeutic benefits such as forming new relationships (Browne et al., 2016; McDevitt et al., 2005; Roe & Aspinall, 2011). Finally, there are few explorations into how the experience of walking with a group might intersect with and influence individuals' experiences of their everyday environments.

The current study offers a novel perspective through hearing service-users' descriptions of an urban WnT group. By drawing on Ingold (2011; 2015) and Lewin's (1936/2015) ecological theories I also planned to consider how participants' experiences of WnT relate to other contexts that they move through. A core assertion underpinning the rationale is that it is imperative clinical psychology continues to develop fuller understandings of individuals' "lived, everyday involvement in the world" (Ingold, 1993, p.152). Following this, the present study aims to enrich theoretical understandings of how location mediates psychological experience. By focusing on service-users' experiences of a WnT group and their environments, it also hoped that the research will contribute to

understandings of how clinical psychology interventions can engage more directly and meaningfully with community contexts.

#### 1.5.1. Aims

The current study aims to explore through an ecological framework the experiences of service-users who regularly attend a WnT group based in east London. More specifically, this research aims to understand what service-users find therapeutic about WnT and how they feel it impacts or intersects with their experiences in other locations. Findings from the study will aim to influence theoretical and clinical understandings of the types of support service-users find helpful. The proposed study will explore this by:

- Qualitatively carrying out walk-along interviews with participants in order to explore their subjective experiences when moving through urban spaces.
- Qualitatively interviewing participants about photographs they have taken of places that they have a connection to, places that they do not have a connection to and places that they feel their relationship to has changed since joining WnT.

#### 1.5.2. Research Questions

- How do participants understand the subjective experiences they have when walking alone and as part of a group?
- How do participants feel about locations that the WnT group moves through and has being part of it influenced how they relate to other places in which they spend their time?
- How do participants' experiences of WnT relate to their experiences of other mental health services?



## **2. METHODOLOGY**

### **2.1. Overview**

In this chapter, the ontological and epistemological position taken within the research will be outlined. Next, a rationale for the qualitative approach is provided. Following this, the procedures of the study, including information about the WnT group, participants, ethical approval and data collection are described. Finally, the approach to analysis will be discussed.

### **2.2. The Ontological and Epistemological Position**

This study aimed to explore individuals' subjective experiences of a WnT group, and how these might relate to ongoing experiences in other places. Researching subjective experiences and people's relationships to environments presents unique methodological and ontological challenges (Brown, Cromby, Harper, Johnson & Reavey, 2011). Theoretical accounts of environments in psychology have been criticised for lapsing into reductionist generalisations that do not engage with the multiplicity or relationality of spaces (McGrath et al., 2008). To minimise some of the acknowledged difficulties of undertaking research in this area, I have taken an ecological ontological position and critical realist epistemological stance.

#### **2.2.1. Ontological Position**

Ontologies can be defined as theories about the nature of the world and its phenomena (Chamberlain, 2015). An ecological ontological position based on Tim Ingold (2011; 2015) and Kurt Lewin's (1936/2015) work informed this study. Ecological approaches posit that people are, at a fundamental level, organisms immersed in environments from which they cannot be separated (Brown & Reavey, 2015). Ingold (2011) argues: "The environment is, in the first place, a world we live in, and not a world we look at. *We inhabit* our environment: we are part of it; and through this practice of habitation it becomes part of us too" (p.95).

This inter-relational perspective is influenced by process philosophy (see Whitehead, (1927-8/2010) and Bergson, (1908/2011), which challenges the bifurcation of nature into subject and object (Brown & Stenner, 2009). It highlights that understandings of individuals' subjectivities cannot be gained without a holistic consideration of the material and social contexts in which they live. An ecological ontology also proposes that life and living beings are never static but are always in process: "For minds and lives are not closed-in entities that can be enumerated and added up; they are open-ended processes" (Ingold, 2015, p.11). Thus, humans, like other organisms are characterised by processes of growth, becoming and movement that are intrinsically related to the world they inhabit. This focus on the processual nature of experience conveys that the relationships individuals form with their surroundings are never stable but constantly evolving. These ideas will be used in this study to help open understandings of participants' contexts and enable explorations into the complex ways that they are shaped by both micro and macro forces.

### 2.2.2. Epistemological Position

Epistemology refers to the theory of knowledge and is concerned with how we can know and what we can know (Chamberlain, 2015). This study adopted a critical realist epistemological stance. According to Willig (2012) critical realism can be conceptualised as a position that lies between realist and relativist epistemologies. A realist epistemology posits that research findings can directly reflect reality and thus assumes the world contains knowable truths (Willig, 2012). In contrast, a relativist approach proposes that objective truths cannot be gained as information is always mediated through historically contingent and "culturally shaped contexts" (Harper, 2012, p.91). A critical realist epistemology is informed by both these positions, acknowledging the co-existence of a material reality and human agency. It, therefore, contends that a materially present world exists but direct access to it cannot be obtained due to its interconnectedness with a fluid, ever-changing social world (Cruickshank, 2003). By adopting this stance, an emphasis can be placed on both the social contexts and material realities that shape individuals' subjectivities.

### **2.3. Methodology**

A qualitative design that incorporated two forms of data collection, which formed one dataset, was selected to centre participants' understandings of the subjects being discussed. Qualitative methods facilitate open-ended explorations and focus on participants' meaning-making activities (Reavey and Johnson, 2013). As Willig (2013) notes, qualitative research is "concerned with the quality and texture of experience, rather than with identification of cause-effect relationships" (p.8). It was hoped that a qualitative approach would thus help to ensure that participants' perspectives underpinned the generation of theories on WnT. Qualitative approaches can also allow research questions to be explored in active ways that acknowledge the complexity of meaning-making processes (Denzin & Lincoln, 2000; Kincheloe, 2004).

### **2.4. Method**

A multi-modal approach (Reavey & Johnson, 2013) to methods enabled an exploration of participants' accounts of contexts and their subjective experiences. This included the following methods:

#### **2.4.1. Photo-production**

Photo-production was employed and five participants took photographs as part of the research. Participants were invited to take photographs of places they felt a connection to, places that they did not feel a connection to and places that they related to differently since joining WnT. Visual data can be used in various ways, for instance it can be analysed in its own right or drawn upon to generate verbal data (Reavey & Johnson, 2013). In this study the photographs that participants produced were not interpreted or analysed by the researcher and were used instead as triggers to help elicit verbal data in later semi-structured interviews. Photographs are included in chapter 3 to illustrate participants' verbal descriptions of specific places. There were three key reasons why visual-methods were viewed as particularly relevant for this study. Firstly, visual methods afford participants a more active role in shaping the interview and making visible aspects of their environment that they feel are significant (Del Busso, 2011; Frith & Harcourt, 2007). This was considered important as the

current body of research on walking groups lacks studies that focus on participants' accounts of their environments. Secondly, visual methods can, by making contexts visible, provide tangible reference points that aid discussions about environments (see Hodgetts, Radley, Chamberlain & Hodgetts, 2007; Knowles, 2000a; McGrath & Reavey, 2013; Tucker & Smith, 2013). Finally, visual data can help participants to access and articulate spatialised experiences that they may not normally put into words (Del Busso, 2011; Reavey & Johnson, 2013; Rose, 2016; Silver, Reavey & Fineberg, 2010), such as how a certain place makes them feel. Overall, the use of photographs was intended to acknowledge that participants "do not only speak, but *experience and view* their world in material space" (Reavey & Johnson, 2013, p. 299).

#### 2.4.2. Walk-along Interviews

One-to-one semi-structured interviewing was also conducted with participants while walking along a route that they had chosen. This method was selected to support the research aim of enriching understandings of participants' experiences of walking through places. Walking is an embodied, multi-sensory experience that can facilitate contact with different memories and feelings (Adams & Guy, 2007; Ingold & Vergunst, 2016; Middleton, 2010). However, research interviews are normally undertaken in a fixed, seated location. It has been argued that this is a relatively static process, which makes it difficult to facilitate rich understandings of peoples' spatial experiences (Brown & Durrheim, 2009; Evans & Jones, 2011; Sheller and Urry, 2006). Walk-along interviews can help to generate more fluid discussions about the emotions that walking and spaces evoke (Brown & Durrheim, 2009; Finlay & Bowman, 2017; Sheller & Urry, 2006), and were therefore viewed as a relevant method for this study. Brown and Durrheim (2009) state that mobile interviews, because they are interspersed with visual and aural interruptions, have a situated immediacy that elicits more interactive discussions about contexts. Mobile methods can also facilitate more open, participant-led interviews compared to traditional interview formats, which are arguably more bounded by the socialised interviewer/interviewee positioning (Brown & Durrheim, 2009; Finlay & Bowman, 2017). This was viewed as an important feature that could potentially support the study's aim of generating theories based on participants' perspectives.

### 2.4.3. Thematic Analysis

Thematic analysis (TA) (Braun & Clark, 2006) was chosen to analyse the data set. In line with other qualitative methodologies, TA is used by researchers to help identify meaningful patterns across data-sets and rich descriptions of phenomena (Fereday & Muir-Cochrane, 2006). A key advantage of TA, for this study, is that it is not oriented to a particular theoretical approach (Willig, 2013), and, therefore, is flexible enough to fit with a multi-modal approach and ecological ontology. TA also fits well with a critical realist epistemology as the flexibility that characterises it enables researchers to acknowledge: “the ways individuals make meaning of their experience, and, in turn, the ways broader social context impinges on those meanings, while retaining focus on the material and other limits of ‘reality’” (Braun & Clark, 2006, p.81).

TA can be conducted in multiple ways. Braun & Clark (2006) suggest that themes can be identified either in a ‘bottom up’ inductive manner or a theoretical ‘top down’ manner. An inductive TA is driven by the ‘raw’ data and does not seek to fit it into a “pre-existing coding frame” (Braun & Clark, 2006, p.83). A more deductive ‘top-down’ analysis, however, is usually tied to a pre-established theoretical or analytic area of interest. Although these two approaches appear polarised, Joffe (2012) argues that they can be interwoven if, “One goes to the data with certain preconceived categories derived from theories, yet one also remains open to new concepts that emerge” (p.210). In the present research, a dual inductive-deductive approach was undertaken. From the outset, the data was approached from a specific ontological and epistemological stance. Yet, this theoretical orientation did not form a pre-established or fixed coding frame and instead I analysed the data in an immersive way that aimed to remain open to inductive meanings. In accordance with this dual approach, both manifest and latent themes in the data were identified. Manifest themes are those themes, which can be directly observed in the data, whereas latent themes refer to assumptions or ideologies that potentially underlie the manifest ‘surface’ level data.

## **2.5. Recruitment and Research Procedure**

### **2.5.1. Recruitment**

In October 2015 I emailed details of my research to a Hackney-based social enterprise, which runs a number of projects that focus on addressing health inequalities, including a WnT group. I was invited to present my research proposal to members of the team and two peer leaders of WnT. Following this presentation, the team arranged for me to meet with the WnT members to discuss my research. The WnT members reported that they were happy for me to carry out the research and invited me to recruit participants and join their walks. From December 2015 to November 2016, I attended the group's walks on a regular basis. I gave WnT members who indicated an interest in participating in the research an information sheet (Appendix C), and spoke with them about the study. I emphasised that they were under no obligation to participate.

### **2.5.2. The WnT Group**

WnT has been running on a weekly basis since 2011 and was set up collaboratively by the social enterprise above and a local NHS secondary care psychology 'Black and Minority Ethnic' access service. As noted in chapter one (section 1.1), the WnT model is based on the work of Guy Holmes (2010).

The WnT group that this study focuses on is part of a wider wellbeing project that the social enterprise runs for long-term users of primary and secondary mental health services. A clinical psychology trainee and community development worker originally facilitated the walks, which normally followed one of two set routes. However, after 18 months the group became participant led and it now has two peer leaders. One of the group leaders has a keen interest in the history of London and plans different walks for the group to take each week. Once a month the group also go on a long walk in an unusual or new location. The group is ongoing and so members can attend for as long as they wish. Members of the group are not required to attend regularly or to complete walks, which usually end with a visit to a local café. The size of the group varies each week but there are around fifteen regular members.

The group is based in Hackney, which is one of the most deprived boroughs in England and marked by rapid gentrification (London Borough (LB) of Hackney Policy Team, 2016). It is also one of the most ethnically diverse boroughs and includes established African, Caribbean, Kurdish, Turkish and Vietnamese communities as well as one the largest Charedi Jewish communities in Europe (LB of Hackney Policy Team, 2016). The WnT group members are from varied backgrounds and reflect the ethnic and cultural diversity of Hackney.

### 2.5.3. Sample

Six participants were recruited for the research. The inclusion criterion was that participants were currently accessing the WnT group and over 18 years old. Five participants took part in photo-production interviews and all six participated in walk-along interviews, so in total eleven individual interviews were conducted. A small sample was viewed as appropriate for this qualitative study due to its aim of conducting an in-depth analysis of the data (Crouch & McKenzie, 2006).

All participants regularly attended WnT and were between 52 to 71 years old, which reflects the general age-ratio of group members. Two participants were female and four were male. Following discussions with my supervisors it was agreed that participants would not be asked for information regarding their mental health diagnosis. It was felt that such information was not essential to this study or in line with the social enterprise's ethos, which emphasises participants' shared interest in walking rather than diagnostic labels.

Three of the participants had grown up in London, while another participant emigrated to the UK from Eastern Europe as an adult. Two participants had lived in different parts of England before moving to London as adults. Table 1 summarises key demographic details, including ethnicity, using terms that participants chose.

Table 1. Participant table

Participant Pseudonym	Age	Ethnicity	Participated in photo-production	Participated in walk-along interview
Carl	53	Mixed	Yes	Yes
Jacob	71	Orthodox Jewish	Yes	Yes
Marie	60	White British	Yes	Yes
Neil	56	White Irish	Yes	Yes
Sara	53	White Albanian	Yes	Yes
William	52	White British	No	Yes

#### 2.5.4. Data Collection

Once informed consent was secured (see section 2.6.2) interviews were arranged. Walk-along interviews were carried out first and then a few weeks or months later, depending on participants' preferences, photo-production interviews were conducted. All interviews were held during the day at convenient times for participants.

2.5.4.1. *Walk-along interviews*: The walk-along interviews were approximately one hour and followed participant-led routes in and around Hackney. Participants selected routes through their local neighbourhoods and places that they liked such as the canal towpath and local parks. The interviews were semi-structured and guided by an interview schedule (Appendix D). As anticipated the interview format generated interactive conversations and explicitly adhering to the schedule was unnecessary.

2.5.4.2. *Photo-production interviews*: Photo-production interviews were guided by an interview schedule (Appendix E). The photographs participants had taken facilitated relevant and open discussions. Participants were consulted on where



they preferred the interviews to be held. Four participants opted to be interviewed at home and one in a private room at the social enterprise's office. Interviews lasted approximately forty to sixty minutes.

2.5.4.3. *Resources*: The interviews were recorded using a voice recorder. During walk-along interviews a small microphone was clipped to participants' clothing to minimise noise interference. Participants were given disposable cameras, though a few opted to use camera phones and emailed their photos to me.

## **2.6. Ethics**

### **2.6.1. Ethical Approval**

The University of East London's School of Psychology Ethics Committee gave ethical approval for the study in March 2016 (Appendix F).

### **2.6.2. Informed Consent**

Participants were given a paper copy of the consent form (Appendix G) after they had read the information sheet and discussed the study with me. Once participants confirmed that they were satisfied with the information given and still wished to proceed, written consent was obtained. Participants' right to withdraw from the study prior to completion of the analysis, without providing a reason and with no disadvantage for them, was emphasised. It was also made clear that participants did not need to partake in both parts of the study. One participant decided at this stage that he would prefer not to undertake photo-production.

### **2.6.3. Confidentiality**

The data were collected and transcribed by the researcher. To help ensure anonymity all names and identifying features were altered in transcripts. Consent forms and original photographs were kept separately in a locked cabinet. The transcripts, interview recordings, scanned/digital copies of photographs and drafts of the study were password protected and kept on a computer requiring a login. After emailed photographs had been downloaded and securely saved the original message was deleted. Participants were informed that information they shared would be kept confidential, unless concerns were raised that someone

was at risk of harm. Further limits of confidentiality pertaining to this study were discussed with participants before research began.

2.6.3.1. *Privacy during walk-along interviews:* It was explained to participants that walk-along interviews in public could potentially jeopardise their privacy. To help ensure that participants felt comfortable the interview topics were shared with them during recruitment. Furthermore, at the start of the interview before recording began, participants were offered the opportunity to look through the questions. Participants were also made aware that they could decline to answer questions and stop the interview at any point.

2.6.3.2. *Location:* It was discussed verbally with participants and specified in the information sheet that it would not be possible in this study to anonymise locations. However, I have anonymised certain places such as streets participants live on.

#### 2.6.4. Risk

No adverse events were anticipated as a consequence of participation in the research. However, it was acknowledged that discussing certain topics (e.g., places to which participants do not feel a connection) could potentially generate distress. To help minimise risk, the interview structure was participatory and participants were reminded of their right to withdraw. After each interview a debrief was provided, however, most participants commented that they had enjoyed the experience. The NHS guide for lone workers was used to ensure the safety of the researcher (NHS Employers, 2010) though no risk-related issues occurred.

## **2.7. Analysis**

### 2.7.1. Transcription

Transcription was viewed as an initial stage of analysis (Braun & Clarke, 2006), and preliminary notes on the content of the data were taken. The recordings were transcribed verbatim at the sematic level using conventions drawn from

Jefferson-Lite (Parker, 2005). Appendix H contains a transcription key. To help ensure thoroughness and accuracy I re-listened to the recordings after transcription was completed (Parker, 2005).

### 2.7.2. Outline of Thematic Analysis

The dataset was thematically analysed in stages using steps outlined by Braun and Clarke (2006):

2.7.2.1. *Familiarity with the data*: To familiarise myself with the data, I repeatedly read each transcript and looked at the photographs. I also read over field notes that I had made after interviews. During this phase, I marked parts of the text that were of potential interest and noted down ideas and observations.

2.7.2.2. *Generating initial codes*: This stage involved systematically coding each transcript manually, while also jotting down ideas in the opposite margin (Appendix I). Codes can be defined as “a succinct label (a word or short phrase) that captures a key analytical idea in the data” (Braun, Clarke & Terry, 2015, p.100). I aimed to code inclusively and broadly.

2.7.2.3. *Searching for themes*: After the transcripts had been coded, I began to focus on identifying broader themes. This involved actively considering the relationship between codes and possible overarching ideas. To facilitate the identification of themes and sub-themes I drew various mind-maps that loosely grouped the codes together (Appendix J).

2.7.2.4. *Reviewing themes*: At this stage I reviewed the initial thematic maps that I had drawn and re-read the transcripts and my notes. I considered whether the candidate themes were distinctive and adequately captured the data. I also manually cut out key extracts from transcripts and collated them into different themes. This process led to certain themes being collapsed and new ones being identified. For example, themes relating to the sociality of WnT were reconfigured and merged with themes describing individual therapy (Appendix K). This re-development of themes also led to the creation of the theme “Out of the

Ordinary”. Finally, I also reviewed and refined the various sub-themes and their relationships to the main themes.

*2.7.2.5. Defining and naming themes:* Once a more definitive map of the themes had been created I worked on summarising each theme and selecting names that reflected the essence of what they captured. This was an iterative process and helped me to see the broader overall story of the data. In particular, I identified more clearly an overarching theme related to boundaries that blocked participants’ agency within environments. At this stage I also began to draw more explicitly on theoretical concepts, such as Lewin’s (1936/2015) life-space model, to help me articulate and frame my ideas. The final summary of the themes is outlined in the following chapter.

## **2.8. Reflexivity**

TA, like other forms of qualitative research, requires the researcher to reflexively consider and make transparent how their own interactions, beliefs and assumptions influence the research process (Braun et al., 2015). In accordance with this, I will briefly outline reflections on my position to the research. My role in the research will also be considered further in the final chapter.

Firstly, I am a trainee clinical psychologist and, as such, have a professional interest in understanding how psychology can support individuals experiencing distress. I have also studied political-economics, which has influenced my approach to psychology and shaped my concern with how ideological systems influence the contexts of people’s lives. My interest in political issues has been fostered and informed by work with clients experiencing ongoing injustices, such as young refugees and survivors of sexual abuse.

With regard to my personal position, I am a White-British middle-class woman who has a working-class background and grew up in a small ex-mining village. I approached the research with an interest in ideas around ‘place’ and ‘belonging’ that has been influenced by experiences of living in quite different landscapes.

This interest has also been affected by my awareness that where I lived has shaped not only how others have seen me but how I see myself.

Altogether, these personal and professional experiences have meant that I undertook this research holding a position that contexts are meaningful and can shape our identities. Inevitably this will have influenced the research in varied ways. In particular, my decision to take an ecological approach and select methods that I hoped would enable me to grapple more fully with the complexity of space.

Throughout the research process I have aimed to remain aware of how my personal beliefs and role as a trainee clinical psychologist may affect the analysis by keeping a reflective journal (Appendix K). I also had discussions in supervision about feelings that analysing and collecting the data evoked.

### 3. ANALYSIS AND DISCUSSION

#### 3.1. Overview

In this chapter, the research findings are interpreted and discussed. The analysis is presented in two sections, 'Everyday Landscapes' and 'Wider Worlds' which each contain several, interconnected themes. Figure 1 contains a diagrammatic map of the main themes and sub themes. It shows that the section 'Everyday Landscapes' contains two main themes, 'Personal Territories: Belonging and Loss' and 'Activating Spaces', which each contain two sub themes. It also illustrates that the section 'Wider Worlds' contains two main themes, 'WnT: A Fluid Connectedness' and 'Out of the Ordinary: Exploring Together', which each contain two sub-themes.

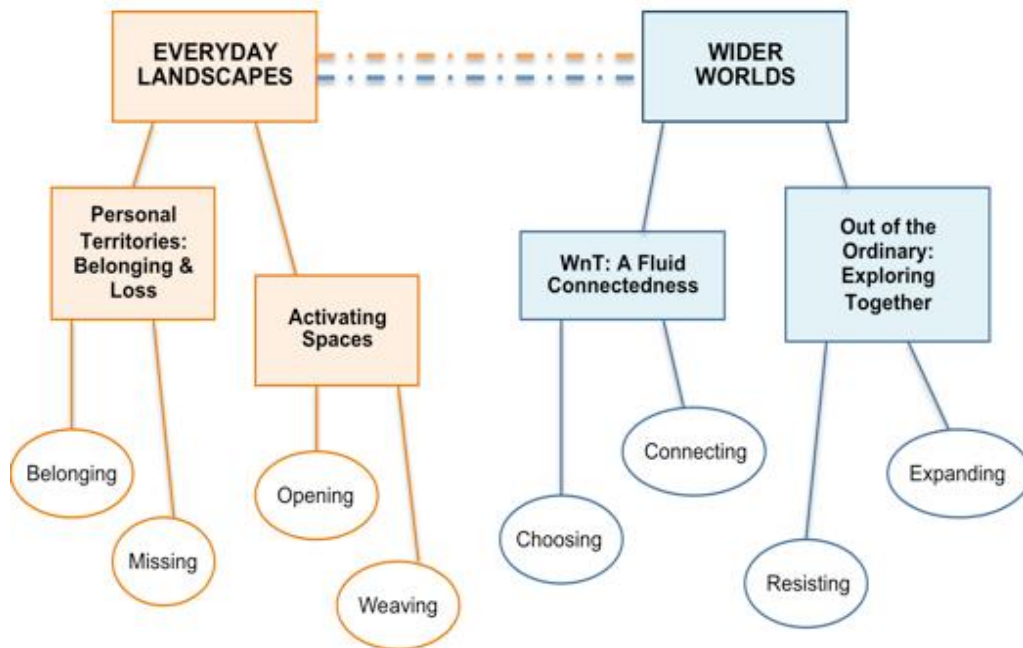


Figure 1: Diagrammatic map showing the main themes and sub-themes in the sections 'Everyday Landscapes' and 'Wider Worlds'.

The findings in the section 'Everyday Landscapes' will be interpreted and discussed first. Themes within 'Everyday Landscapes' relate to the experiences that participants depicted having in various environments, including their homes and local neighbourhoods, when they are not with the group. The sub-theme 'Belonging' in Personal Territories: Belonging and Loss' conveys the sense of belonging that participants described fostering in their local area through contact with memories and activities like walking. In the sub-theme 'Missing' it is highlighted that although participants felt a sense of connectedness to their local areas, they also experienced feelings of loneliness and social isolation. However, the sub-themes 'Opening' and 'Weaving' in 'Activating Spaces' show that participants had spaces in their local area that facilitated feelings of peace and assisted them in modulating painful emotions. Altogether, these themes provide understandings pertaining to research question 1, of the subjective experiences that participants have when walking alone.

The second half of the analysis will focus on findings contained in the section 'Wider Worlds'. The themes in 'Wider Worlds' highlight participants' perspectives on the WnT group and the places they walk through together. In the main theme 'WnT: A Fluid Connectedness' it is illustrated that participants valued the flexibility of WnT, which they actively contrasted with mainstream mental health interventions. The WnT group is depicted as a malleable, ongoing space that facilitated the formation of friendships, which eased feelings of loneliness in other locations. Furthermore, the theme 'Out of the Ordinary: Exploring Together' highlights how participants felt a sense of collective power when they were with WnT that assisted them in challenging boundaries they encountered when alone. The themes in 'Wider Worlds' relate mainly to research questions 2 and 3. Overall, they facilitate understandings of participants' subjective experiences when they are with WnT and how such experiences relate to those that they have in other places.

An overarching argument outlined in 'Everyday Landscapes' is that the environments participants inhabit are complex, containing spaces of malleability as well as oppressive boundaries. In 'Wider Worlds' it is argued that WnT is a relational space, which by drawing on participants' agentic subjectivities

(McGrath & Reavey, 2013) helps to facilitate the animation and expansion of everyday landscapes. Two core concepts underpinned by ecological theories (Lewin, 1936/2015; Ingold, 2011; 2015) frame the analysis and discussion.

### **3.2. Central Concepts**

A core concept identified through an analysis of the data is that the everyday spaces participants inhabit function like systems that are dynamically shaped by varied forces. These forces include social-material conditions, events, memories and emotions that interweave in complex ways which expand or contract everyday spaces. Participants' descriptions showed that within certain spaces they frequently felt restricted and experienced painful emotions. They indicated that pathways towards alternative spaces, offering sociality or solace and the realisation of future possibilities, often appeared to become blocked. Yet participants also described being able to shape maps of belonging in their local areas. Furthermore, participants spoke of modulating their emotions at times by agentially moving into parts of their environment, such as familiar niches and routes. The guiding concept, which will be used to draw together these features of the data, will be Ingold's (2011) 'meshwork' (see section 1.1).

A second concept integral to the analysis was that WnT supported participants in opening up the territories that they live in. Opportunities to fluidly build relationships, extend pathways and render boundaries into different areas more permeable were depicted as enjoyable and therapeutic. Together, these facets of WnT appeared to expand participants' unique meshworks by fostering the enactment of agency. Two elements of WnT were viewed as particularly important: sociality and flexibility. Participants' narratives conveyed that they valued strengthening their relational ties to others. Secondly, the choice and variation that the group offered was represented as vitalising. Lewin's (1936/2015) concept of 'life-space', particularly its emphasis on the activeness of the past and future in the present, is used throughout the analysis to explore the significance of these themes. It will be argued that the friendships participants formed through WnT disrupted feelings of relational stasis in their life-spaces.



Moreover, opportunities to see new aspects of familiar locations and visit novel places enfolded different possibilities for future action into the present.

### **3.3. Everyday Landscapes**

#### **3.3.1. Personal Territories: Belonging and Loneliness**

The first main theme considers participants' conceptualisations of their personal territories as familiar, everyday landscapes that they move through and live in. This theme is explored through two sub-themes of 'Belonging' and 'Missing'. In essence, this theme is felt to highlight how participants' psychological experiences of those places that can be considered their homes and neighbourhoods are complex and often contradictory. Macro forces enfold intimate micro spheres such as the home, while spaces of belonging are intertwined with spaces of loneliness and loss.

3.3.3.1. *Belonging*: This sub-theme was identified as several participants spoke of how they have a sense of belonging to the areas of Hackney in which they live:

Interviewer: Are there places around here that you like to walk?

Sara: Yes! Because this is my area!

William: Yeah, I would say I still have my area if you like, my manor!

Carl was one of the few participants to mention the increasing gentrification in Hackney. He makes it clear that the changes gentrification entails will not alter his sense of being rooted in the local area:

Interviewer: And are there things about Hackney that you like a lot?

Carl: Not really, I just like Hackney itself, I mean, it's just changing now isn't it? There's more houses going up, it's more and more coming up a

sort of snobby area, isn't it really? Gonna be a bit posh, but I still feel it's my borough (...) Still enjoy it, still love Hackney, still be my Hackney.

Participants identified different reasons why the areas they live in feel like their personal territories. For Sara and William, who explained earlier in the interviews that they moved to London as adults, walking around regularly on their own has allowed them to inscribe a familiar cartography onto the cityscape. Sara, in the first extract describes walking the same routes each day:

Interviewer: Are there particular routes that you take?

Sara: Just Dalston market, shopping just up and down.

Interviewer: Where do you go up and down?

Sara: Just shopping in Dalston Kingsland, the market, this way, the other way.

Interviewer: Do you do the same routes?

Sara: Yes, everyday.

Walking the same routes appears to help Sara maintain a sense of constancy that weaves her into the area. Dalston is a particularly diverse part of Hackney that is commonly viewed as in flux due to factors such as the impact of gentrification (Butler, 2003; Georgiou, 2013). Yet, amidst the busyness of Dalston, Sara perceives on her daily walks unchanging features such as the same shops and faces, which have perhaps helped it to become and remain her home. By repeatedly establishing lines of wayfaring (Ingold, 2011) through the market and along the main high road, she has arguably created a map of belonging that eased an initial disorientation:

Sara: It was not easy. When you are coming in first, you are afraid, you don't know anything, it's not easy ... And bit by bit you know it ... It's the same ...

Similarly, William explains how walking has allowed him to explore and adjust to an initially unfamiliar territory:

Interviewer: What was it like when you first moved and were walking around?

William: Yeah, it took a long time to adjust.

Interviewer: And what do you think helped?

William: I think what did help was actually getting out and exploring and realising that London isn't just a big homogenous lump (...) So, for instance, when I first moved to London I spent time walking around Stoke Newington, which has got its own villagey bit with the high street and Church Street.

Through walking William has broken up the "big homogenous lump" of London into smaller parts that now, as he explained earlier, form his "manor". He has transformed an anonymous space into a more knowable place. For, as Tuan (1977/2014) states, undifferentiated spaces become places when through movement we can apprehend and endow them with meaning. Much literature (see Borden, 2001; Sennett, 1992; Sorkin, 1992) argues that the increased consumerisation, privatisation and surveillance of modern cities have made it increasingly difficult for individuals to appropriate or personalise urban space. Sennett (1992), for instance, has charted how the rise of capitalism has homogenised cities and erased "alive public space" (p.13). However, Carl, William and Sara indicate that they have forged unique meshworks, which resist the depersonalisation of urban space.

A further way that participants gain a sense of being embedded within their local area is through regularly encountering micro-spaces that are interwoven with meaningful memories, which cut through time (Brown & Reavey, 2015). During his photo interview, Neil showed me pictures he had taken of such places:

Neil: Well this church here, it's called X. It's a church when I used to live, when I was a boy we used to go there regularly. That's in X road off X street and it brings back happy memories you know when I was a child going to Mass, our family used to go together and it brings back memories.

Interviewer: And do you go to that church now or do you walk past it?

Neil: Oh, I walk past it regularly but I don't really go to it, I don't, I'm sort of a lapsed Catholic really...



*Photograph by Neil of a church in his local area*

The church, like a library Neil also took a photograph of, can be viewed as forming a node that interconnects his past and present. Neil's life space and connection to the local area appears to be expanded when he sees the church. It

is imbued with “happy memories” that capture moments from his childhood and bring them into the here and now. When I walked with Marie during her walk-along interview, she regularly stopped to tell me about places that facilitated a process of meaningful remembering:

Marie: This is the hill where I used to roller-skate, I'd come down from the top of the hill, roller-skate right to the top of the hill, roller-skate right to the top of X road, cross this bit of road here, and straight the way down .. That was my little skating patch, yeah!

The roller-skating patch that Marie used when she was a young girl is like a mini territory that is generated when she walks around the area she grew up. It connects with other nearby places, such as the road where she regularly met her husband when they first started dating, to form a larger meshwork of belonging. There is a sense that aspects of Marie's subjectivity are woven into the space through different memories that she can physically return to. Altogether, varied lines that Marie and Neil forged within past life-spaces can still be brought forth through material features, which mark (Brown & Reavey, 2015) their present contexts.

In summary, this sub-theme has aimed to consider participants' sense of belonging and the different, overlapping processes that produce personal territories. However, as the next sub-theme explores, participants' personal territories are complex and contain spaces that recursively shape fluctuating, often painful emotions.

3.3.3.2. *Missing*: Participants spoke about feelings of loss that that they experienced when they were at home or moving through personal territories. Many described missing people who were once part of their home lives but no longer are because of death or separation. These painful absences can often entwine with wider issues that appear to leave participants feeling hemmed in and unable to move forward.

In the following extract, Jacob, when discussing the grief he has experienced since the death of his wife, demonstrates how home spaces can remind participants of longed for people who one does not want to be absent from the present.

Jacob: Oh it makes me sad. Very, very sad. I can't forget her, I haven't touched any of her things. If I touch her things I feel I can, if I throw some of the things out I feel I'm throwing her away. I'm admitting to the ... loneliness, to the loss. You know you don't want to admit to the loss, it's like burying somebody, when you bury somebody, the Jewish law we bury very, very quickly, straightaway and it feels an immense loss (....) I feel sometimes like turning around and talking to her. I can just feel her sometimes.

The moving account of loss Jacob describes illustrates the painfully intense feelings of sadness that missing others can evoke. Jacob explains how he is still able to feel his wife through objects and perhaps embodied memories of her being in the home. He comments that he cannot throw any of her belongings away as he imagines that to do so would mean, "throwing her away". Thus, the material objects she once used can be viewed as holding vital memories that mark the space and stabilise their relationship, ensuring its continuation in the present (Brown & Reavey, 2015; Serres, 1995). The processes of remembering they facilitate allow Jacob to contour his life-space and mitigate an otherwise stark conception that his wife is no longer alive (Brown & Reavey, 2015). There is a sense that an "immense loss" may be "admitted" into the home if his wife's belongings are removed from it. Yet, this contact Jacob has with his wife's presence appears to be painfully entangled with his awareness that she has been buried and is no longer physically part of his present life-space.

Marie also depicts feelings of loneliness that she experiences within personal territories filled with memories.

Interviewer: How do you feel when walking around your local area?

Marie: When I'm alone? (Interviewer: Yeah) Sad. Sad, quite sad. I have a lot of um suppressed feelings (...) Oh, my reasons are, it's not self-pity cause we were on the subject so I'll say it, otherwise I wouldn't say to anyone but my reasons are obviously cause I seem to have lost so many people in a short space of time that I was so close with, that I look around now and I think, I really you know, I kind of don't have anyone, people say to me "oh, you've got family, you've got your kids" etc, etc and I say "do you know how lonely I am?" (...) It doesn't always mean because you have family that you're not lonely, sometimes you can be on your own and not be lonely if that makes sense? (...) I don't have my mum and dad anymore (...) I, I lost my husband as I say, so I had that to cope with...

Marie describes experiencing a profound sense of being alone when she moves through her local area. Although, it is imbued with relational memories of her husband and family they appear to act like a double-edged sword: stabilising meaningful past relationships while simultaneously highlighting their absence. The sense that others misunderstand Marie's feelings of loneliness permeates her narrative. She states that people remind her of the relationships in her present life-space rather than acknowledge her grief at losing others. This may underlie her decision not to tell anyone how she feels. Marie also described how her isolation is intensified in particular locations. For instance, although she lives with family members, the loss of people like her husband, who previously inhabited her home, fosters an overriding sense of being completely alone there:

Marie: Like in this flat I think to myself, I'm the only one left here now (...) Now it's just me. It's literally gone down to me.

In the following comments, Sara also reflects on painfully contradictory emotions that are entwined with vital memories of absent others and brought forth through objects such as photographs:

Sara: When I've got the photo album to see the photos of my family but it's different. It's different. How I am happy, I be upset.

Interviewer: So sorry when you look at the photo albums...

Sara: Because I see my mother, my brother, my sister, I change completely, I miss, I like to see but I'm feeling bad.

Interviewer: Why do you feel bad?

Sara: I don't see them you know.

Sara highlights that her emotions cannot be pinned down into one neat category. The happiness she experiences when looking at photographs of her family, and perhaps remembering being with them before she moved to the UK, is blended with "bad" feelings. Although she "likes to see" it is also difficult as "seeing" generates a painful process of missing them. Miller (2008) argues that material objects act as vehicles for relationships: "people exist for us in and through their material presence" (p.286). The photographs, like Jacob's wife's belongings, connect Sara to family members yet conversely remind her that they are not fully situated in her present life-space. Sara seems to explain this when she states, "I don't see them you know".

Some participants when they discussed experiencing painful emotions, such as loneliness, also depicted how their life-spaces can feel blocked. Socio-material forces appeared to create barriers that made it difficult for participants to enact agency and extend lines in their meshworks.

Here, Neil describes how limited his options feel when discussing his job as a cleaner, in the first extract, and in the second extract when referring to his housing situation:

Neil: Well the work is very hard for me physically (...) I find it very hard but I have to, I can't, I have no choice. I don't want to go back on the dole or back on the work programme.



Neil: Where I used to live it was a street where there was very much a community spirit you know it was like everyone knew one another. I lived there for thirty-one years you know.

Interviewer: Why did you leave?

Neil: I had no option because I was a housing association tenant and I was a single person (...) I had to be transferred to a one-bedroom flat, it wasn't my choice.

Neil, by repeating that he had “no option” and “no choice”, emphasises that his agency has been reduced. His description of feeling forced to carry out physically demanding work conveys his disempowerment and how wider forces are governing his embodied routines (see Foucault, 1975/1991). Neil also conveys that he has lost a community in which his lifelines were tightly knotted with others and now inhabits an isolated environment. There is a sense that a local meshwork he spent years building has been unravelled by wider forces. During the interview Neil frequently described how he prefers to “live in the past”. In the extract below, he also reflected that he perhaps lives in the past too much:

Neil: I don't really enjoy being middle aged, I find it very hard (...) I just prefer the past, that's all (...) And I live near where, my first primary school, it's just off X road and I was happy there. Um, but you know that's how it is for me, nostalgia ... I really do live in the past too much (...) I think nostalgia is a sickness really, isn't it?

The difficulties that Neil is encountering in his environment as a middle aged man appear to be a key reason why he prefers to “swim upstream in the flow of experience” (Brown & Reavey, 2015, p.65) towards childhood. Yet, his comment that nostalgia is a sickness expresses his unease with how his past and the longing he feels for it envelops the present so fully. The recursive relationship between his spatialised memories and the discomfort he experiences in his present life-space seems to fix him in a lost past that he does not want to be so embedded in.

In line with Neil's descriptions, other participants conceptualised their personal territories as non-agentic places where the possibilities to shape their life are limited.

Jacob: Well, I look at it [photograph of home] sad that my wife is not there anymore in the photo, this was a home for two people which we lived together and they think you are an old man who has no wife anymore so you are for the scrapheap, let's get rid of him or something, that's how they feel about me (....) In this photo I am showing you a picture of the disturbance of the neighbours and the disturbance in me alone (....) I've lost a whole load of people around me and all in one period of time ... You look at the house and think to yourself, it was a place where I had my life and it's gone.

Marie: If you've got money you see, like they say money talks, you can, you don't have to be here now, what are you doing here? If you had money you'd be on your boat somewhere, or in your house out in the country, wherever. Surely you wouldn't be doing what I'm doing now? Surely not. Look sometimes I'll get up, I'll look out the window and think what am I doing looking out of the window? What am I looking at? There's nothing there you know, is that what life is all about? And you stop in your tracks and you think shit get off them thoughts, cause they're not good (...) But if you have money, you can say, right let's do this or we'll go here, let's have a holiday.

Jacob, who earlier in the interview described being harassed by his next-door neighbour's children, draws on hostile, ageist discourses to depict how he feels they are positioning him. He imagines being seen as someone so devoid of value he should be placed on "the scrapheap". This sense of oppression, and the loss of his wife seem to converge and disturb his home, draining it of life, which Jacob remarks is "gone". Ingold's (2011; 2015) theory of lines emphasises that humans are continually moving and growing. Yet, he also argues that "their growth is conditioned by the presence and action of others, they grow one another" (2015,

p.120). Jacob's narrative suggests that in the absence of nourishing interactions with others the lines of wayfaring in his home have become stagnant. This in turn, seems to negatively impact his mental wellbeing, which he indicates when explaining that the photograph of his home illustrates the "disturbance" he feels.

Similarly, Marie describes looking out of her window and seeing "nothing there" as if the numerous losses she has experienced are being reflected back at her. She repeats there is "nothing there" as if to emphasise that her search for meaning in the space around her is futile. Her rhetorical question "Surely you wouldn't be doing what I'm doing now?" perhaps expresses her discontent with what she perceives as an absence of meaningful options in her environment. Marie considers how having more money might help to alleviate the oppressive thoughts that she has about her situation by opening up future possibilities. Money is conceptualised as an inaccessible force that could dislodge the stasis in her home-space by providing opportunities to be in other places and shift the scenery around her. Sennett (2010) in his study of built environments distinguishes 'boundaries', which he compares to rigid cell walls, from 'borders' that function more like porous membranes and allow fluid interactions. Altogether, Marie's meshwork, like Jacob and Neil's, appears to be encountering rigid 'boundaries' that prevent it from opening and expanding outwards towards future possibilities.

### 3.3.2. Activating Spaces

This theme focuses on participants' descriptions of how they use movement and certain local spaces to actively manage difficult emotions when they are alone. Rather than becoming locked into a rigid space and experience of the self, participants draw on an agentic subjectivity (McGrath and Reavey, 2013) to enter more fluid landscapes. They described habitually curating peaceful spaces in their personal territories to seek solace or room to contemplate. Participants also expressed an appreciation of the comfort that both moving through, and being in, spaces can generate.

3.3.2.1. *Opening*: Participants described visiting familiar spaces to actively alleviate overwhelming and painful emotions. Some participants emphasised the importance of these spaces by taking photographs of them:

Sara: I go there [Hackney Downs Park] if I've got much tension and when I'm fed up at home, I go sometimes from home to Hackney Downs because (inaudible), it is a little bit further from where I live, I rest and go home again and I feel better, It's much better for me to go to relax, for a few minutes, maybe an hour (...) I stay on the bench, nice and breathing, walking, I'm feeling better.



*Photograph by Sara of part of her route to Hackney Downs Park*

Carl: It's nice to walk round the park [London Fields]. No particular reason why. I find it comfortable when I'm feeling depressed or a bit you know, so I find a walk in the park does me good. It takes the pressure off my head and it gives me a chance to think, especially like one o'clock in the morning I come out and walk, there's no one looking at you, no one watching you (...) I've always done it even when I first became unwell I went to, often when I was living in a hostel I used to go to Finsbury Park and walk round there for hours.



*Photograph by Carl of London Fields*

Sara and Carl, like other participants, spoke of micro-spaces that function like therapeutic nodes in their territories. Sara described being consumed by feelings of “tension” at home that prevent her from relaxing there. However, she agentically disrupts and dissipates these feelings by going out into the open and walking along a familiar pathway to Hackney Downs Park. The park provides sanctuary and is a place to calmly engage in activities, like focusing on her breathing, that reduce the intensity of difficult emotions (McGrath & Reavey, 2015). Sara’s description of staying there for as long as required, from a few minutes to an hour, before returning home suggests that the park’s temporal contours, like the space itself are malleable. Carl, in a similar way to Sara above, describes using London Fields to modulate uncomfortable emotions. He explains that walking in the park “takes the pressure” off his head, which creates an image of him being able to relieve the compressing force of his emotions and stretch out. He also recalls walking in Finsbury Park for hours, which suggests that like Sara he is in a zone where time is more fluid (McGrath & Reavey, 2015). The expansiveness and fluidity available in the park appears to give Carl some space to think and perhaps apprehend his feelings. Carl states that he has always used the strategy of walking around parks to manage his emotions, even during especially challenging times. He conveys that the circumambulatory movements

create trails within his meshwork that he can inhabit and return to when his emotions threaten to overwhelm other life-spaces.

McGrath and Reavey (2016) highlight how the norms of everyday, public spaces necessitate that emotions are usually tightly locked behind a rigidly 'armoured' and embodied selfhood. Sara and Carl however, depicted entering fissures in public spaces where they seem able to gently unfurl and recalibrate their emotions. However, Carl indicated it is easier for him to do this late at night when no one is looking, perhaps because of norms that suggest difficult feelings should be managed in private, not public, spaces (Curtis, 2010; McGrath et al., 2008; Parr, 1997).

Furthermore, the general benefits of walking and moving from indoors to outdoors were also talked about. Some participants described feeling almost pushed out of the home by the strength of their feelings whereas others indicated that their emotions formed a barrier that blocked them from getting out. In the extract below, William describes finding it difficult at times to leave his home.

William: And for me it can be hard, sometimes it can be very hard because I know I will probably enjoy going exploring but it's difficult to get over that hurdle to actually get out there and do it.

Interviewer: And what do you think part of that hurdle is?

William: Up there [points to head].

Interviewer: And once you get out and you're walking what's it like then?

William: Good, on different levels, A: cause I do enjoy walking. B: I enjoy being nose-y and finding out things and C: good that I have actually done it and decided not to spend another day in bed.

William explains his sense that some days there is a psychological "hurdle", which gets in the way of him going out for a walk. In doing so, he highlights that

our emotional life is not contained within the mind but is distributed throughout space, recursively shaping our experience of it (Brown & Reavey, 2015; Ingold, 2011, 2015; Lewin, 1936/2015; Tucker 2010a). The hurdle stops him from exploring his surroundings and “finding out things”. Essentially his ability to enact his curiosity and forge pathways in and around his territory is curbed. William describes how this barrier is sometimes so impenetrable he feels stuck in a passive subject position and spends his day in bed. This indicates that the continual making and remaking of fluid, everyday spaces through habits and activities can be challenging, particularly when we are experiencing distress (Tucker & Smith, 2013). William reflects that on days when the barriers around him feel more porous, he experiences feelings of wellbeing as he moves outside and adopts an agentic subjectivity.

In the following comment Marie, like William, describes how the process of walking through an open space can help to alleviate painful emotions.

Marie: (...) I feel lifted, when I walk I feel like em if ever I've got a bad state of mind I've always found or if I've ever been upset about anything, I've always found all the walking I used to do, or I've ever done, has really lifted me and I just feel like wow [sweeps both arms upwards] you know! And I do actually feel like that, I just love being out in the open and I love walking (...) It sets something off in my body, and especially if I can walk at my own pace and do my own thing...

Marie conveys how walking generates an emotionally embodied sense of being “lifted” that is difficult to put into words. Her gesture of sweeping both arms upwards suggests that, similarly to Carl’s experience of walking in the park, she is able to metaphorically stretch out and disperse uncomfortable emotions (McGrath & Reavey, 2015). Marie’s observation of something being “set off in her body”, exemplifies that urban walkers are not disembodied pedestrians but engaged in a multi-sensual process (Adams & Guy, 2007; Ingold & Vergunst, 2016; Middleton, 2010). Moreover, Marie draws attention to how walking can also recursively shape a valued agentic subjectivity through her reflection that setting the pace and thus doing her “own thing” increases her enjoyment.

3.3.2.2. *Weaving*: This second sub-theme represents how some participants also have micro-spaces in their personal territories that they visit when they wish to reflect or generate feelings of peace. Participants portrayed these places as personally significant landmarks that have become woven over time into their life spaces.

A number of participants reflected on how certain spaces are important as they facilitate a calming sense of being at ease in the world. Here, Sara describes a spot right in the middle of Hackney where she can sit alone and be a part of the environment around her. The focal point of this micro-space is a number of palm trees within a busy square by a main road:

Sara: Many times I'm coming from my house just to see them [palm trees]  
Just to see them, in the summer time I stay around the way.

Interviewer: And can you tell me a bit about how you feel when you are there?

Sara: I feel so nice because it's my friends, it's my special time when I see them. Just watching them and stay underneath of them around the way, just watching them and looking and drinking coffee and tea and just watching them.





*Photograph by Sara of the Palm Trees in Hackney*

Sara routinely walks to the palm trees as she enjoys looking at them while drinking tea or coffee. These everyday practices illustrate Sara's ability to 'rewrite' part of the city (De Certeau, 1984/2011) and create a personal grounding point in her meshwork. Sara describes the trees as her "friends" as if to emphasise the importance of the spatial connection they represent. Although the part of Hackney the trees are in is crowded, over time Sara has autonomously shaped through her habitual movements a peaceful place where she can repeatedly generate "nice" feelings. She refers to the time she spends by the trees as "*my special time*" [emphasis added], which also suggests that she has a valuable sense of control over her experiences there. Sara's production of this micro-space supports Pinfold's (2000) argument that service-users' spatialised subjectivities are too fluid to statically occupy binary positions such as 'integrated' versus 'isolated' or 'active' versus 'passive'. Instead, individuals' feelings of inclusion and exclusion are likely to fluctuate within the meshworks that they move through.

In the extract below, Marie, similarly to Sara, describes her experience of a micro-space within the city's fabric that fosters feelings of peace:

Marie: There's a path on the way to Camden (...) It's well past Kings Cross, but there's a bit and I should have taken a photo of it actually, it

would have been good, cause it's not the first time I've sat there and it looks like grass and it's right where the canal is and it's buzzing with people literally and people are sat there with their shoes off and really enjoying the weather and I've been there a couple of times on my own and there was some guy and he was playing all this really good music and I was sat there and I was like yeah, loving life, this is beautiful and I was really chilled and after a couple of hours I went off and done my thing.

Marie depicts how she can situate herself comfortably in a public space that is “buzzing” with people. She describes feeling “really chilled” and sitting there for a few hours. Unlike participants in Knowles’s (2000a, 2000b) research doing so does not require her to flatten her subjectivity or rigidly insert it into the space. Instead, there is a strong sense that Marie’s relaxed emotional state is recursively shaped by the malleable spatial-temporal context (McGrath et al., 2008; Tucker, 2010b) where she is not being positioned or having to perform. The space is reminiscent of the places of respite and freedom, such as cafés and city squares that service-users in Parr and Philo’s (1995) research accessed. Marie recalls “loving life” and feeling aware at the time that she was enjoying a “beautiful” moment. Her description conveys that there are knots within the meshwork she has forged, which provide sanctuary from some of the oppressive boundaries she earlier described encountering in her personal territory.

Other participants, as Jacob and Carl demonstrate below, described accessing peaceful places that help them to engage in spiritual forms of contemplation.

Jacob: Well another place of relief is the synagogue, which I took a photo of, where a prayer which has brought a lot of meditation into the way I pray ... Praying is not only praying, it's meditation, concentrating, fixing your eyes, and you're completely away and you're meditating to a different environment, you're meditating to God (...) which is really a spiritual higher, where you lift yourself up to a spiritual level...



*Photo of synagogue by Jacob*

Carl: Inside you tend to have your telly on or your music and you can't focus but if you're outside it's just peaceful, it's just quiet and there is time to look up at the sky .. For me I believe in God and I ask God why ... It's just much more, it's a nice atmosphere, it might be a bit cold but there's no noise, no traffic, cause at that time of the morning when I come out there's no traffic like that, it's peaceful. (...) So, yeah it gives me a chance to reflect. Sometimes I might even sit here and pray.

Jacob describes the synagogue as a “place of relief”. He emphasises that the ritual of praying he engages in when he is there is also a form of meditation, which requires “concentration”. He constructs this embodied experience that he enacts in his everyday world as lifting him to a “higher, spiritual plane”. Ingold (2015) posits that discussions about religion have been hindered by questions of belief: “This is to think of the religious imagination as a power of representation, of giving form to appearances or dressing a world already in place with images of the divine... It has nothing to do with holding beliefs *about* the world and everything to do with corresponding *with* it” (p.155). This focus on religion as a dynamic, spatialised practice, involving growth and movement, highlights how Jacob is not simply entering a ready-made “place of relief” but is actively and repeatedly weaving it into his own unique meshwork.

In the second extract, Carl explains that he regularly goes to London Fields early in the morning to reflect and sometimes pray. Carl's narrative shows that he is attuned to the park's atmosphere. He draws attention to its quietness and how, unlike his home, it is free from distractions and open to natural elements of the world. Peacefulness pervades the picture of the park that he develops. He, like Jacob, expresses an agentic subjectivity that corresponds with the space. By describing looking up at the sky and sitting down on a bench to pray he shows how he is knotting himself into a landscape where he can engage in a spiritual communion. Religion and spirituality have been shown to facilitate meaning-making and help people cope with traumatic events (see Cooper, 2012; Weaver, Flannelly, Garbarino, Figley & Flannelly, 2003). Carl and Jacob both highlight the peacefulness that spiritual practices can foster but also how spirituality can suffuse surroundings, which they agentially activate by laying lifelines in and around them.

The two themes in this section have aimed to show the complexity of participants' personal territories. Participants described experiencing difficult emotions and encountering boundaries that restricted their movement and sense of agency. However, they also described creating fluid meshworks of belonging in their everyday landscapes and activating micro-spaces that help them to modulate their distress and generate peaceful feelings. In the next section participants' experiences of WnT and its impact on their relationships to space will be considered.

### **3.4. Wider Worlds**

#### **3.4.1. Walk and Talk: A Fluid Connectedness**

During the interviews, participants constructed WnT as flexible and providing opportunities to form meaningful connections with others and move beyond restrictive boundaries. The phrase 'a fluid connectedness' reflects core foci in participants' narratives relating to WnT. In the following section WnT's fluid

connectedness will be explored in relation to two sub-themes: 'Choosing' and 'Connecting'.

3.4.1.1. *Choosing*: All participants spoke of WnT as an experience that does not place pressure on them and fosters active participation. Their descriptions conveyed that they value having the freedom to choose when they attend and if they talk.

Carl: It's just a friendly group, it's a nice group, I've never, you know, no one there's judgemental, if you can't make it one week, there's no "oh well you can't make it, you can't come next week" or you don't want to come one week, they don't judge you, they just take you as you come, if you can't make it, you can't make it.

William: You turn up when you turn up, there is no pressure at all (....) There's no compulsion to go, there's no compulsion to talk either, you'll get those who want to talk and those who are just quite happy to be on the outside and get out and just get a little bit more of society.

In the extracts above William and Carl's emphasis on WnT involving no pressure and no compulsion indicates that it creates room in which to assert control. Carl expresses appreciation that WnT does not judge or penalise him for making the choice not to attend but instead is malleable enough to accommodate the decisions he makes. WnT members can attend the group for as long as they want to, as it is ongoing. This means it can become a consistent part of their weekly routine that, like other habits, gives form to their life-space (Tucker & Smith, 2013). However, it is also temporally flexible as members have the power to decide whether to attend each week. The combination of flexibility and consistency appears to underlie participants' conceptualisation of WnT as an open life-space that affords room for possibilities and the enactment of acceptance.

Brown and Reavey (2015) propose that agency is not something that is either possessed or not possessed. Instead, they describe it as perpetually in flux and

expanded or dilated by, “the relational possibilities for action offered by life-space” (p.89). Participants indicated that the temporal consistency and flexibility that marks WnT, combined with an ability to move through open space, facilitated fluid conversations, which they had a sense of control over. In the extracts below Marie and Carl describe being able to literally and metaphorically move at their own pace when talking:

Marie: You may not really feel like talking too much about whatever so at least you can walk off and you know when you're on the Walk and Talk difference is you can walk off from someone, if you are not enjoying the conversation they are giving you (....) you can walk off and go and change that around...

Carl: On Walk and Talk you can walk, you can stop, you can chat, there's no set times so you might start to talk about something and then realise five minutes later you didn't quite finish it so you can carry on or next week when you go to the group (....) you can finish it off.

Marie explains that WnT, by allowing her to manage the interactions she has with others on the group, accommodates her subjectivities. For example, if she does not feel like talking too much she can focus on walking and if she is not enjoying a conversation she can easily disengage from it. The sense of embodied agency she gains from this is highlighted by her comment, “you can walk off and go and change that around”. Carl also emphasises that WnT gives him the freedom to determine the flow of conversations by explaining that he can start, stop or continue later. He points out that there are no “set times” and suggests his dialogue with others can therefore be more open-ended rather than fitting into a fixed framework. Ultimately, WnT appears to be a space that generates possibilities for participants' lines of wayfaring to be knotted in ways which foster feelings of agency.

Participants also explained that they have the freedom to discuss varied topics on the walks:

Sara: You can talk about your problems, no judgements .. Someone talking about something else, someone laughing, talking about other things (....) Something happy, something different than problems.

Marie: We talk about everyday things (....) A couple do talk about their problems, here and there, but a lot of people don't talk about their problems.

Sara describes feeling able to talk about her “problems” during WnT but also emphasises that it is possible to talk about funny and “happy” topics. Similarly, Marie points out that the conversations group members have normally centre on “everyday things” rather than exclusively on “problems”. Davies and Harré (1990) argue that the varied discursive practices individuals participate in continually constitute and reconstitute them. As discussed in chapter one, mental health service-users often have to negotiate stigmatised identities that can cause them to feel depersonalised, rejected and disempowered (Berzins et al., 2003; Evans-Lacko et al., 2013; Pilgrim, 2014; Sayce, 2000). Thus, the power that participants have on WnT to discuss “everyday” topics perhaps fosters opportunities to challenge oppressive boundaries created by stigma and express different, preferred aspects of their selfhood.

Many participants contrasted WnT with their experiences of accessing mainstream therapeutic interventions such as individual therapy. In the extracts below, participants describe how the frameworks governing their conversations with mental health professionals feel less flexible and restrict the expansion of their meshworks:

William: Yeah, I've had counselling before .. It had it's good points but you know it was only for ten weeks and sometimes you wouldn't necessarily feel that keen particularly on talking, um, as I say you only get ten weeks of it and then you're back on, you're not recovered or anything.

Jacob: Well I have to bend, I have to bend to these, to certain situations which they understand (...) I have to be able to talk about things they understand, not things that I understand...

Sara: It is closed and they make questions about something bad, that remind you about something ... It's not so, not nice .. It's different .. it's closed (....) They try to help .. but I leave feeling very upset.

Altogether, William, Jacob and Sara's descriptions develop a picture of therapy as a space that consists of fixed boundaries (Sennett, 2010) that are not always fluid enough to accommodate their subjectivities. William explains that when he accessed therapy he did not always feel like talking and indicates the duration was too short to facilitate sustainable change by referring to it twice as "only ten weeks". His comments suggest that though therapy has "good points", it is marked by a problematic temporal rigidity. Sara depicts the clinical setting as "closed" and unpleasant, while Jacob develops an image of entering a space so narrow he has to adjust himself in order to fit. Of interest, is the words "bend" and "closed" which could be describing therapy as involving entering a life space experienced as compressing rather than expanding personal agency. Overall, agentic subjectivities that participants draw upon to create meaningful meshworks and alleviate difficult feelings in their personal territories seem to be hindered in clinical spaces.

The material clinical spaces that therapy takes place in were also depicted by participants as restrictive, as reflected in the following extract:

Interviewer: Yeah, and this might be a tricky question but what it's like actually sitting in the room, if you were to describe it?

Carl: Very close, very uncomfortable, like when you sit in a doctor's surgery in a small room ... The boundaries sometimes, you know what I mean, just very close to each other (...) Some people might feel .... that they don't want to be so close to somebody.



Interviewer: Yeah, and do you feel walking around is comfortable?

Carl: Yeah, it feels different (....) It's easier to talk about things so when you're a psychologist or a psychotherapist or whatever you're stuck in a room. I know they can't walk and talk with you, they can't but it's like a small room and it's not the same (....) You know your boundaries feel quite closed.

Here, Carl appears to have little power to negotiate the space between himself and his therapist. He expresses that the small room his therapy sessions took place in felt overly intimate and "too close". Carl's experience of sitting so physically close to his therapist seems to generate feelings of being "stuck" and "uncomfortable". He suggests that this closeness hampered rather than opened discussions. The tightly demarcated physical "boundaries" of the room can be seen as mirroring the temporal and conversational boundaries participants described encountering during therapy. Together, they appear to create an impermeable space in which it is difficult to disperse and modulate uncomfortable emotions like Carl described doing earlier in more open spaces within his meshwork. Overall, there is a strong sense that the layered absence of porosity in clinical environments produces an affective atmosphere (Anderson, 2009), which can feel uncomfortably intense.

3.4.1.2. *Connecting*: This sub-theme conveys participants' descriptions of WnT as facilitating the formation of relational connections with others that open and enrich their life-spaces.

Marie: And I remember (....) being so happy and elated and it might sound strange to people but I was kind of meeting up with people again and getting friends and I thought this is nice, I'm going to come back to this (....) It was almost like I done wooh some big skip...

Carl: Yeah, when you live on your own you get bored sometimes, you don't wanna cook, you don't wanna get up, you don't want to do things, so it's nice having a bit of social time together (....) it's nice, the socialising.

Both Marie and Carl's comments suggest that they are energised by interactions they have with others. Marie conveys the embodied activating force her feelings of happiness have by comparing them to a "big skip". While Carl, by depicting how difficult it can be to feel motivated when living alone, illustrates the sense of vitality he gains from being around others and having "social time". Such comments show that participants valued being able to access a life-space where they could both affect, and be affected by others, in the here and now. The stifling feelings of relational stasis that enfolded other life-spaces within their personal territories appear to be dislodged during WnT, thereby fostering room for sociality. The importance of spaces that ease isolation and provide opportunities to weave one's self into a social world is echoed in other research carried out with service-users (see Chase, 2011; Pinfold, 2000; Tucker, 2010b;). Graham, Hodgetts, Stolte & Chamberlain (2016) highlighted that the emplaced social practice of a weekly evening meal in the community formed a sustaining "enclave of care" (p.11) for service-users, which generated feelings of agency, solidarity and a sense of community.

Participants described different factors that they conceptualise as underpinning the relationships they have formed on WnT. One key factor is the length of time they have had in which to connect with each other:

William: I guess continuity is good, yes that you can carry on four years after you were meant to stop coming along (laughs). (...) And people do know each other and are quite supportive of each other and friendly to each other (...) Compared to other things it's easier to talk, because you've been with most of them for three or four years.

Sara: Because we have been friends for a long time, no problem to talk about anything, no problem to laugh, no problem to nothing.

Here, William and Sara both indicate that the bonds they have formed with other WnT members over time are supportive and facilitate meaningful communication. As William states, "continuity" and possibly the sense of trust it can promote

makes it easier to talk. Their comments highlight how routinely engaging in a shared activity means that the lines they lay can become tightly knotted with those of others in live ways that foster friendships. Smail (1987/2015) commented that though loneliness underlies much emotional distress, 'friendship' is a form of relationship little discussed in clinical literature. More recently, Ferlander (2007) has argued that the dominance of broad concepts, like 'social capital', has subsumed more specific explorations of relationships such as friendships. However, participants' narratives continually emphasised that their friendships with other WnT members were a fundamental reason why WnT was experienced as a therapeutic node in their meshwork.

For participants in this study a further, core factor identified as underpinning the connections they had formed was reciprocity. In the following extract Jacob illustrates how reciprocal relationships generated during WnT, have created a therapeutic milieu in which people are able to offer authentic support. He describes how speaking with another WnT member about the grief he experienced after his wife's death developed a sense that his pain was not simply understood, but *felt* by another person who is part of his present life-space.

Jacob: They [WnT members] understand the loneliness. Take X, she said to me I understand (...) she grabs a pillow sometimes, she was telling me about herself, now a Social Worker would never tell you about herself would she? X has also lost her husband, she grabs a pillow because she still feels the lack of the love of her husband (...) There are very few social services people who've got the heart is inside you like X (...) Social services can understand your pain but the person who is your friend feels your pain. This one understands it and this one feels it, feels your pain.

The idea that someone has been willing and able to feel Jacob's emotional pain seems to have moved and stayed with him. Jacob's emphasis on how the WnT member shared information about her grief, suggests that an integral aspect of this process of *feeling* was having someone reveal and entwine their pain and "heart" to his. His comment that few social workers can have "the heart inside you" draws attention to how friendships are normally less restricted by social

boundaries than relationships between professionals and service-users. Furthermore, Jacob implies that the porosity of relational boundaries between friends allows flows of empathic emotion to circulate and pervade corporeal boundaries more easily. The image of fluid relationality connects with Ingold's (2011; 2015) conception of individuals' emotional lives as growing and entwining through lines with those of others as opposed to statically residing within a psychological interiority. It also contrasts with the profound isolation that was evoked in Jacob's descriptions of his home-space, where his lifelines seemed blocked from knotting with those of others in the everyday landscapes around him.

In the extract below, Marie reflects on her encounter with a therapist to illustrate how the absence of reciprocity in her meetings with mental health professionals feels strange and unhelpful:

Marie: If you were you know like with a psychiatrist ... Obviously they would listen and they are listening ears but they don't kind of ever I don't feel you get much back from them (...) It's not only the psychiatrists ... The person I used to see at the doctor's her name was X and I'll never forget she said to me at the end of it "so what do you think of it Marie?" So I said "rubbish", I said "you're not rubbish but the whole thing is", I didn't feel like .. like I'd been helped with anything cause I'm just talking, talking and I might as well have held a mirror there [gestures to her face] and spoke to the mirror because I don't feel like, I said "you're sitting there not responding to me".

Marie's statement that she might as well have talked to a mirror strikingly conveys a subjective experience of being isolated during therapy and echoes the image she created earlier of being completely cut off from the world beyond her window. In addition, her image of psychiatrists as functional, disembodied "listening ears", which are somehow separate from the human, also conveys that the relational context during her meetings with them was experienced as slightly odd and unsettling. A key issue is that Marie feels her communication with mental health professionals flows one-way: it is received but not meaningfully responded

to. The reason that therapy is perceived as “rubbish” is related to the counsellor’s lack of responsiveness. Marie’s description of the counsellor as “sitting there not responding to me” depicts a stillness and silence in the encounter that left her feeling frustrated rather than supported. It is a static image that contrasts with the pictures of vital sociality participants evoked in their accounts of walking and talking with others during WnT. Overall, Marie, like Jacob, emphasises the importance of being able to build relationships that foster a sense of weaving one’s self into the present world rather than residing in a socially disconnected sphere.

#### 3.4.2. Out of the Ordinary: Exploring Together

The final main theme considers how through participating in Walk and Talk participants regularly move out of everyday or ordinary spaces into new spaces. It represents how participants spoke of accessing a collective power that enabled them to enrich their territories and expand their collective meshworks. This theme will be considered in relation to two sub-themes of ‘Resisting’ and ‘Expanding’.

3.4.2.1. *Resisting*: Several participants discussed how it feels difficult to move beyond their usual circuits and personal territories. There appeared to be two main reasons for this. Participants described feeling unsafe when they ventured into new areas alone (as depicted in the quote from Carl), and spoke of how certain places seemed exclusionary (as described by Jacob).

Interviewer: And another thing I was just wondering is, you know like walking into a different area, say going out of Hackney...

Carl: I’m cautious. I’m very wary yeah.

Interviewer: Why do you think you feel cautious?

Carl: Because every area has got its different troubles and different things and I’m just wary where I am, if I’m alone somewhere different I won’t intend to take money out (...) I always watch my back and look around

and see if anyone is coming. It's just a thing, I think there's this barrier we get up, I don't know, potentially, caution.

Jacob: All our society is built like that. You know we go to a church, this is where the priest goes and this is where this one goes and you have to go here. Everything is made, I may go where you may not! So I am superior to you!

There is a strong sense from both Carl and Jacob that when they visit different places they encounter complex barriers that exclude them from exploring. Jacob's description illustrates how societal hierarchies demarcate who is and is not entitled to enter certain territories. He notes the pervasiveness of these boundaries, stating "all our society is built like that". Borden (2001) echoes this in his contemporary analysis of urban planning: "Thus while dominant boundaries between social groups may now be disappearing, they are also being replaced by new scarcely visible limits demarcating centres of power" (p.2). Furthermore, Carl explains that feelings of cautiousness related to a fear of crime also make it difficult to enter certain spaces. Service-users often run a high risk of being victims of crime not least because they are likely to live in contexts with high crime rates (Pilgrim, 2014; Rogers & Pilgrim, 2014). The barrier that Carl forms to protect himself seems to impede his ability to move around freely and fluidly, like he described being able to do in sections of his personal territory such as London Fields. Instead, to remain safe, he must regularly look around and remain guarded. The restrictions he and Jacob describe reflect why it can be difficult for participants to extend the pathways that mark their meshworks.

However, as demonstrated by Sara, some participants spoke about gaining a sense of collectivised power through WnT that assisted them in feeling more comfortable and able to explore.

Interviewer: So, if you go into a new area and you are walking around ..  
(Sara: I don't like) You don't like?

Sara: Mmm hmm

Interviewer: Do you ever do that?

Sara: I do sometimes, but no, I don't like.

Interviewer: Okay, and when you go a new area with the group does that feel different?

Sara: With the group I never mind. When I'm with the group, I've got people, we look like family, I never mind. But on my own I don't like (...)  
With the group you feel more confident, you are together.

Here, Sara explains that when she is alone she does not like moving beyond the familiar pathways that she has forged in her personal territory. Yet her comments "with the group I never mind" and "you feel more confident", indicate, however, that when she is with WnT trying out new routes feels easier. Sara's description that the group looks like a "family" is interesting, as the WnT members look diverse in their appearance. It could be that Sara chooses the word "family" to highlight the strength WnT members have when they come together. Altogether, this emphasis on how being with others bolsters her ability to enact agency, conveys the powerful forms of mutual support people can gain from making interpersonal connections (Afuape & Hughes, 2016; Moane, 2011). By moving together, they are able to expand their meshworks and draw lines through boundaries into new areas.

Jacob explicitly names the collective power WnT members have in the following comment:

Jacob: The group has got a power, it's a part of Hoxton, it's a part of Hackney, we got into parliament, the MP took us around, you know what I mean? We went into the chambers and everything else, of course we did, we wouldn't have got into such a place without it.

The power that the group has to move into places, which are normally difficult to access, such as the Houses of Parliament, exemplifies their capacity to resist exclusion. Jacob expresses that “without” this power they would never have been able to enter such a space. He also suggests that this collective power partly stems from the group’s localised sense of community, describing them as “a part of Hackney”. Like Sara’s comment that they “look like a family” it highlights that participants perceive WnT as more than a walking or mental health service user group. Foucault (1985/2012) proposes that it possible for individuals and groups to resist and subvert stigmatised identities. Sara and Jacob’s conceptualisation of the group identity as one that relates to place and mutual support, rather than mental health, may be an example of such resistance.

In the extract below, Marie voices her opposition to the use of mental health labels that might stigmatise group members:

Marie: Cause I think a lot of people as well ... which really annoys me, they tend to think .. like X (WnT member) will have a little joke and say “oh, you know cause we are all mad!” And, I’ll say “no, not everybody is mad” .. And I say “there’s a lot of reasons everybody is here, it’s not the case, people...” What is mad? What is normal? (....) It’s all different reasons for people being there. It’s not good to say “oh, there’s something wrong with us” ... It’s a little bit .. I don’t believe that .. So, we might be a bit eccentric a few of us! [laughs] But that’s it.

Marie challenges the idea that WnT members are not “normal” and have “something wrong” with them by noting the diverse reasons they attend the group. She also stresses her refusal to joke that WnT members are “mad”. Constructions of “madness”, as Pilgrim (2014) explains, since antiquity have consistently entailed stereotypical, disparaging descriptions of violent and irrational behaviour. Marie’s reflection on why she has decided not to use the word emphasises that the heterogeneity and uniqueness of WnT members should be recognised rather than overshadowed by potentially disempowering labels. This power that WnT members have to shape their group identity may



recursively fuel the power they have to explore and expand the world around them.

3.4.2.2. *Expanding*: Most participants spoke about how much they enjoy expanding their territories when they walk with the group. They described visiting special places that are stimulating and break the monotony of everyday life. Their descriptions highlighted how the enfolding of difference into present life-spaces can generate positive psychological experiences.

Participants expressed their appreciation that the walks vary and allow them to move through and see new, novel places:

Sara: You know, there are different special places you know, different parks, different museums, different markets .. And many things you know, going to Kew Gardens, many, many, new things that I did not know before.

Marie: I never really entered the canal before, before the groups I never used to use the canal on a walk (...) X [one of the WnT leaders] has took us to so many places that we've been like, it's been really, he's enlightened me in lots of things I should have know, cause I've been all my life round here, but never along the canal (...) My husband used to say, 'Oh, you go past Dalston and Marie falls off the edge of the world!' [laughs]

Sara and Marie, in the extracts above, describe how their knowledge of the city has been expanded. Their comments are illustrative of several other examples where participants talked about going to interesting places with WnT that they ordinarily would not go themselves. Sara's list of the "different, special" places she has visited conveys that her personal map of London is proliferating and growing. The agentic subjectivity that she drew upon to forge pathways in an initially unknown area appears to be facilitated during WnT, thereby supporting her to lay lines in new contexts. Similarly, Marie's reflection that she is now going over "the edge of the world" indicates that the environment she inhabits is widening. As she explained in the theme 'Activating Spaces', the canal is now a place that she can comfortably walk along alone and activates peaceful feelings

which she has recursively woven into her personal territory. This suggests that the different trails participants forge when they are walking with WnT can over time enrich their meshworks.

Some participants described how visiting and exploring new places with the group can help to alleviate distressing psychological states that they experience in their personal territories:

Jacob: It [WnT] makes me feel, it's a different surrounding. You go out of the house (...) which is very important every day to get out of the house and not spend all day brewing about your life, that you're sad, you're on your own (...) When I'm in the house I'm really sad, I like to get out on to the waterways with the boats and everything else (...) It gives you a different em ... I don't think it makes you forget, it just breaks the monotony of just thinking all the time of the emptiness of the thing.

Sara: So, now when I walk with these people I'm more happy when I walk myself. Before, I was more upset, every time the same thing but now I wait for people to meet. My friends.

Interviewer: What does going on the walks with WnT mean to you?

Carl: Exercise during the day instead of sitting indoors and feeling sorry for myself, you know 'what to do today?'

Sara, who earlier, depicted the comforting familiarity of sameness, points out here that unrelenting sameness can however cause feelings of distress. She describes feeling "more happy" walking her usual routes now that she knows each week she will have the opportunity to move beyond them with friends. Carl and Jacob, also both convey how being on WnT regularly helps them to move out of contextualised feelings of solitude and stasis. Carl, for example, conceptualises WnT as a form of exercise that prevents him from sitting indoors. The knowledge that he has something different to do that day appears to shift feelings of sadness and boredom. While Jacob describes how being with WnT

breaks the emotionally oppressive monotony of “just thinking all the time of the emptiness of the thing”. The “thing” he refers to is possibly his life or his home-space. He highlights that moving to “different surroundings” can help to dissipate difficult thoughts and feelings, which ‘brew’ and saturate his subjective experience when he is at home. Overall, participants’ descriptions convey that anticipation of a future containing pleasurable differences, such as visiting an interesting place with friends, can increase feelings of wellbeing within one’s present life-space. This sense of difference and actively moving lines outwards contrasts with the images of being stuck and fixed, which participants talked about experiencing in ‘Everyday Landscapes’.

### **3.5. Conclusion**

This chapter has analysed and discussed findings in the data through a framework composed of two interrelated sections, ‘Everyday Landscapes’ and ‘Wider Worlds’. The ecological framework was explicitly guided by Lewin’s (1936/2015) ‘life-space’ and Ingold’s (2011; 2015) ‘meshwork’ theories.

In summary, the themes within ‘Everyday Landscapes’ illustrated that participants inhabit complex and unique meshworks. These meshworks are imbued with memories and contain familiar circuits as well as malleable spaces which participants described using to modulate uncomfortable emotions. Participants depicted gaining a sense of belonging and shaping these spaces through the enactment of agentic subjectivities that resisted marginalisation. However, participants also described encountering oppressive boundaries and inhabiting micro-spaces marked by an emotionally draining sense of stasis and isolation. These themes engage with research question 1 by exploring the subjective experiences that participants have when walking alone. For instance, it is shown that participants felt a sense of connectedness to the local spaces that they moved through. However, it is also highlighted that participants’ subjective experiences are complex and walking through their local area generated painful feelings of loneliness. Finally, walking alone in certain places like parks was often an active way to disperse feelings of distress.

In the section 'Wider Worlds' WnT was described as providing a fluid and relational space. Participants' accounts conveyed that it was experienced as an open, unpressured environment that could accommodate their subjectivities and generate reciprocal relationships. The flexibility of the environment was contrasted with clinical spaces that were often experienced by participants as rigid and confining. WnT was also depicted as a supportive space that generated a collective sense of resistance. This collective resistance helped enable participants to move through boundaries into new locations, thereby expanding their meshworks. Moreover, participants highlighted that the process of forging new pathways and connecting with others was a meaningful experience.

Altogether, the themes in 'Wider Worlds' relate to research questions 1, 2 and 3. The theme 'Out of the Ordinary: Exploring Together' illustrated that participants accessed a sense of collective power when walking with the group. It also shows that they viewed the locations they moved through together as interesting and enriching their personal territories. The theme 'WnT: A Fluid Connectedness' highlighted that being part of WnT alleviated the loneliness participants described experiencing in their personal territories. This theme also demonstrated that WnT was viewed by participants as different from other mental health services, due to the sociality and malleability that characterised it.

## **4. SUMMARY AND CONCLUSIONS**

### **4.1. Overview**

In this chapter, the key research findings are summarised and considered in relation to relevant literature. Following this, the implications of the findings for clinical psychology will be outlined. Lastly, a critical evaluation and final reflections are presented.

### **4.2. Summary of Findings**

The overarching aim of the study was to explore the perspectives of service-users who regularly attend a WnT group based in east London. Moreover, it sought to understand what service-users find therapeutic about WnT and how they feel it relates to their experiences in other locations.

It has been argued that participants inhabit meshworks in which they actively shape routes of belonging and micro-spaces that foster states of wellbeing. It was also highlighted, however, that complex boundaries, formed through oppressive macro forces and the pain of missing others, can constrict these meshworks and create distress. WnT appeared to form a relational space that supported participants in rendering borders more permeable. Below, the main themes and some of the interconnections between them will be summarised in relation to relevant literature.

#### **4.2.1. Missing to Connecting**

The findings were viewed as fitting an analytical framework composed of 'Everyday Landscapes' and 'Wider Worlds' that contained several interrelated themes. The sub-theme 'Missing' in 'Personal Territories: Belonging and Loss' suggested that many participants experience feelings of distress related to social isolation and missing absent others. However, the themes 'Choosing' and 'Connecting' within 'WnT: A Fluid Connectedness' indicated that being with the

group helped to alleviate loneliness by facilitating the fluid formation of new relationships, which enrich and expand participants' meshworks.

Participants emphasised the importance of long-standing friendships they have formed with other WnT members and the mutual empathy and support they provide. This sustained sociality was considered an essential element of what makes WnT therapeutic. The focus on relationships supports other research that has suggested social networks formed during walking groups can contribute to emotional wellbeing (e.g., Holmes & Evans, 2011; Iwata et al., 2016; Priest, 2007; Roe & Aspinall, 2011). Participants also highlighted that WnT's temporal malleability is a vital factor underlying the group's sociality as it creates a setting in which it is possible to build friendships over time. This is in line with Priest (2007) and Holmes and Evan's (2011) studies, which also found that group walking outdoors can create a relaxed environment that facilitates bonding with others and engaging in more open conversations.

The ways that the fluid sociality generated through WnT relates to other spaces that participants inhabit was also explored. Firstly, participants contrasted it with their experiences of clinical settings, which were depicted as rigid places in which it can feel difficult to express different viewpoints and engage in reciprocal communication. William, for instance, described the short-time period he had in which to 'recover' and Carl spoke of feeling like the 'boundaries' between him and his therapist were too close. Correspondingly, other studies have found that it is difficult for service-users to describe complex emotions and express agentic subjectivities in mental health clinics due to factors such as circumscribed timeframes and fixed lines of questioning (Chase, 2011; McGrath & Reavey, 2016). The uncomfortable feelings that some individuals experience in clinical sites may help to widen understandings underlying research that suggests walking outdoors creates a more therapeutic environment (e.g., Holmes & Evans, 2011; Jones et al., 2016; Priest, 2007).

Secondly, participants discussed experiencing a sense of relational stasis in intimate micro-spaces within their everyday landscapes. Drawing on Lewin's (1936/2015) life-space model, it was highlighted that the fullness of past relations

in the present coupled with oppressive macro forces can make it difficult to shift feelings of isolation. Jacob, for instance, conveyed how factors like age-related stigma have converged with the loss of his wife and drained feelings of vital relationality from his home. In addition, Neil, spoke about how his limited employment and housing opportunities, often fix him in a longed for past. Participants indicated that walking with the group had enabled them to move from a position of 'missing' to 'connecting'. Yet, the ongoing oppressiveness of socio-material barriers, like stigma and low socio-economic capital, highlights how strongly structural inequalities mark their personal life-spaces. This points to the importance of considering the therapeutic benefits of WnT groups through holistic frameworks that can also acknowledge the detrimental impact of wider social injustices. However, much literature on walking embeds its explorations in individualistic bio-cognitive frameworks (e.g., Berman et al., 2008; Marselle et al., 2013), thereby obscuring the socio-political aspects of service-users' distress (Boyle, 2011; Friedli, 2009; Harper & Speed, 2014; McGrath et al., 2016; Smail, 2005).

#### 4.2.2. Belonging to Expanding

The sub-themes 'Belonging', 'Opening' and 'Weaving' in 'Everyday Landscapes' highlighted how participants have creatively and actively forged lines of wayfaring in their meshworks. However, the sub-theme 'Resisting' in 'Out of the Ordinary: Exploring Together' illustrated that these meshworks can become blocked by socio-material forces. Facilitating collective processes of 'resisting' and 'expanding', WnT was shown to help participants expand and enrich their territories.

In the sub-theme 'Belonging', William and Sara discussed how they have transformed initially anonymous parts of a homogenous cityscape into local meshworks of belonging. Other participants, like Carl, described how they have created trails within their meshworks that they return to when they wish to modulate uncomfortable emotions. These findings stand in line with spatially oriented literature that has conveyed the diverse ways service-users resist marginalisation and produce meaningful grounding points in urban landscapes (Knowles, 2000a; McGrath & Reavey, 2015; Parr, 1997; Pinfold, 2000; Tucker,

2010b). The focus on agency also arguably challenges linear models of walking and wellbeing. Participants did not walk through settings that mechanically reduced mental health symptoms by altering bio-cognitive systems (Berman et al., 2008; Crust et al., 2013; Hartig et al., 2003; Marselle et al., 2013) but recursively engaged with their surroundings.

Although everyday environments contain spaces in which they can adopt agentic subject positions, participants' accounts also highlighted barriers that restrict their agency. For example, fears of crime were mentioned and an awareness of social hierarchies that dictate who can go where. Such boundaries illustrate how structural inequalities that are mentioned in much critical literature (e.g., Kinderman et al., 2013; Moloney, 2013; Pilgrim, 2014; Wickham et al., 2014) pervade environments and make it difficult for service-users to explore new places. It perhaps also indicates why some of the studies discussed in chapter one noted that an aspect of walking groups which many service-users particularly appreciated was the opportunity to visit novel places (Iwata et al., 2016; Priest, 2007; Roe & Aspinall, 2011). In this study, part of what enabled collective 'expanding' was the power that participants had when they were together to challenge stigmatised identities. Marie, for instance, asserted that WnT members are not 'mad' and Sara explained they are like a family. Altogether, such accounts indicate that walking groups in urban locations can foster therapeutic opportunities to disrupt restrictive boundaries and oppressive mental health identities.

Consideration of the interconnected sub-themes described above, illustrates that urban locations contain varied places that walking groups can explore. Jones et al. (2016) indicated this in their study when they showed the therapeutic ways that service-users related to Woolwich Common. Roe and Aspinall (2011) also noted that an urban walk contained interesting historic features. Participants in this study frequently reflected on how WnT has assisted them in extending the lines of wayfaring that they had creatively laid in new areas. Marie, for instance, described the pleasure she has gained from getting to know the area along the canal. In addition, Sara reflected on how much she enjoyed exploring with others 'different', 'new' places that lie beyond the habitual routes she has carved into her



neighbourhood. Thus, although urban landscapes are often depicted as stressful environments (Berman et al., 2008; Parr, 2008; Priest, 2007), participants demonstrated ways that they can help enable therapeutic forms of exploring. Participants' accounts suggest that the focus on nature and exercise in much literature obscures understandings of how service-users create meaning in their everyday environments and innovative ways that urban walking groups can support these processes.

#### 4.2.3. Conclusion

In this study participants conveyed the complexity of the environments that they inhabit. During the interviews they described unique meshworks, in which they have forged pathways that resist marginalisation: moving in and around nodes of belonging. However, they also depicted feelings of loneliness that they experienced in their environments and the painful barriers, which structural inequalities and loss created around them. WnT was viewed as a therapeutic space for two key reasons. Firstly, the weekly explorations that it involves challenged socio-material boundaries and enabled the collective expansion of meshworks. Secondly the temporal-malleability of WnT has fostered the formation of sustained, meaningful relationships. Participants' accounts of WnT also captured the difficulties they have experienced in gaining therapeutic support within formal mental health settings and the importance of spaces that foster collective resistance. Overall, walking groups in urban locations appear to be therapeutic for varied, interrelated reasons that point to the detrimental impact of social injustices on service-users' everyday landscapes.

### **4.3. Answering the Research Questions**

Three research questions were developed to guide the exploration of service-users' experiences of a WnT group based in east London. The following section revisits these questions to discuss the extent to which the analysis provides answers for each question.

#### 4.3.1. How do participants understand the subjective experiences they have when walking alone and as part of a group?

The analysis provided conceptualisations of the subjective experiences that participants have when walking alone. Participants conveyed that repeatedly walking alone through their local neighbourhoods helped to create feelings of belonging that resisted the depersonalisation of urban space. It was highlighted, however, that participants' subjective experiences when walking alone are complex and often contradictory. For instance, participants depicted experiencing feelings of loneliness and isolation when walking through their local, everyday areas. These painful emotions appeared related to encountering vital memories that stabilised relationships with absent others while simultaneously highlighting their absence. Participants' accounts showed that walking alone could also feel difficult due to oppressive socio-material barriers, connected to crime and societal hierarchies, which demarcated spaces. Finally, the analysis illustrated that participants often activated peaceful places when walking alone in agentic ways that helped to modulate feelings of distress.

Participants also discussed the subjective experiences they had when walking with the WnT group. The accounts they gave indicated that walking with other WnT members facilitated a sense of collectivised power, which they drew upon to move beyond restrictive boundaries and explore new areas. Walking with the group was also constructed as an un-pressured experience that accommodated their subjectivities. For example, participants emphasised how much they valued being able to calibrate the walking and talking they engaged in to fit with their mood. This flexibility combined with the temporal malleability of WnT (e.g., participants can choose when they wish to attend) engendered feelings of freedom and relaxation while walking outdoors with others.

#### 4.3.2. How do participants feel about locations that the WnT group moves through and has being part of it influenced how they relate to other places in which they spend their time?

Participants described the places that they moved through with the group as special and new. Their narratives conveyed that exploring different locations was stimulating and helped to break feelings of being stuck and restricted by

oppressive boundaries. This, in turn, generated positive psychological experiences and the sense that the everyday worlds in which they spent their time were widening. Participants' narratives also highlighted that WnT's sociality is an important aspect of the group, which has influenced how they relate to other places. It was shown that factors like the extended period of time members had to get to know each other has fostered authentic friendships. These friendships and the mutual empathy that characterised them helped to ease the loneliness that participants described experiencing in locations such as their homes.

#### 4.3.3. How do participants experiences of WnT relate to their experiences of other mental health services?

Participants actively contrasted their experiences of WnT with mainstream mental health services. The interventions that mainstream services offer, such as individual therapy, were depicted as inflexible and less able to accommodate their subjectivities. Participants described feeling restricted by the temporal and conversational boundaries that governed mental health services. Narratives also illustrated that the material settings in which mental health interventions were held often felt closed and intense. Walking and talking outside was viewed in contrast as a more comfortable experience that gave participants greater control over how they chose to interact.

### **4.4. Implications**

Below, clinical, service and research implications of the study for the profession of clinical psychology are discussed.

#### 4.4.1. Practice: Mapping Meaning

At a broad level, this study raises awareness of the complex ways that service-users negotiate multifarious environments which influence their mental health. Participants implied, however, that there is a distance between their worlds and the world of therapy. Mental health professionals were depicted at times as disembodied or trying but struggling to understand their experiences. There are numerous implications this raises, but one in line with an ecological approach is that clinical psychologists should expand the ways they consider clients' "lived,

everyday involvement in the world” (Ingold, 1993, p.152). A tool that clinical psychologists currently use to understand clients’ experiences is psychological formulation. Formulations generally aim to understand the potential causes and maintenance of clients’ distress by blending theory with personal accounts to identify ways forward (Division of Clinical Psychology, 2011). However, Patel (2012) argues that they are based on theoretical models, which are “often de-contextualised, de-politicised and sanitised of understandings of power” (p.107). Frameworks that aim to address such issues include Hagan and Smail’s (1997) power mapping methodology. It seeks to collaboratively and visually map service-users’ resources in different areas of their life (e.g., education, friends and work). The findings in this study suggest that it could be helpful to map with service-users where they do and do not hold power to highlight social injustices they experience. It is posited that mapping power within a more spatially oriented framework, based on ideas like ‘meshworks’ and ‘life-spaces’, could support clinical psychologists in gaining more situated, dynamic understandings of service-users’ difficulties and lived experiences. Clinicians and service-users could draw together a visual map that explores where and how they spend their time. An aim could be to identify barriers that restrict feelings of growth, familiar routes and micro-spaces, which facilitate or alleviate emotional pain. Engaging in such a process could also potentially develop fuller understandings of where and how service-users would like to be supported.

#### 4.4.2. Service: Moving Beyond the Clinic and Beyond Psychology?

The core finding that WnT was experienced as therapeutic due to the malleability of the outdoor setting and the meaningful relationships to people it fostered has several implications for services. One implication is that services consider developing group interventions that move beyond clinical settings into community spaces. The findings in this study, however, also indicate that if group interventions are to facilitate sustained social support, they need to be detached from the time-limited and goal oriented templates that currently dominate services (Chase, 2011; Holmes, 2010; Lees, 2016; Moloney, 2013). Participants, like those in Holmes (2010) and Priest’s (2007) research, valued having an informal, ongoing space to get to know people over time. Contemporary service provision, however, is underpinned by a wider policy agenda that emphasises the

production of independence via targeted interventions (Chase, 2011; Friedli, 2012; Harper & Speed, 2014; McGrath & Reavey, 2016; Spandler, 2007; Taylor, 2014). This individualised framework has adopted and re-configured radical approaches that were originally spearheaded by social movements and centred on collective recovery (Friedli, 2012; Friedli & Stearn, 2015; Harper & Speed, 2014; Trivedi, 2010). Many argue that although key elements of the rhetoric remain, the ideas are used to achieve different aims such as the production of self-sufficiency (Chase, 2011; Friedli, 2012; Harper & Speed, 2014; Trivedi, 2010). Thus, mainstream interventions that promote 'social inclusion' typically focus on 'bridging' individuals out of services rather than collective 'bonding' activities (Chase, 2011). Chase (2011) notes, following his research on service-users' experiences, that an end-result is often isolation in the community. Clinical psychologists seeking to develop WnT style groups may therefore need to analyse the policy agendas that interventions are commissioned under, and explicitly promote the value of flexible spaces built around shared interests rather than individualised goals. It will also be essential, however, to recognise and creatively consider the manifold constraints on services, including budgeting restrictions alongside policy-driven pressure to offer individuals short, standardised treatments (Harper & Speed, 2014; Moloney, 2013).

A further point to consider is that the WnT group studied here is peer-led. The absence of mental health professionals may have enabled group members to cultivate a collective identity that moves beyond stigmatised mental health labels (Pilgrim, 2014). It may also have helped them to enact acceptance by ensuring that members felt under no pressure to talk, attend or complete walks. Although a clinical psychologist helped to form the group, it is unclear whether their continued involvement would have supported or diminished what is transformative about it. Mead, Hilton and Curtis (2001) argue that opportunities to be with others "without the constraints of traditional (expert/patient) relationships" (p.7) helps to create strong peer connections. An implication is that clinical psychologists may not necessarily have a place or long-term role in WnT interventions. Following community psychology principles they may aim instead to share ideas, which are potentially useful but in ways that ultimately render their role redundant (Kagan, Burton, Duckett, Lawthom & Siddiquee, 2011; Orford,

2008). However, Holmes (2010) regularly attended the WnT group that he facilitated in Shropshire. One reason for this was to ensure that clients who did not feel comfortable in clinics had opportunities to talk with a psychologist, if they wanted to, in a less formal setting. This connects with Carl's reflection that it might be easier to talk to a psychologist while walking. Holmes (2010) also drew explicitly on community psychology principles that emphasise partnership, thus members of the groups co-facilitated the walks. Overall, this leads to a wider implication that WnT groups cannot be standardised and instead are likely to require space to evolve in ways that fit with group members' preferences.

#### 4.4.3. Theory and Policy: Bringing the Macro and Micro Together

The findings illustrated that WnT groups can be therapeutic for multiple reasons that are likely to fluctuate in accordance with members' emotions and circumstances. Participants reflected on how they take up different subject positions during walks, saying, for instance that sometimes they feel like talking and other times they prefer to focus on walking. They also valued diverse aspects of WnT such as connecting to new places, engaging in reciprocal relationships and accessing a collective strength. A key implication is that delineating variables or identifying a fixed model on walking and wellbeing is difficult. This suggests that further research, which attends to complexity, and explores through holistic frameworks how different phenomena coalesce, is required (McGrath et al., 2008). McGrath et al. (2008) state that if fuller understandings of psychological experiences are to be gained, it is necessary, though challenging, to "see that experience is equally affective, spatial, embodied, material, technological and so on, and that what is called the psychological usually refers to only one set of planes of experience" (p.57). Grounding research in participants' everyday lives and maintaining a theoretical emphasis on multiplicity may also help to expand knowledge regarding the different ways that macro forces generate distress and permeate the emotional lives of individuals (Brown & Stenner, 2009; Cromby, 2006; McGrath et al., 2008; Tucker, 2010a). For, frameworks that encompass ongoing interactions between individual subjectivities and social worlds may minimise problematic dualisms between mind and body and individual and society (Cromby, 2006).

In this study forces such as stigma and limited socio-economic capital were shown to foster feelings of loneliness and dislocation. Marie starkly depicted how this feels when she described seeing “nothing” outside of her window as if the place is so meaningless it no longer exists. Drawing attention to how social inequalities deleteriously influence individuals’ subjective experiences points to the need for clinical psychologists to consider prevention and ways that they can use their research to challenge oppressive policies (McGrath et al., 2016; Harper, 2016; Patel, 2016). Such work should incorporate better understandings of factors that can create sustainable structural changes (Patel, 2016). An implication of this is that clinical psychologists interlink their research and advocacy work with other sectors such as law and economics to strengthen macro-level analyses (Patel, 2016).

#### 4.4.4. Future Research

This research involved male and female participants from varied backgrounds. Many participants discussed feeling unsafe and uncomfortable when entering different areas alone due to factors such as crime and an awareness of borders that demarcate different entitlements to explore. Increased attention to intersecting power dimensions related to other aspects of identity, such as gender, race and religion could highlight nuances in experiences of space. For example, fears of anti-Semitic abuse could impact an orthodox Jewish individual’s experience of walking into a new location and a woman’s experience of walking alone may be very different from a man’s. Furthermore, this study was set in an inner city area of east London that has distinctive characteristics. Thus, future research might look at the experiences of WnT groups based in other urban locations.

### **4.5. Critical Evaluation**

The evaluation of qualitative research is subject to debate and varied frameworks have been developed to assist researchers (Willig, 2013). This research was evaluated by drawing on Spencer and Ritchie’s (2012) principles of contribution, credibility, rigour and reflexivity.

#### 4.5.1. Contribution

Contribution refers to the relevance of the research to areas such as theory, policy and practice (Spencer & Ritchie, 2012). This study, by undertaking a qualitative, ecological approach, has helped to widen theoretical understandings of why walking groups for service-users living in urban locations may be therapeutic. The current body of literature mainly draws on quantitative methodologies and focuses on walking groups based in natural spaces. It also gives limited attention to how service-users' experiences during walking groups interact with those that they have in other locations. By using a novel approach several implications for clinical psychology, which are drawn from service-users' perspectives, have been suggested.

#### 4.5.2. Credibility

The credibility of research relates to the plausibility of the claims it presents (Spencer & Ritchie, 2012). I have endeavoured to demonstrate the credibility of this study by grounding the analysis in relevant extracts and linking it to appropriate research. I have also tried to include substantial and multiple examples to demonstrate analytic interpretations. Spencer and Ritchie (2012) propose that triangulation methods can help to ensure the integrity of analytic interpretations. I did not ask other parties to analyse the data, however, credibility checks were carried out. During the research I shared data extracts and discussed my developing analysis with my director of studies, who has expertise in conducting spatially oriented research, and my field supervisor, who has extensive experience of carrying out qualitative research with service-users. I feel that these discussions helped to strengthen my analysis and the credibility of the research.

The findings and themes were not shared with participants during the analysis stage. A key reason for this was to protect participants' privacy due to the unexpectedly private and personal content of many themes, particularly those related to feelings of loneliness and grief. However, the researcher has met with the Hackney-based social enterprise that runs WnT to develop a dissemination strategy, which is collaborative but maintains the confidentiality of personal information shared by participants.



#### 4.5.3. Rigour

Rigour can be considered through a multi-faceted framework that outlines the audibility, defensibility and reflexivity of qualitative research (Spencer and Ritchie, 2012). I will consider the first two facets below before exploring reflexivity in more depth.

4.5.3.1. *Audibility*: Spencer and Ritchie (2012) recommend that to help ensure transparency, researchers document how and why decisions were made during each stage of the research process. In chapter two I have documented my methodology and detailed the analytic steps that were taken. To help maintain transparency I have included extracts of raw data (Appendix I) and maps (Appendix J) that illustrate the development of themes. In chapter three the analytic findings and conceptual frameworks that guided them were presented.

4.5.3.2. *Defensibility*: Rigorous research requires a coherent rationale for the particular sample and methodology that was selected (Spencer & Ritchie, 2012). I have provided a rationale for undertaking this study and my decision to focus specifically on an urban WnT group in chapters one and two. In chapter two I have provided a rationale for my epistemological and ontological position as well as the particular methods that I adopted.

#### 4.5.4. Reflexivity

Rigour in qualitative research requires the researcher to acknowledge their role and reflect on ways that their values and worldview may have shaped the research (Elliot, Fischer & Rennie, 1999; Spencer & Ritchie, 2012). It is also suggested that the epistemological and methodological assumptions underpinning the study are reflected on to enable greater understandings of alternative perspectives and the research limitations (Spencer & Ritchie, 2012).

4.5.4.1. *Personal Reflexivity*: Throughout the recruitment and interview process I reflected on my overlapping positions as a trainee clinical psychologist and researcher. The group were welcoming and I enjoyed talking with people during the walks about diverse topics including football, Brexit and the history of London. However, I felt aware that my position as a researcher could generate

uncomfortable power dynamics. When I was introduced to new WnT members, the group would often joke that I was there “to do research on them”. Comments like this foregrounded a hierarchy that I was concerned my position leading the research had created. As a result, from the beginning I made an effort to try and ensure that group members did not feel pressured to talk with me or participate in the research. I feel that this helped to alleviate power imbalances and many group members were clear that although they were happy to converse with me during walks, they were not interested in being research participants.

Some group members and research participants also referred to my role as a ‘mental health professional’. For example, Jacob, when I asked if he wanted to say anything more about his experience of attending a mental health clinic, commented:

*“No, I don’t think there’s much more, I think if I am going to criticise too much you’re just going to turn off me (...) I’ve already mocked you by criticising.”*

In this way, he made it clear that, despite trying to situate myself firmly in a researcher role, I represented the mental health system he criticised. This is also likely to have implicitly influenced other participants who may have felt similarly inhibited about criticising therapy. Furthermore, I wonder if my concern with minimising potential power imbalances meant that I missed opportunities to open particular narratives. When Sara described events that precipitated an experience of acute distress, I decided not to ask for further details due to a concern that she might feel pressured to discuss her mental health. Making decisions to ‘step back’ may have reduced what Thompson and Russo (2012) describe as placing “implicit pressure on privacy boundaries” (p.35), thereby encouraging participants to reveal more than they wanted to. However, I am also aware that asking for further details could have been appropriate at times and facilitated richer discussions about participants’ emotional lives.

During the analysis, I was mindful of how my clinical experiences and interest in political issues impacted my interpretations of the data. For example, when I was

analysing the data I was on placement at a human rights organisation and noticed myself attending more to narratives that related to socio-material barriers and human rights issues. At these times I checked I was not imposing my own expectations on the data by reading and re-reading the transcripts and drawing out mind maps that helped me look for alternative perspectives.

Moreover, I was also conscious of how my emotional responses to what I had heard influenced the analysis. I had been profoundly moved by participants' descriptions of loneliness and found myself placing emphasis on these narratives. When I found that this was happening, I returned to the transcripts and my field notes to ensure that I engaged more fully with the data. This process enabled me to recognise and attend to participants' descriptions of creatively shaping spaces and resisting boundaries together.

*4.5.4.2. Epistemological and Methodological Reflexivity:* Taking an ecological ontological position and critical realist epistemological stance supported me in answering the research questions in two key ways. Firstly, it facilitated a holistic exploration of participants' contexts and widened understandings of how their experiences on WnT fluidly related to other settings (Ingold, 2011; 2015). Secondly, it allowed me to consider material aspects of participants' environments as well as how they make sense of them (Willig, 2013). However, a social constructionist position would have enabled me to focus more on how participants constructed shared patterns of meaning in relation to wider ideologies and discourses (Burr, 2003; Parker, 1992).

The methodological approach also opened up certain possibilities and closed others. Individual interviews, for instance, provided participants with a private space in which they could reflect on more personal experiences of loss and loneliness that may have been difficult to share in a group. The walk-along interviews also helped to generate a vivid sense of the routes that participants take and their perspective on how such pathways overlap with those that the group take together. On reflection, I feel that a group interview would have facilitated richer understandings of the experiences that participants have when they are together and their shared constructions (King & Horrocks, 2010;

Kitzinger, 1995) of contexts and WnT. This leads me to a further reflection that a more participatory methodology, such as Participatory Action Research (PAR), could have allowed the research to be more collaborative (Kagan & Burton, 2000; Kagan, Burton & Siddiquee, 2013). In this study, the particular methods were developed in order to fit questions that were explicitly grounded in a theoretical framework influenced by ecological approaches. Participants may have preferred to use an alternative methodology and ask different questions from the ones that I chose. PAR could help to establish what particular issues groups want to explore and hoped for outcomes (Kagan & Burton, 2000; Kagan et al., 2013). Thus, future research may begin by asking participants what type of research they wish to commission.

#### **4.6. Final Reflections**

To summarise, this thesis has sought to explore service-users' perspectives of a WnT group and how being part of it relates to other places that they inhabit. An analysis of the data illuminated several findings that are relevant to the profession of clinical psychology. At one level, the therapeutic benefits participants gained through being part of WnT point to the importance of developing more heterogeneous services, which incorporate flexible interventions that can move beyond the clinic. However, the findings also indicated that participants regularly encountered oppressive boundaries that facilitated distress. Ultimately, this illustrates that clinical psychology needs to creatively engage with the frameworks that define it as a profession and seek to ground theory and practice more fully in service-users' fluid worlds.

## 5. REFERENCES

- Adams, M., & Guy, S. (2007). Editorial: Senses and the city. *The Senses and Society*, 2(2), 133-136.
- Afuape, T., & Hughes, G. (2016). Historical development of liberation practices. In T. Afuape & G. Hughes (Eds.), *Liberation practices: Towards emotional wellbeing through dialogue* (pp. 27-36). Abingdon: Routledge.
- Alfermann, D., & Stoll, O. (2000). Effects of physical exercise on self-concept and well-being. *International Journal of Sport Psychology*, 31(1), 47-65.
- Anderson, B. (2009). 'Affective atmospheres'. *Emotion, Space & Society*, 2(2), 77-81.
- Back, L. (2007). *The art of listening*. Oxford: Berg.
- Baldwin, S. (1993). *The myth of community care: An alternative neighbourhood model of care*. London: Springer.
- Barnes, M. (2000). *Taking over the asylum: Empowerment and mental health*. Basingstoke: Palgrave Macmillan.
- Bartlett, P., & Wright, D. (1999). Community care and its antecedents. In P. Bartlett & D. Wright. (Eds.), *Outside the walls of the asylum: The history of care in the community 1750-2000* (pp.1-18). London: The Athlone Press.
- Bergson, H. (1908/2011). *Matter and memory*. Mansfield Centre, USA: Martino Publishing.
- Berman, M. G., Jonides, J., & Kaplan, S. (2008). The cognitive benefits of interacting with nature. *Psychological Science*, 19(12), 1207-1212.
- Berzins, K. M., Petch, A., & Atkinson, J. M. (2003). Prevalence and experience of harassment of people with mental health problems living in the community. *The British Journal of Psychiatry*, 183(6), 526-533.
- Borden, I. (2001). Thick edge: Architectural boundaries in the postmodern metropolis. In I. Borden & J. Rendall (Eds.), *InterSections: Architectural Histories and Critical Theories* (pp. 221-246). London: Routledge.

- Bowler, D. E., Buyung-Ali, L. M., Knight, T. M., & Pullin, A. S. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, *10*(1), 456.
- Boyle, M. (2011). Making the world go away, and how psychology and psychiatry benefit. In M. Rapley, J. Moncrieff & J. Dillon (Eds.), *De-medicalizing misery: Psychiatry, psychology and the human condition* (pp. 27-44). Basingstoke: Palgrave Macmillan.
- Bracken, P., & Thomas, P. (2001). Postpsychiatry: A new direction for mental health. *British Medical Journal*, *322*(7288), 724-727.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research In Psychology*, *3*, 77-101.
- Braun, V., Clarke, V., & Terry, G., (2015). Thematic analysis. In P. Rohleder & C.A. Lyons (Eds.), *Qualitative research in clinical and health psychology* (pp.95-113). Basingstoke: Palgrave Macmillan.
- Brown. L., & Durrheim, K. (2009). Different kinds of knowing: Generating qualitative data through mobile interviewing. *Qualitative Inquiry* *15*(5), 911-930.
- Brown, S., & Reavey, P. (2015). *Vital memory and affect: Living with a difficult past*. Hove: Routledge.
- Brown, S. D., & Stenner, P. (2009). *Psychology without foundations: History, philosophy and psychosocial theory*. London: Sage.
- Brown, S. D., Cromby, J., Harper, D. J., Johnson, K., & Reavey, P. (2011). Researching "experience": Embodiment, methodology, process. *Theory & Psychology*, *21*(4), 493-515.
- Browne, J., Penn, D. L., Battaglini, C. L., & Ludwig, K. (2016). Work out by Walking: A Pilot Exercise Program for Individuals With Schizophrenia Spectrum Disorders. *The Journal of Nervous and Mental Disease*, *204*(9), 651-657.
- Butler, T., (2003). The debate over the middle classes. In T. Butler & M. Savage (Eds.), *Social change and the middle classes* (pp.26-39). London: Routledge.
- Burr, V. (2003). *Social constructionism*. Hove: Routledge.

- Buzzell, L. (2016). The many ecotherapies. In M. Jordan & J. Hinds (Eds.), *Ecotherapy: Theory, research and practice* (pp.70-82). London: Palgrave.
- Callaghan, P. (2004). Exercise: a neglected intervention in mental health care?. *Journal of Psychiatric and Mental Health Nursing*, 11(4), 476-483.
- Carek, P. J., Laibstain, S. E., & Carek, S. M. (2011). Exercise for the treatment of depression and anxiety. *The International Journal of Psychiatry in Medicine*, 41(1), 15-28.
- Carless, D., & Douglas, K. (2008). Narrative, identity and mental health: How men with serious mental illness re-story their lives through sport and exercise. *Psychology of Sport and Exercise*, 9(5), 576-594.
- Chamberlain, K. (2015). Epistemology and qualitative research. In P. Rohleder & C.A. Lyons (Eds.), *Qualitative research in clinical and health psychology* (pp. 9-28). Basingstoke: Palgrave Macmillan.
- Chase, M. (2011). *On being human in a depersonalised place: A critical analysis of community psychiatric practice* (Unpublished doctoral dissertation). University of Portsmouth.
- Cooper, C. (2012). The place of religious and spiritual beliefs in therapy. *Clinical Psychology Forum* 230, 20-24.
- Cromby, J. (2006). Fundamental questions for psychology. *Clinical Psychology Forum*, 162, 9-12.
- Cromby, J., Harper, D., & Reavey, P. (2013). From disorder to experience. In J. Cromby, D. Harper & P. Reavey (Eds.), *Psychology, mental health and distress* (pp. 3-18). Basingstoke: Palgrave Macmillan.
- Cromby, J., Harper, D., & Reavey, P. (2013). History. In J. Cromby, D. Harper & P. Reavey (Eds.), *Psychology, mental health and distress* (pp. 19-54). Basingstoke: Palgrave Macmillan.
- Crone, D., Smith, A., & Gough, B. (2006). The physical activity and mental health relationship: A contemporary perspective from qualitative research. *Acta Univ Palacki Olomuc Gymn*, 36, 29-35.
- Crouch, M., & McKenzie, H. (2006). The logic of small samples in interview-based qualitative research. *Social science information*, 45(4), 483-499.

- Crust, L., Henderson, H., & Middleton, G. (2013). The acute effects of urban green and countryside walking on psychological health: A field-based study of green exercise. *International Journal of Sport Psychology*, 44(2), 160-177.
- Cruickshank, J. (2003). Introduction. In J. Cruickshank (Ed.), *Critical realism: The difference it makes* (pp. 1-14). London: Routledge.
- Curtis, S. (2010). *Space, place and mental health*. Farnham: Ashgate Publishing.
- Curtis, S., Gesler, W., Priebe, S., & Francis, S. (2009). New spaces of inpatient care for people with mental illness: A complex 'rebirth' of the clinic?. *Health & Place*, 15(1), 340-348.
- Davies, B., & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behaviour*, 20(1), 43-63.
- De Certeau. (1984/2011). *The Practice of Everyday Life*. London: University of California Press.
- De Hert, M., Cohen, D., Bobes, J., Cetkovich-Bakmas, M., Leucht, S., Ndeti, D. M., Newcomer, J.W., ... & Correll, C.U. (2011). Physical illness in patients with severe mental disorders. II. Barriers to care, monitoring and treatment guidelines, plus recommendations at the system and individual level. *World Psychiatry*, 10(2), 138-151.
- De Moor, D. (2013). Walking works. Retrieved 11 August 2016: [https://www.walkingforhealth.org.uk/sites/default/files/Walking%20works\\_LONG\\_AW\\_Web.pdf](https://www.walkingforhealth.org.uk/sites/default/files/Walking%20works_LONG_AW_Web.pdf)
- De Moor, M. H. M., Beem, A. L., Stubbe, J. H., Boomsma, D. I., & De Geus, E. J. C. (2006). Regular exercise, anxiety, depression and personality: a population-based study. *Preventive Medicine*, 42(4), 273-279.
- Del Busso, L. (2011). Using photographs to explore the embodiment of pleasure in everyday life. In P. Reavey (Ed.), *Visual methods in psychology: Using and interpreting Images in qualitative research*, (pp. 43-54). Hove: Psychology Press.
- Denzin, N.K., & Lincoln, Y.S. (2000). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln. (Eds.), *Handbook of qualitative research* (pp. 1-29). London: Sage.



- Department of Health. (2006). *From segregation to inclusion: Commissioning guidance on day services for people with mental health problems*. London: Department of Health.
- Department of Work & Pensions. (2016). *Households below average income: An analysis of the UK income distribution*. London: Department of Work & Pensions.
- Division of Clinical Psychology. (2011). *Good practice guidelines on the use of psychological formulation*. Leicester: British Psychological Society.
- Dorling, D. (2015). *Injustice: Why social inequality still persists*. Bristol: Policy Press.
- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38(3), 215-229.
- Evans, J., & Jones, P. (2011). The walking interview: Methodology, mobility and place. *Applied Geography*, 31(2), 849-858.
- Evans-Lacko, S., Knapp, M., McCrone, P., Thornicroft, G., & Mojtabai, R. (2013). The mental health consequences of the recession: Economic hardship and employment of people with mental health problems in 27 European countries. *PLoS One*, 8(7).
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80-92.
- Ferlander, S. (2007). The importance of different forms of social capital for health. *Acta Sociologica*, 50(2), 115-128.
- Finlay, J. M., & Bowman, J. A. (2017). Geographies on the Move: A Practical and Theoretical Approach to the Mobile Interview. *The Professional Geographer*, 69(2), 263-274.
- Firth, J., Rosenbaum, S., Stubbs, B., Gorchynski, P., Yung, A. R., & Vancampfort, D. (2016). Motivating factors and barriers towards exercise in severe mental illness: A systematic review and meta-analysis. *Psychological Medicine*, 1-13.
- Fitzpatrick, S., Bramley, G., Sosenko, F., Blenkinsopp, J., Johnsen, S., Netto, G., ... Watts, B. (2016). *Destitution in the UK*. Report for Joseph Rowntree

Foundation. Retrieved 16 October 2016:  
<https://www.jrf.org.uk/report/destitution-uk>.

Foucault, M. (1975/1991). *Discipline & punish: The birth of the prison*. London: Penguin.

Foucault, M. (1985/2012). *The history of sexuality, volume 2*. London: Vintage.

Franck, K., & Stevens, Q. (2007). Tying down loose space. In K. Franck & Q. Stevens (Eds.), *Loose space: Possibility and diversity in urban life* (pp. 1-34). Abingdon: Routledge.

Friedli, L. (2009). *Mental health, resilience and inequalities*. Copenhagen: World Health Organisation Europe.

Friedli, L. (2012). 'What we've tried, hasn't worked': The politics of assets based public health. *Critical Public Health*, 23(2), 131-145.

Friedli, L., & Stearn, R. (2015). Positive affect as coercive strategy: Conditionality, activation and the role of psychology in UK government workfare programmes. *Medical Humanities*, 41(1), 40-47.

Frith, H., & Harcourt, D. (2007). Using photographs to capture women's experiences of chemotherapy: Reflecting on the method. *Qualitative Health Research*, 17(10), 1340-1350.

Frumkin, H. (2001). Beyond toxicity: Human health and the natural environment. *American Journal of Preventive Medicine*, 20(3), 234-240.

Gatersleben, B. (2008). Humans and nature: Ten useful findings from environmental psychology research. *Counselling Psychology Review*, 23(2), 24-34.

Geniole, S. N., David, J. P., Euzébio, R. F., Toledo, B. Z., Neves, A. I., & McCormick, C. M. (2016). Restoring land and mind: The benefits of an outdoor walk on mood are enhanced in a naturalized landfill area relative to its neighboring urban area. *Ecopsychology*, 8(2), 107-120.

Georgiou, M. (2013). *Media and the city: Cosmopolitanism and difference*. Cambridge: Polity Press.

Gidlow, C. J., Jones, M. V., Hurst, G., Masterson, D., Clark-Carter, D., Tarvainen, M. P., ... & Nieuwenhuijsen, M. (2016). Where to put your best foot

- forward: Psycho-physiological responses to walking in natural and urban environments. *Journal of Environmental Psychology*, 45, 22-29.
- Goffman, E. (1961/1991). *Asylums: Essays on the social situation of mental patients and other inmates*. London: Penguin.
- Goffman, E. (1963/1990). *Stigma: Notes on the management of spoiled identity*. London: Penguin.
- Gordon, B. (2017, March 16). 'I walked my way back to sanity': Bryony Gordon on starting a support group to beat mental illness. *The Telegraph*. Retrieved 21 April 2017: <http://www.telegraph.co.uk/women/health/walked-way-back-sanity-bryony-gordon-starting-support-group/>
- Graham, R., Hodgetts, D., Stolte, O., & Chamberlain, K. (2016). *Sustaining spaces: Community meal provision and mental wellbeing*. Manuscript submitted for publication.
- Hagan, T. & Smail, D. (1997). Power-mapping: Background and basic methodology. *Journal of Community & Applied Social Psychology*, 7, 257-267.
- Hamer, M., Stamatakis, E., & Steptoe, A. (2009). Dose-response relationship between physical activity and mental health: The Scottish health survey. *British Journal of Sports Medicine*, 43(14).
- Hanson, S., & Jones, A. (2015). Is there evidence that walking groups have health benefits? A systematic review and meta-analysis. *British Journal of Sports Medicine*, 49(11), 710-715.
- Harper, D. (2012). Choosing a Qualitative Research Method. In D. Harper, & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners* (pp. 83-97). Chichester: John Wiley & Sons.
- Harper, D. (2016). Beyond individual therapy. *The Psychologist*, 29(6), 440–444.
- Harper, D. & Speed, E. (2014). Uncovering recovery: The resistible rise of recovery and resilience. In E. Speed, J. Moncrieff & M. Rapley (Eds.), *De-medicalizing misery II: Society, politics and the mental health industry* (pp.40-57). Basingstoke: Palgrave Macmillan.

- Hartig, T., Evans, G. W., Jamner, L. D., Davis, D. S., & Gärling, T. (2003). Tracking restoration in natural and urban field settings. *Journal of Environmental Psychology*, 23(2), 109-123.
- Hassmen, P., Koivula, N., & Uutela, A. (2000). Physical exercise and psychological well-being: A population study in Finland. *Preventive Medicine*, 30(1), 17-25.
- Hinchliffe, S., Kearnes, M. B., Degen, M., & Whatmore, S. (2005). Urban wild things: A cosmopolitical experiment. *Environment and planning D: Society and Space*, 23(5), 643-658.
- Hodgetts, D., Radley, A., Chamberlain, K., & Hodgetts, A. (2007). Health inequalities and homelessness considering material, spatial and relational dimensions. *Journal of Health Psychology*, 12(5), 709-725.
- Hodgson, M. H., McCulloch, H. P., & Fox, K. R. (2011). The experiences of people with severe and enduring mental illness engaged in a physical activity programme integrated into the mental health service. *Mental Health and Physical Activity*, 4(1), 23-29.
- Holmes, G. (2010). *Psychology in the real world: Community-based groupwork*. Ross-on-Wye: PCCs Books.
- Holmes, G., & Evans, N. (2011, July). Walk and talk. Paper presented at the 1st International Conference on Multi-Dimensional Aspects of Wellbeing, University of Central England. Retrieved 9 April 2015: [http://www.psychologyintherealworld.co.uk/resources/Holmes\\_and\\_Evens\\_paper\\_Wellbeing\\_conference.pdf](http://www.psychologyintherealworld.co.uk/resources/Holmes_and_Evens_paper_Wellbeing_conference.pdf)
- Hubbard, P., & Kitchin, R. (2010). Introduction: Why key thinkers?. In P. Hubbard & R. Kitchin (Eds.), *Key thinkers on space and place* (pp.1-17). London: Sage.
- Ingold, T. (1993). The temporality of the landscape. *World Archaeology*, 25(2), 152-174.
- Ingold, T. (2011). *Being alive: Essays on movement, knowledge and description*. Abingdon: Routledge.
- Ingold, T. (2015). *The life of lines*. Abingdon: Routledge.

- Ingold, T., & Vergunst, J. L. (2016). Introduction. In T. Ingold & J. L. Vergunst (Eds.), *Ways of walking: Ethnography and practice on foot* (pp. 1-19). Abingdon: Routledge.
- Isaacs, A. J., Critchley, J. A., Tai, S. S., Buckingham, K., Westley, D., Harridge, S. D., & Gottlieb, J. M. (2007). Exercise evaluation randomised trial (EXERT): A randomised trial comparing GP referral for leisure centre-based exercise, community-based walking and advice only. *Health Technology Assessment*, *11*(10), 1-165.
- Iwata, Y., Dhubháin, Á. N., Brophy, J., Roddy, D., Burke, C., & Murphy, B. (2016). Benefits of group walking in forests for people with significant mental ill-health. *Ecopsychology*, *8*(1), 16-26.
- Jacobs, R., Gutacker, N., Mason, A., Goddard, M., Gravelle, H., Kendrick, T., & Gilbody, S. (2015). Determinants of hospital length of stay for people with serious mental illness in England and implications for payment systems: A regression analysis. *BMC Health Services Research*, *15*(1), 1-16.
- Joffe, H. (2012). Thematic analysis. In D. Harper & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners* (pp. 209-223). Chichester: John Wiley & Sons.
- Johansson, M., Hartig, T., & Staats, H. (2011). Psychological benefits of walking: Moderation by company and outdoor environment. *Applied Psychology: Health and Well-Being*, *3*(3), 261-280.
- Jones, M. (2009). Phase space: Geography, relational thinking, and beyond. *Progress in Human Geography*, *33*(4), 487-506.
- Jones, V., Thompson, B., & Watson, J. (2016). Feet on the ground and branching out: Being with nature as a tool for recovery in crisis within NHS mental health services. In M. Jordan & J. Hinds (Eds.), *Ecotherapy: Theory, research and practice* (pp. 162-176). London: Palgrave.
- Kagan, C., & Burton, M. (2000). Prefigurative action research: An alternative base for critical psychology?, *Annual Review of Critical Psychology*, *2*, 1-15.
- Kagan, C., Burton, M., & Siddiquee, A. (2013). Action research. In C. Willig & Stainton-Rogers, W. (Eds.), *The sage handbook of qualitative research in psychology* (pp. 32-53). London: Sage.

- Kagan, C., Burton, M., Duckett, P., Lawthom, R., & Siddiquee, A. (2011). *Critical community psychology*. Chichester: John Wiley & Sons.
- Kane, I., Lee, H., Sereika, S., & Brar, J. (2012). Feasibility of pedometers for adults with schizophrenia: Pilot study. *Journal of Psychiatric and Mental Health Nursing*, 19(1), 8-14.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, 15(3), 169-182.
- Kaplan, R., & Kaplan, S. (1989). *The experience of nature: A psychological perspective*. Cambridge: Cambridge University Press.
- Killaspy, H. (2007). From the asylum to community care: Learning from experience. *British Medical Bulletin*, 79-80(1), 245-258.
- Kincheloe, J.L. (2004). The power of the bricolage: Expanding research methods. In J.L. Kicheloe & K.S. Berry. (Eds.), *Rigour and complexity in educational research: Conceptualizing the bricolage*, (pp. 1-22). Maidenhead: Open University Press.
- Kinderman, P., Schwannauer, M., Pontin, E., & Tai, S. (2013). Psychological processes mediate the impact of familial risk, social circumstances and life events on mental health. *PloS one*, 8(10).
- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. London: Sage.
- Kirkbride, J. B., Jones, P. B., Ullrich, S., & Coid, J. W. (2012). Social deprivation, inequality, and the neighborhood-level incidence of psychotic syndromes in East London. *Schizophrenia Bulletin*, 40(1), 169-180.
- Kitzinger, J. (1995). Qualitative research. Introducing focus groups. *British Medical Journal*, 311, 299-302.
- Knowles, C. (2000a). *Bedlam on the streets*. London: Routledge.
- Knowles, C. (2000b). Burger King, Dunkin Donuts and community mental health care. *Health & Place*, 6(3), 213-224.
- Kwak, L., Kremers, S., Walsh, A., & Brug, H. (2006). How is your walking group running?. *Health Education*, 106(1), 21-31.
- Lansley, S., & Mack, J. (2015). *Breadline Britain: The rise of mass poverty*. London: Oneworld Publications.

- Leach, J. (2014). *Improving mental health through social support: Building positive and empowering relationships*. London: Jessica Kingsley Publishers.
- Lee, I. M., & Buchner, D. M. (2008). The importance of walking to public health. *Medicine and Science in Sports and Exercise*, 40(7 Suppl).
- Lees, J. (2016). Psychotherapy in an age of managed care. In J. Lees (Ed.), *Critical realism: The future of psychological therapy: From managed care to transformational practice* (pp. 119-134). Abingdon: Routledge.
- Lefebvre, H. (1991). *The production of space*. Oxford: Blackwell Publishing.
- Leff, J., & Trieman, N. (2000). Long-stay patients discharged from psychiatric hospitals. *The British Journal of Psychiatry*, 176(3), 217-223.
- Levitas, R. (2006). The concept and measurement of social exclusion. In C. Pantazis., D. Gordon & R. Levitas (Eds.), *Poverty and social exclusion in Britain* (pp.123-160). Bristol: The Policy Press.
- Lewin, K. (1936/2015). *Principles of topological psychology*. Mansfield Centre, USA: Martino Publishing.
- Lindamer, L. A., McKibbin, C., Norman, G. J., Jordan, L., Harrison, K., Abeyesinhe, S., & Patrick, K. (2008). Assessment of physical activity in middle-aged and older adults with schizophrenia. *Schizophrenia Research*, 104(1), 294-301.
- London Borough of Hackney Policy Team (2016). A profile of Hackney, its people and place. Retrieved 6 February 2017:  
<https://www.hackney.gov.uk/Assets/Documents/Hackney-Profile.pdf>
- Lorant, V., Croux, C., Weich, S., Delière, D., Mackenbach, J., & Anseau, M. (2007). Depression and socio-economic risk factors: 7-year longitudinal population study. *The British Journal of Psychiatry*, 190(4), 293-298.
- Marselle, M. R., Irvine, K. N., & Warber, S. L. (2013). Walking for well-being: Are group walks in certain types of natural environments better for well-being than group walks in urban environments?. *International Journal of Environmental Research and Public Health*, 10(11), 5603-5628.

- Marselle, M. R., Irvine, K. N., & Warber, S. L. (2014). Examining group walks in nature and multiple aspects of well-being: A large-scale study. *Ecopsychology*, 6(3), 134-147.
- Massey, D. (2005). *For space*. Thousand Oaks CA: Sage.
- Martinsen, E. W. (2008). Physical activity in the prevention and treatment of anxiety and depression. *Nordic Journal of Psychiatry*, 62(47), 25-29.
- Mathieson, S.A. (2016, June 14). Into the woods: How walks are improving mental health. *The Guardian*. Retrieved 6 November 2016: <https://www.theguardian.com/healthcare-network/2016/jun/14/woodland-walks-mental-health-forestry-commission-scotland-health-boards>.
- Mayer, F. S., Frantz, C. M., Bruehlman-Senecal, E., & Dolliver, K. (2009). Why is nature beneficial? The role of connectedness to nature. *Environment and Behavior*, 41(5), 607-643.
- McDevitt, J., Wilbur, J., Kogan, J., & Briller, J. (2005). A walking program for outpatients in psychiatric rehabilitation: Pilot study. *Biological Research for Nursing*, 7(2), 87-97.
- McGrath, L., Griffin, V., & Mundy, E. (2015). *The psychological impact of austerity: A briefing paper*. London: Psychologists Against Austerity.
- McGrath, L., & Reavey, P. (2013). Heterotopias of control: Placing the material in experiences of mental health service use and community living. *Health & Place*, 22, 123-131.
- McGrath, L., & Reavey, P. (2015). Seeking fluid possibility and solid ground: Space and movement in mental health service users' experiences of 'crisis'. *Social Science & Medicine*, 128, 115-125.
- McGrath, L., & Reavey, P. (2016). "Zip me up, and cool me down": Molar narratives and molecular intensities in 'helicopter' mental health services. *Health & place*, 38, 61-69.
- McGrath, L., Reavey, P., & Brown, S. D. (2008). The scenes and spaces of anxiety: Embodied expressions of distress in public and private fora. *Emotion, Space and Society*, 1(1), 56-64.
- McGrath, L., Walker, C., & Jones, C. (2016). Psychologists Against Austerity: Mobilising psychology for social change. *Critical and Radical Social Work*, 4(3), 409-413.



- McLaughlin, H. (2009). What's in a name: 'client', 'patient', 'customer', 'consumer', 'expert by experience', 'service user' – what's next?. *British Journal of Social Work*, 39(6), 1101-1117.
- Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric rehabilitation journal*, 25(2), 134-141.
- Middleton, J. (2010). Sense and the city: Exploring the embodied geographies of urban walking. *Social & Cultural Geography*, 11(6), 575-596.
- Miller, D. (2008). *The comfort of things*. Cambridge: Polity Press.
- Moane, G. (2011). *Gender and colonialism: A psychological analysis of oppression and liberation*. London: Macmillan Press.
- Moloney, P. (2013). *The therapy industry: The irresistible rise of the talking cure, and why it doesn't work*. London: Pluto.
- NHS Choices (2016). Walking for health – live well. Retrieved 25 January 2017: <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>
- NHS Employers (2010). A guide for lone workers. Retrieved 9 July 2016: [http://www.nhsemployers.org/~media/Employers/Documents/Retain%20and%20improve/Workers%20guide\\_Le0882\\_3.pdf](http://www.nhsemployers.org/~media/Employers/Documents/Retain%20and%20improve/Workers%20guide_Le0882_3.pdf)
- NICE (2012). Physical activity: Walking and cycling. Public health guidelines. Retrieved 29 January 2017: <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>
- Office of the Deputy Prime Minister. (2004). *Mental health and social exclusion: Social exclusion unit report*. London: Office of the Deputy Prime Minister.
- Orford, J. (2008). *Community psychology: Challenges, controversies and emerging consensus*. Chichester: John Wiley & Sons & Sons.
- Padley, M., Valadez, L., & Hirsch, D. (2015). Households below a minimum income standard. Report for Joseph Rowntree Foundation. Retrieved 11 July 2016: <http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/Households-below-MIS-Full.pdf>

- Parker, I. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. London: Routledge.
- Parker, I. (2005). *Qualitative research: Introducing radical research*. Maidenhead: Open University Press.
- Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine*, 57(1), 13-24.
- Parr, H. (1997). Mental health, public space, and the city: Questions of individual and collective access. *Environment and Planning D: Society and Space*, 15(4), 435-454.
- Parr, H. (2008). *Mental health and social space: Towards inclusionary geographies?*. Oxford: Blackwell Publishing.
- Parr, H., & Philo, C. (1995). Mapping mad identities. In S. Pile & N. Thrift (Eds.), *Mapping the subject: Geographies of cultural transformation* (pp.199-225). London: Routledge.
- Patel, N. (2012). Difference and power in supervision: The case of culture and racism. In I. Fleming & L. Steen (Eds.), *Supervision and clinical psychology: Theory, practice and perspectives* (pp. 96-117). Hove: Routledge.
- Patel, N. (2016). Commentary. Looking further at 'liberation'. A critical perspective. In T. Afuape & G. Hughes (Eds.), *Liberation practices: Towards emotional wellbeing through dialogue* (pp. 37-47). Abingdon: Routledge.
- Payne, S. (1999). 'Beyond the walls of the asylum?' Community care in the 1980s and 1990s. In P. Bartlett & D. Wright. (Eds.), *Outside the walls of the asylum: The history of care in the community 1750-2000* (pp.244-265). London: The Athlone Press.
- Pearsall, R., Smith, D. J., Pelosi, A., & Geddes, J. (2014). Exercise therapy in adults with serious mental illness: A systematic review and meta-analysis. *BMC Psychiatry*, 14(1), 117.
- Perraton, L. G., Kumar, S., & Machotka, Z. (2010). Exercise parameters in the treatment of clinical depression: A systematic review of randomized controlled trials. *Journal of Evaluation in Clinical Practice*, 16(3), 597-604.

- Pilgrim, D. (2014). *Key concepts in mental health*. London: Sage.
- Pilgrim, D., Rogers, A., & Bentall, R. (2009). The centrality of personal relationships in the creation and amelioration of mental health problems: The current interdisciplinary case. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 13(2), 235-254.
- Pinfold, V. (2000). 'Building up safe havens... all around the world': Users' experiences of living in the community with mental health problems. *Health & Place*, 6(3), 201-212.
- Priest, P. (2007). The healing balm effect: Using a walking group to feel better. *Journal of Health Psychology*, 12(1), 36-52.
- Public Health England (2016a). Health matters: Getting every adult active every day. Retrieved 25 January 2017: <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>
- Public Health England (2016b). Physical inactivity: Economic costs to NHS clinical commissioning groups. Retrieved 25 January 2017: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/524234/Physical\\_inactivity\\_costs\\_to\\_CCGs.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524234/Physical_inactivity_costs_to_CCGs.pdf)
- Putnam, R. D. (2001). *Bowling alone: The collapse and revival of American community*. London: Simon and Schuster.
- Rai, D., Zitko, P., Jones, K., Lynch, J., & Araya, R. (2013). Country-and individual-level socioeconomic determinants of depression: Multilevel cross-national comparison. *The British Journal of Psychiatry*, 202(3), 195-203.
- Reavey, P., & Johnson, K. (2013). Visual approaches: Using and interpreting images. In C. Willig & W. Stainton-Rogers (Eds.), *The sage handbook of qualitative research in psychology* (pp. 296 - 314). London: Sage.
- Rethorst, C. D., Wipfli, B. M., & Landers, D. M. (2008). The anxiolytic effects of exercise: A meta-analysis of randomized trials and dose-response analysis. *Journal of Sport and Exercise Psychology*, 30(4), 392-410.
- Robertson, R., Robertson, A., Jepson, R., & Maxwell, M. (2012). Walking for depression or depressive symptoms: A systematic review and meta-analysis. *Mental Health and Physical Activity*, 5(1), 66-75.

- Roe, J., & Aspinall, P. (2011). The restorative benefits of walking in urban and rural settings in adults with good and poor mental health. *Health & Place*, 17(1), 103-113.
- Rogers, A., & Pilgrim, D. (2003). *Mental health and inequality*. Basingstoke: Palgrave Macmillan.
- Rogers, A., & Pilgrim, D. (2014). *A sociology of mental health and illness*. Maidenhead: McGraw-Hill Education.
- Rose, G. (2016). *Visual methodologies: An introduction to researching with visual materials*. London: Sage.
- Rose, N. (1998). Governing risky individuals: The role of psychiatry in new regimes of control. *Psychiatry, Psychology and Law*, 5(2), 177-195.
- Ryan, R. M., Weinstein, N., Bernstein, J., Brown, K. W., Mistretta, L., & Gagne, M. (2010). Vitalizing effects of being outdoors and in nature. *Journal of Environmental Psychology*, 30(2), 159-168.
- Salmon, P. (2001). Effects of physical exercise on anxiety, depression, and sensitivity to stress: A unifying theory. *Clinical Psychology Review*, 21(1), 33-61.
- Sayce, L. (2000). *From psychiatric patient to citizen: Overcoming discrimination and social exclusion*. Basingstoke: Palgrave.
- Sennett, R. (1992). *The fall of public man*. London: Penguin.
- Sennett, R. (2010). *The public realm*. Retrieved 11 December 2016: <http://www.richardsennett.com/site/senn/templates/general2.aspx?pageid=16&cc=gb>
- Serres, M. (1995). *Genesis*. Michigan: Michigan University Press.
- Scottish Government (2013). Physical inactivity: Economic costs to NHS clinical commissioning groups. Retrieved 25 January 2017: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/524234/Physical\\_inactivity\\_costs\\_to\\_CCGs.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/524234/Physical_inactivity_costs_to_CCGs.pdf)
- Sheller, M., & Urry, J. (2006). The new mobilities paradigm. *Environment and Planning A*, 38(2), 207-226.
- Sibley, D. (1995). *Geographies of exclusion*. London: Routledge.

- Silver, J. (2013). Visual methods. In C. Willig (Ed.), *Introducing qualitative research in psychology* (3rd ed.) Maidenhead: Open University Press. (pp. 156-165).
- Silver, J., Reavey, P., & Fineberg, N. A. (2010). How do people with body dysmorphic disorder view themselves? A thematic analysis. *International Journal of Psychiatry in Clinical Practice*, 14(3), 190-197.
- Smail, D. (1987/2015). *Taking care: An alternative to therapy*. London: Karnac Books.
- Smail, D. (2005). *Power, interest and psychology: Elements of a social materialist understanding of distress*. Ross-On-Wye: PCCS Books.
- Sorkin, M. (1992). *Variations on a theme park: The new American city and the end of public space*. New York: Hill & Wang.
- Soundy, A., Muhamed, A., Stubbs, B., Probst, M., & Vancampfort, D. (2014). The benefits of walking for individuals with schizophrenia spectrum disorders: A systematic review. *International Journal of Therapy and Rehabilitation*, 21(9), 410-20.
- Spencer, L., & Ritchie, J. (2012). In pursuit of quality. In D. Harper & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners* (pp. 227-242). Chichester: John Wiley & Sons.
- Stevenson, D. (2013). *The city*. Cambridge: Polity Press.
- Thompson, A. R., & Russo, K. (2012). Ethical dilemmas for clinical psychologists in conducting qualitative research. *Qualitative Research in Psychology*, 9(1), 32-46.
- Thompson Coon, J., Boddy, K., Stein, K., Whear, R., Barton, J., & Depledge, M. H. (2011). Does participating in physical activity in outdoor natural environments have a greater effect on physical and mental wellbeing than physical activity indoors? A systematic review. *Environmental Science & Technology*, 45(5), 1761-1772.
- Trivedi, P. (2010). A recovery approach in mental health services: Transformation, tokenism or tyranny?. In T. Bassett & T. Stickley (Eds.), *Voices of experience: Narratives of mental health survivors*, (pp. 152-163). Chichester: John Wiley & Sons.

- Tuan, Y. F. (1977/2014). *Space and place: The perspective of experience*. London: University of Minnesota Press.
- Tucker, I. (2010a). Everyday spaces of mental distress: the spatial habituation of home. *Environment and Planning D: Society and Space*, 28(3), 526-538.
- Tucker, I. (2010b). Mental health service user territories: Enacting 'safe spaces' in the community. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 14(4), 434-448.
- Tucker, I., & Smith, L. A. (2014). Topology and mental distress: Self-care in the life spaces of home. *Journal of Health Psychology*, 19(1), 176-183.
- Ulrich, R. S. (1983). Aesthetic and affective response to natural environment. In J. Altman & F. Wohlwill (Eds.), *Behavior and the natural environment: Advances in theory and research*, vol.6. (pp. 85-125). New York, Plenum.
- Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E., Miles, M. A., & Zelson, M. (1991). Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology*, 11(3), 201-230.
- Valentine, G., & Sporton, D. (2009). How other people see you, it's like nothing that's inside': The impact of processes of disidentification and disavowal on young people's subjectivities. *Sociology*, 43(4), 735-751.
- Vancampfort, D., Probst, M., Knapen, J., Carraro, A., & De Hert, M. (2012). Associations between sedentary behaviour and metabolic parameters in patients with schizophrenia. *Psychiatry Research*, 200(2), 73-78.
- Walking for Health (2017). Healthy minds. Retrieved 15 March 2017: <https://www.walkingforhealth.org.uk/get-walking/why-walk/healthy-minds>
- Warner, R. (2004). *Recovery from schizophrenia: Psychiatry and political economy*. Hove: Routledge.
- Weaver, A. J., Flannelly, L. T., Garbarino, J., Figley, C. R., & Flannelly, K. J. (2003). A systematic review of research on religion and spirituality in the Journal of Traumatic Stress: 1990–1999. *Mental Health, Religion & Culture*, 6(3), 215-228.
- Whitehead, A. N. (1927-8; 2010). *Process and reality*. London: Simon and Schuster.

- Wickham, S., Taylor, P., Shevlin, M., & Bentall, R. P. (2014). The impact of social deprivation on paranoia, hallucinations, mania and depression: The role of discrimination social support, stress and trust. *PloS one*, 9(8).
- Willig, C. (2012). Perspectives on the epistemological bases for qualitative research. In H.Cooper., P.M. Camic., D. L. Long., A.T. Panter., D Rindskopf., K.J. Sher (Eds.), *APA Handbook of research methods in psychology, Volume 1: Foundations, planning, measures and psychometrics* (pp. 5-21). Washington DC: American Psychological Association.
- Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.) Maidenhead: Open University Press.
- Wilkinson, R. G., & Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.
- Wolch, J., & Philo, C. (2000). From distributions of deviance to definitions of difference: Past and future mental health geographies. *Health & Place*, 6(3), 137-157.

## **6. APPENDICES**

### **Appendix A: Definitions**

#### **Urban**

Within this study the term 'urban' will be used to describe heterogeneous, community environments, including cities, towns or suburbs. Key characteristic of urban areas include high population densities and substantial material infrastructures (e.g., housing developments, roads, service and leisure facilities). Many urban spaces, particularly large cities, are also characterised by the diversity of their populations (Franck and Stevens, 2007). It is important to note that 'urban' is a complex, contested term that is often used interchangeably with 'city' and defined against their other 'the rural' (Stevenson, 2013). This, as

Stevenson (2013) explains, has created a persistent dualism that belies the hybridity of urban spaces. For example, urban landscapes often contain cultivated natural spaces, like parks, as well as pockets of wilderness (Hinchliffe, Kearnes, Degen and Whatmore, 2005). Furthermore, urban spaces are frequently depicted as detrimental to wellbeing and, in contrast, green spaces situated in, or outside of them, are conceptualised as therapeutic (see section 1.3.2). As urban spaces are where many service-users spend their daily lives, they will also be described as 'everyday' spaces in this study (Leach, 2014; Rogers & Pilgrim, 2003).

## **Space**

This study will frequently use the term 'space'. Definitions of space vary and it is concept that has been highly debated (Brown & Reavey, 2015; Ingold, 2011; Tucker, 2010a). Historically, it has been perceived as a static container of experiences and actions (Brown & Reavey, 2015; Massey, 2005) that can be objectively measured. However, here, in line with contemporary human geography, a relational conception of space will be used. Drawing mainly on Massey's (2005) work, space will be viewed as:

- Inter-relational: recursively shaped by subjectivities, which it in turn transforms.
- A co-constitutive sphere of ongoing multiplicity that is never finished or closed.
- Imbricated with, rather than a backdrop to, socio-political events.

The emphasis on spatial fluidity will integrate a focus on the materiality of environments and their embodied impact on individuals' subjectivities.





**Appendix B: Composite table of studies that explore time-limited walking group programmes or the impact of walking with a group or walking groups, in relation to adults deemed to have mental health difficulties.**

***Summary table of two mixed method studies: looking at the impact of a nature based walking group programme and a nature vs. indoor group walk***

<b>Authors</b>	<b>Title of Study</b>	<b>Sample</b>	<b>Country</b>	<b>Method</b>	<b>Key Conclusions</b>
Iwata, Dhubhain, Brophy, Roddy, Burke & Murphy (2016)	Benefits of group walking in forests for people with significant mental ill health	15 adults diagnosed with significant mental ill health including depression, bi-polar and anxiety disorders.	UK	<p>Mixed methods</p> <p>The Positive and Negative Affect Schedule (PANAS) was give pre-walk and post-walk at two points throughout the program (week 8 and week 13). Results were analysed using 2x2 repeated measures within subjects ANOVA.</p> <p>Semi-structured interviews: thematic analysis.</p>	<p>This study found that a 13-week walking exercise programme significantly improved participants' mood as measured by the PANAS. A thematic analysis identified two main themes 'Forest Elements' and 'Social Aspects'. 'Forest Elements' contained five subthemes: 'Quietness and fewer people', 'Different from everyday life', 'Beauty and interesting', 'Nicer place for walking' and 'Negative experience'. The 'Social Aspects' theme contained four sub themes: 'Getting out', 'Looking forward', Changing routine' and 'Creating/strengthening social relationships'.</p> <p>The authors emphasise that the quiet nature of the forest engendered peaceful and calm feelings. Participants are also</p>

					reported to have appreciated being in a novel landscape. The importance of forming a social network through walking with a group is highlighted. The authors suggest that group forest walks could be an effective adjunctive therapeutic intervention for people with enduring mental health difficulties.
Peacock, Hine & Pretty (2007)	The mental health benefits of green exercise activities and green care: a Mind week report	20 members of various local MIND groups.	UK	<p>Mixed Methods</p> <p>The study was a repeated measures design. Participants engaged in two walks that took place a week apart: an outdoor walk in a country park (containing woodlands, grasslands and lakes) and an indoor walk within a shopping centre.</p> <p>Quantitative data and qualitative data were gathered through a composite</p>	<p>It is reported that walking outdoors in a green environment is significantly more effective in enhancing mood and improving self-esteem compared to walking indoors. The authors highlight that a green outdoor walk can reduce feelings of anger, depression, tension and fatigue, while also increasing energy levels. It is noted that the indoor walk reduced fatigue but decreased feelings of vigour and increased feelings of tension and confusion.</p> <p>Participants in the qualitative section of the questionnaires described enjoying looking at the scenery, being outside and getting fresh air when partaking in the green walk. In addition, participants' comments indicate that on both walks they</p>

			<p>questionnaire that participants completed immediately before and after the walks. The questionnaires aimed to measure participants' levels of self-esteem and mood and also contained qualitative questions designed to capture further information on participants' experiences of the walk (e.g., 'what did you feel was special about the walk?').</p> <p>The quantitative section of the questionnaire included standardised tools: Rosenberg Self-Esteem scale and Profile of Mood State questionnaire.</p>	<p>valued spending time with other people.</p> <p>It is concluded that green outdoor walks can enhance social capital and significantly improve mood and self-esteem.</p>
--	--	--	---	---

**Summary of one quantitative study exploring the restorative impact of urban vs. nature group walks for adults who are diagnosed with mental health difficulties (and adults who are not diagnosed with mental health difficulties)**

Authors	Title of Study	Sample	Country	Method	Key Conclusions
Roe and Aspinall (2011)	The restorative benefits of walking in urban and rural settings in adults with good and poor mental health	123 adults, 83 with 'good mental health' and 40 with 'poor mental health'. Poor mental health was defined as having a clinically diagnosed mental health problem and good mental health as having no clinically defined disorder.	UK	<p>This study involved two quasi-experiments that compared the restorative benefits of walking in urban and rural settings in two groups of adults with good and poor mental health. Two aspects of restoration were examined: 1) mood 2) restoration through reflection on everyday life and coping with life tasks.</p> <p>Participants completed questionnaires pre and post walk.</p> <p>Aspects of mood, such as hedonic tone (person's affective state), energy and</p>	<p>A key aim of this study was to explore differences in restorative outcomes between two mental health groups in two different settings (urban vs. rural).</p> <p>Firstly, it is reported that walking in a rural setting promotes positive change in mood and mind-set in relation to personal projects for both mental health groups. The authors highlight that walking in a rural setting is very restorative for individuals with mental health difficulties and positively impacts their hedonic tone, efficacy and stress levels.</p> <p>A second finding is that urban environments did not promote restoration in walkers without a mental health diagnosis but did promote feelings of emotional restoration and reflection in adults defined as having a mental health disorder.</p>

				<p>stress levels, were measured using a shortened version of the University of Wales Institute of Science and Technology Mood Adjective Checklist.</p> <p>Reflection was measured using a 5-item personal project scale measuring three cognitive dimensions of project planning (challenge, efficacy and control) and two core affective dimensions (enjoyment and stress).</p> <p>Self-esteem was measured using a shortened version of the Rosenberg Self-Esteem scale.</p>	<p>The authors conclude that the study's findings support research demonstrating the value of nature to restoration. They argue that walks in natural settings can potentially promote restoration as well as personal development in relation to goal implementation and manageability. However, they also note that walking in an urban setting appeared to promote positive changes in the group of walkers diagnosed with mental health difficulties. This leads the authors to postulate that walking in an urban setting may have facilitated a therapeutically beneficial sense of connection to the physical and social world, thus minimising feelings of being disconnected from reality. They also argue that walking with a group in an urban environment may have promoted positive change due to the increased social interaction involved.</p>
--	--	--	--	--	---

**Summary of two quantitative studies exploring the impact of urban-based walking programmes on physical and mental health**

<b>Authors</b>	<b>Title of Study</b>	<b>Sample</b>	<b>Country</b>	<b>Method</b>	<b>Key Conclusions</b>
Browne, Penn, Battaglini, & Ludwig (2016)	Work out by Walking: A pilot exercise program for Individuals with 'Schizophrenia Spectrum Disorders'	16 adults diagnosed with 'Schizophrenia Spectrum Disorder's' attending an outpatient clinic. All participants were considered to be physically inactive and at risk of physical ill health, in particular cardiovascular disease.	USA	<p>A quasi-experimental study that involved participants attending 30 minute long supervised group walks twice a week. Participants were also invited to do individual daily walks whilst wearing pedometers.</p> <p>Several measures were administered at baseline, post-test and one-month follow-up. Measures included the Short Form International Physical Activity Questionnaire, the PANAS, the World Health Quality of Life Scale and Multidimensional Scale of Perceived</p>	<p>The authors conclude that the group walking intervention substantially improved participants' physical activity levels due to step count improvements recorded on pedometers.</p> <p>Furthermore, it is reported that walking significantly improved participants' quality of life, social support and mental health symptoms. It is noted that participants fed back that social interaction and health benefits were the two main reasons that they attended.</p>

				Social Support.	
McDevitt, Wilbur, Kogan & Briller (2005)	A walking program for outpatients in psychiatric rehabilitation: Pilot Study	13 adults with 'serious and persistent mental illnesses' such as 'schizophrenia' who were also deemed to have 'sedentary lifestyles' and be at risk of cardiovascular disease. All participants were enrolled in a psychosocial, psychiatric rehabilitation programme.	USA	<p>A quasi-experimental study that administered to participants before and after a 12-week walking programme the Profile of Mood States and SF-12 Health Survey. Participants' case managers, to help assess psychosocial functioning, completed the Multnomah Community Ability Scale.</p> <p>Participants were also given heart monitors to wear while walking and target heart rate ranges.</p>	<p>Participants met three times a week for 1 hour and also had individual exercise prescriptions. The authors report that participating in a walking group improved participants' mood and psychosocial functioning but did not result in significant improvements to physical or mental health.</p> <p>The authors note that participants' activity levels did not increase as much as expected. They go on to postulate that mental illness and weight related stigma could have inhibited participants from walking briskly in an urban environment for fear of attracting unwanted attention.</p> <p>It is suggested that walking groups may support rehabilitation programmes.</p>

***Summary of two qualitative studies exploring nature-based walking groups***

Authors	Title of Study	Sample	Country	Method	Key Conclusions
Priest (2007)	The Healing Balm	14 adults who	UK	The author conducted	The author used the findings to



	Effect: Using a Walking Group to Feel Better	attended a walking group organised through a Community Mental Health Team. Two members of staff were also interviewed.		semi-structured interviews with participants, which were analysed using Grounded Analysis. In addition, ethnographic methods were used and field notes were included in the analysis.	<p>develop an overall model, 'The Healing Balm Effect'. The model highlights that varied aspects of walking with a group were perceived to be therapeutic by participants. For example, 'being closer to what is more natural', 'being part of a group' and 'getting away' from unnatural environments. It is noted that participants felt safe in the natural context and more able to be themselves. Many participants also valued spiritual aspects of walking in nature.</p> <p>The author reflects that the group may offer participants respite from difficult everyday environments that ultimately they must return to and recommends that further research on community-based walking groups be conducted.</p>
Holmes & Evans (2011)	Walk and Talk	Adults attending a walking group organised through a Community Mental Health Team (number not specified).	UK	The authors draw on field notes and feedback from participants to explore the benefits of attending a WnT group.	It is concluded that participants gained a sense of achievement from improving their physical wellbeing through regular walking. It is also reported that participants experienced a therapeutic and healing sense of connection to nature during walks. A third finding

					is that participants enjoyed the social connections that they formed with others during the walks.
--	--	--	--	--	--

***Summary of one qualitative study that explores an urban ecotherapy group intervention that included walking***

<b>Authors</b>	<b>Title of Study</b>	<b>Sample</b>	<b>Country</b>	<b>Method</b>	<b>Key Conclusions</b>
Jones, Thompson & Watson (2016)	Feet on the Ground and Branching Out: Being with Nature as a Tool for Recovery in Crisis within a NHS Mental Health Services	Adults attending a mental health service for people recovering from acute mental distress. The number of adults who attend the group was not specified.	UK	The authors draw on their observations and reflections as well as service-user feedback of a 12-week ecotherapy group based in an inner city borough of London.	The authors report that the group fostered social connectivity and facilitated sharing of diverse perspectives. Participants who were new to London reflected that the group helped them build a connection to the local area. Other participants are noted to have found the group a spiritual experience that generated valued childhood memories. The authors also state that being outdoors helped to minimise hierarchies and democratise the therapeutic relationship.

## **Appendix C: Participant Information Sheet**



### **Information Sheet about a study exploring the experiences of members of an urban 'Walk and Talk' group**

Dear Sir or Madam,

My name is Jessica Muir. I am a Trainee Clinical Psychologist studying at the University of East London. Please find below some information to help you decide whether you wish to take part in a research study on the Hackney 'Walk and Talk' group. The research will inform my doctoral thesis, which I'm planning to submit to the University of East London in May 2017. The research may also be published in an academic journal.

#### **What is the research about?**

The aim of the research is to develop a better understanding of how people who attend 'Walk and Talk' groups experience them. I am interested in learning about how walking, talking, and the places around us, influence our wellbeing. It is hoped that the findings of the research will be used to help mental health professionals and mental health services consider people's environments and alternative interventions like 'Walk and Talk' more fully.

#### **What is required of you if you decide to take part in the research?**

If you agree to take part you will be invited to do two things that are outlined below.

1. Take photographs and be interviewed about them

You will be invited to take photographs of places that you feel connected to, places that you don't feel connected to and places that you feel your relationship to has changed since joining 'Walk and Talk'. I will provide you with a disposable camera and develop the photographs you take.

You will be invited to discuss and share your experiences of the places that you took photographs of. The interview will be with me and I will record it on a digital recorder. The interview may last from 40 to 60 minutes. The interview will take place either in a quiet room at X service or other places like your home if you would prefer.

2. Participate in a 'walk-along' interview

You will also be invited to take part in an interview whilst walking along a route that you have chosen. The interview will be with me and I will record it on a digital recorder. The interview may last 40 to 60 minutes. It will focus on topics such as how walking and talking with others in the 'Walk and Talk' group makes you feel.

**What will happen to the information you share?**

- After the interviews I will listen to the recordings and type them up into a transcript. Any names you mentioned (including your own) and anything you say that could identify you will be altered. The typed transcripts may be read by my supervisors Dr Laura McGrath and Dr Angela Byrne as well as the examiners who assess me. No one else will read the transcripts.
- The photographs you take may be displayed in my thesis and any publications I write that are based on the thesis. Information on who took the photographs will be anonymised so that your identity is protected.

However, as the photographs are of places it will be impossible to anonymise locations. To help protect your privacy you will be asked not to take photographs that contain identifying details or images of yourself. You will also be asked not to take photographs of others. You will have an opportunity to mark any photographs that you do not want to be displayed. The photographs, like the typed transcripts, may be looked at by my supervisors Dr Laura McGrath and Dr Angela Byrne as well as the examiners who assess me.

- The interview recordings and transcripts will be stored on a password-protected computer, to ensure no one else sees or hears them. The photographs you take will be stored in a locked cabinet in a secure room at the University of East London. You are welcome to have copies of the photographs.
- After my examination I will erase the interview recordings. The typed transcripts will be stored securely on a password-protected computer for an indefinite period of time. The photographs you took will also be stored securely for an indefinite period of time. This is so that they can be used to inform future research and publications.
- I will keep the information you share confidential. I will only breach confidentiality if you share information that makes me concerned that you or someone else is at risk of harm. If that happened, I would have a responsibility to tell someone who can help keep you and/or someone else safe. I would try to let you know that I needed to share that information.

### **Other important information**

You do not need to take part in this study and should not feel pressured to do so. If you do decide to take part it is okay if you want to change the time of your interview, take a break during it or finish it another time. I will be available to

discuss any concerns or questions you have throughout and after the interview session.

You are able to withdraw from the study at any point up until I've finished the analysis. If you do decide to withdraw from the research you are not obliged to give a reason for doing so. Upon your withdrawal from the study the information you have provided will be destroyed and not used by the researcher. Withdrawing from the research will not disadvantage you or impact your relationship with X service.

There are no risks or dangers involved in taking part in the research, although it is possible that you could get upset if you share information about something you find difficult or emotional. If you did get upset, I would be happy to contact X (named person) at X (service that organises the Walk and Talk group) for you to talk to. I will also give you the contact details of other organisations that can offer support.

Please feel free to ask me any questions. If you would like to participate you will be asked to sign a consent form before the research begins. Please keep this information sheet for reference.

### **Thank you**

If you have any questions or concerns about how the study has been conducted, please contact the study's main supervisor: Dr Laura McGrath, School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Tel: 0208 223 4500. Email: l.h.mcgrath@uel.ac.uk)

**or**

Chair of the School of Psychology Research Ethics Sub-committee: Dr. Mary Spiller, School of Psychology, University of East London, Water Lane, London E15 4LZ.  
(Tel: 020 8223 4004. Email: m.j.spiller@uel.ac.uk).

## **Appendix D: Walk-along Interview Schedule**

The interviews will be semi-structured so the following schedule is a guide to the questions that will be asked.

### **Introduction**

- Clarify issues relating to consent and confidentiality.
- Show the participant the interview sheet and check that they are happy to discuss those issues whilst walking outdoors.
- Ensure that the participant is aware that they can withdraw from the interview at any point, take breaks or re-schedule.

### **Questions**

- Where are we walking today?
- Have you chosen this route for any particular reason?
- What sort of feelings do you experience when walking?
- How would you describe the Walk and Talk (WnT) group?
- What does it mean to you to go on walks with the WnT group?
- How do you feel when walking with the WnT group?
- How do you find talking on WnT compared to other services?
- How do you feel when you are walking around your local area alone?
- Has Walk and Talk affected how you feel when walking around your local area?
- Have other things influenced how you feel when walking?

### **Possible prompts**

- Can you tell me a bit more about that?

- Can you tell me a bit more about why you feel like that when walking?
- How do you make sense of that?
- How do you understand it?
- Can you give me an example?

### **Debriefing**

- Thank participant for taking part.
- Ask how they feel about the discussion we've just had.
- Remind participant of their right to withdraw and what will happen to the information they've shared today.
- Check whether they have any queries or issues that they would like to discuss.
- Explain to the participant that if the interview raised any difficult or emotional issues that they would like further support with I can help them to arrange a time to talk with X (named person) at X (service that organises the Walk and Talk group). Tell the participant that the debrief sheet also contains the contact details of other organisations that can offer support.



## Appendix E: Photo-production Interview Schedule

The interviews will be semi-structured so the following schedule is a guide to the questions that will be asked.

### Introduction

- Clarify issues relating to consent and confidentiality.
- Ensure that the participant is aware that they can withdraw from the interview at any point, take breaks or re-schedule.
- Lay the photographs on the table and thank participant for taking them. Check that the participant is happy to share and discuss all the photographs that they took.

### Questions

How did you find taking the photographs?

#### Photographs of places participants feel a connection to

- Please can you lay out, in an order that makes sense to you, the photographs of places that you feel a connection to?

*Ask the participant which photograph they would like to start with then go through each of the photographs in the order they suggest asking the following questions with prompts where appropriate:*

- Can you tell me a bit about this place and why you feel a connection to it?
- How often do you go to that place?
- What activities or activity do you carry out in that place?
- How does it make you feel to be there?
- Do other people use this place? How do you feel about them?

#### Photographs of places participants do not feel connected to

- Can you show me the photographs you took of places that you don't feel connected to?

*Ask the participant which photograph they would like to start with then go through each of the photographs in the order they suggest asking the following questions with prompts where appropriate:*

- Can you tell me a bit about this place and why you don't feel connected to it?
- How often do you go to that place?
- What activities or activity do you carry out in that place?
- How does it make you feel to be there?
- Do other people use this place? How do you feel about them?

Photographs of places that participants relate to differently since joining the Walk and Talk (WnT) group

- Can you show me the photographs you took of places that you relate to differently since joining WnT?

*Ask the participant which photograph they would like to start with then go through each of the photographs in the order they suggest asking the following questions with prompts where appropriate:*

- Can you tell me a bit about this place and why your relationship to it has changed?
- How often do you go to that place?
- What activities or activity do you carry out in that place?
- How does it make you feel to be there?
- Do other people use this place? How do you feel about them?

**Possible prompts**

- Can you tell me a bit more about why you feel like that when you are in that place?

- What does that place mean to you?
- How do you make sense of that?
- How do you understand it?
- Can you give me an example?

### **Debriefing**

- Thank participant for taking part.
- Ask how they feel about the discussion we've just had.
- Ask if there are any photographs that they do not want displayed in the thesis.
- Clarify that the researcher will retain the original photographs (for the purpose of research dissemination) but if they wish they can have copies of them.
- Remind participant of their right to withdraw and what will happen to the information they've shared today.
- Check whether they have any queries or issues that they would like to discuss.
- Explain to the participant that if the interview raised any difficult or emotional issues that they would like further support with I can help them to arrange a time to talk with X (named person) at X (service that organises the Walk and Talk group). Tell the participant that the debrief sheet also contains the contact details of other organisations that can offer support.

## Appendix F: University of East London Ethics Approval

### School of Psychology Research Ethics Committee

## NOTICE OF ETHICS REVIEW DECISION

**For research involving human participants**  
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational  
Psychology

**REVIEWER:** Irvine Gersch

**SUPERVISOR:** Laura McGrath

**COURSE:** Professional Doctorate in Clinical Psychology

**STUDENT:** Jessica Muir

**TITLE OF PROPOSED STUDY:** Mapping Meaning Into the Everyday: Experiences of an Urban Walk and Talk Group

### DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

### DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

*(Please indicate the decision according to one of the 3 options above)*

**APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES.** This is an impressively thoughtful application and interesting study.

A check is needed for the risk level of any member of the sample **BEFORE** the study commences so appropriate preventive steps can be taken e.g. is any member of the sample potentially aggressive or difficult or do they pose other risks to the researcher? This is important.

**Minor amendments required** (*for reviewer*):

I suggest you expand possible publication from “in academic journals” to a wider orbit, as this excellent study may be of interest more widely, e.g. book chapter, local newsletters, and other sources for dissemination. Why limit this at this stage?

**Major amendments required** (*for reviewer*):

**ASSESSMENT OF RISK TO RESEACHER** (*for reviewer*)

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

? HIGH

? MEDIUM

? LOW

**FURTHER INFORMATION NEEDED**

*Reviewer comments in relation to researcher risk (if any):*

I am unaware of the nature of the walkers’ disabilities and risk posed, but this should be ascertained **beforehand** from the organizer. Is anyone aggressive for example, or difficult in any way? This must be addressed, and appropriate preventive steps taken **BEFORE** the study proper commences.

**Reviewer:** *Professor Irvine Gersch:*

**Date:** 24.3.16

*This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee*

**Confirmation of making the above minor amendments** *(for students):*

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name *(Typed name to act as signature):* Jessica Muir  
Student number: 0740633

Date: 12/4/16

*(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

**PLEASE NOTE:**

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

\*For the researcher and participants involved in the above named study to be covered by UEL's insurance and indemnity policy, travel approval from UEL (not the School of Psychology) must be gained if a researcher intends to travel overseas to collect data, even if this involves the researcher travelling to his/her home country to conduct the research. Application details can be found here: <http://www.uel.ac.uk/gradschool/ethics/fieldwork/>

## Appendix G: Participant Consent Form



### CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY

#### Mapping Meaning Into the Everyday: Experience of an Urban 'Walk and Talk' Group.

Name of Researcher: Jessica Muir

1. I confirm that I have the read the information sheet for the above research study and have been given a copy of the information to keep.
  
2. I have had the opportunity to think about the information, ask questions and have had these answered by the researcher.
  
3. I understand what is being proposed and the procedures in which I will be involved have been explained to me.
  
4. I understand that my participation is voluntary and I am free to withdraw without giving any reason up until the study's final analysis is complete. Should I decide to withdraw from the study, any data that I provided will be withdrawn and not used in the analysis.
  
5. I agree to the interviews being audio-recorded by the researcher.

6. I understand that my involvement in this study, and particular data from this research, will remain confidential. Only the researcher involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

7. I fully consent to participate in the above study

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date .....



## **Appendix H: Transcription Key**

(....) Indicates that words have been omitted to shorten quote

[ ] Indicates when an explanatory comment has been added to the text

.. Represents a brief pause

... Represents an extended pause

Appendix I: Extracts of Raw Data

Example 1: Extract from Marie's walk-along interview

Memory of learning to spell window - brought to life

Skipping - can still see self as girl missing and learning - active memory - activate - Some can't tell - connection to childhood years and years - still here

Group brings opportunities to see what visit new places - "love never" - before group difficult.

Group - adjusting pace - collective pace - needs our individual

Fastest with other groups = happier? - less pressure?

forget it, I don't know how old I was but it took me a while to learn to read and spell and I remember learning the word 'window' and I always remember skipping, actually skipping, window, till I got it, I was repeating it and repeating it and I found one day, I don't know if it was a, it was like a little stone, like a purpley red stone, and it was in a little gold thing, I don't know if it was part of an earring or whether it was part of a necklace and I'm talking if I was about six or seven then, and I'm now sixty, so that's like fifty three years, I've still got it. (I: Really?) I've still got this little stone! (I: And you found it when you were skipping?) I found it when I was skipping on this part of the hill years and years ago... So you know yeah... this (inaudible) again a lot of memories but then we didn't go out the area very much...

I: Now do you feel like you go out the area a lot?

M: Yeah, I've never been to so many places, I've never, with the help of (name of one of WnT group leaders) obviously, he's managed to (inaudible) all where he's taken us, he's just been fantastic, so you know...

I: What has it been like walking with the group? When you're walking around with them like compared maybe say to walking around on your own, how would you describe being with the group?

M: Okay, walking with the group you've got to walk at a much slower pace, um not always the pace I like but it's fine, I enjoy walking with the group I enjoy talking with the group (I: Yep) Um, the interactions between us while we're walking are nice and I always feel as I said we've been a happy group (I: Yeah) so far touch wood. You know we've been you know we have done many things and people have not been happy but that's not been on our group and that's all I can say but I know we're a happy group and I like to think that people are happy and they've enjoyed their walk and talk and you know there is never no pressure, but yeah I love walking with the group.

I: What does it mean to you the group? If you were to...

Childhood memory brought into present

Visual, active memory - movement, learning

Object & place = memories

Enduring memories - past movement, past movement in present

Part of hill - specific place - connection to childhood memory

Local area - didn't know beyond

Next experience

Many places new places

Help to visit

Compromise - Adjust - fitting with jump

Interactions

Happy interactions

Walking talking = happiness = enjoyment

No pressure - freedom - relaxing space?

**Example 2: Extract from Neil's photo-production interview**

**Neil  
Photo Interview**

I: Okay, so, just to begin with I wonder if you want to tell me a bit about some of the photos you took of places you feel a connection to?

I don't know if there is any that you want to start with?

N: Well this church here, it's called X. It's a church when I used to live, when I was a boy we used to go there regularly. That's in X road off X street and you know it brings back happy memories you know when I was a child going to Mass, our family used to go together and it brings back memories. \*

I: And do you go to that church a lot now or do you walk past it?

N: Oh, I walk past it regularly but I don't really go to it, I don't, I'm sort of a lapsed Catholic really...

I: So when you walk past that church what sort of feelings do you have when you walk past it? What sort of thoughts might come up?

N: I just get nostalgic you know, I wish I could be a young boy again you know, I miss my childhood. Just memories, memories like that.

I: Is it a place you walk past a lot? Do you live near it?

N: Yeah, I live quite near it, yeah. I don't walk past it a lot. Like you know, occasionally I walk past it.

I: Yeah. And what does it feel like to have places like that from your childhood nearby?

N: Umm, well, I enjoy living in X cause it's where I grew up. I grew up in X. I suppose I just live in the past really, most of the time I live in the past too much really.

I: Why do you think that is?

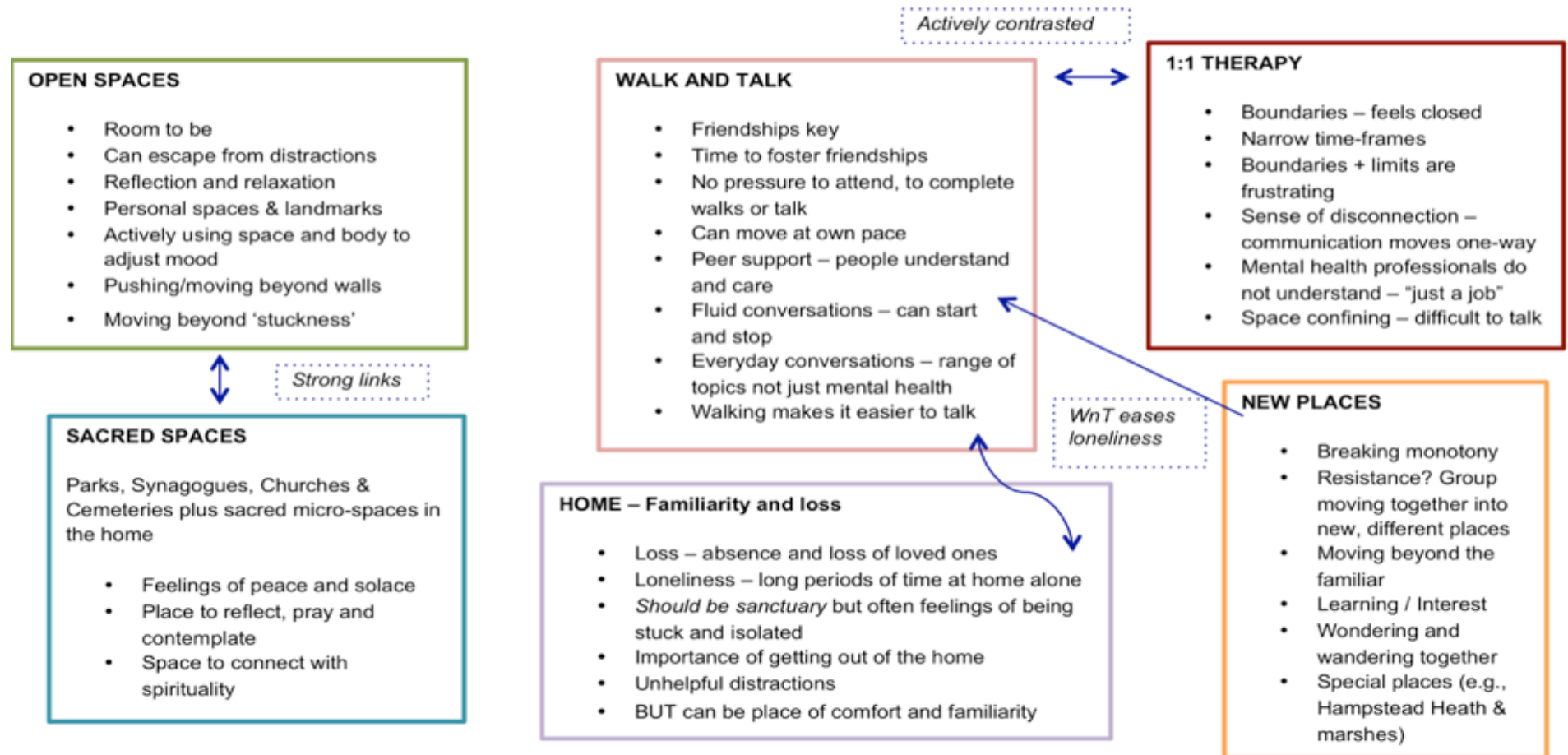
N: Because the present, eh, I don't really enjoy being middle aged, I find it very hard you know, I just... I just prefer the past, that's all.

(Importance)  
Memories  
- memories contained in church  
Church -  
here and here but also past place -  
connection to a different time  
NOSTALGIA  
MISSING  
Memories repeating  
- childhood repeating  
Physical closeness -  
contact  
Past -  
too much?  
Too much in present?  
Present -  
difficult place to be - past a comfort?

Church -  
Place of connection  
Place - brings contact with connection to memories  
Happy memories  
Childhood brought back  
we / Family -  
memories of others -  
connection to others  
- still  
- past regular  
- Part of environment?  
- longing for childhood  
- Memories -  
- Missing past  
- Enjoying living in past  
- BUT living in past too much  
Time in past  
Present is difficult -  
Middle age difficult  
Past preferable

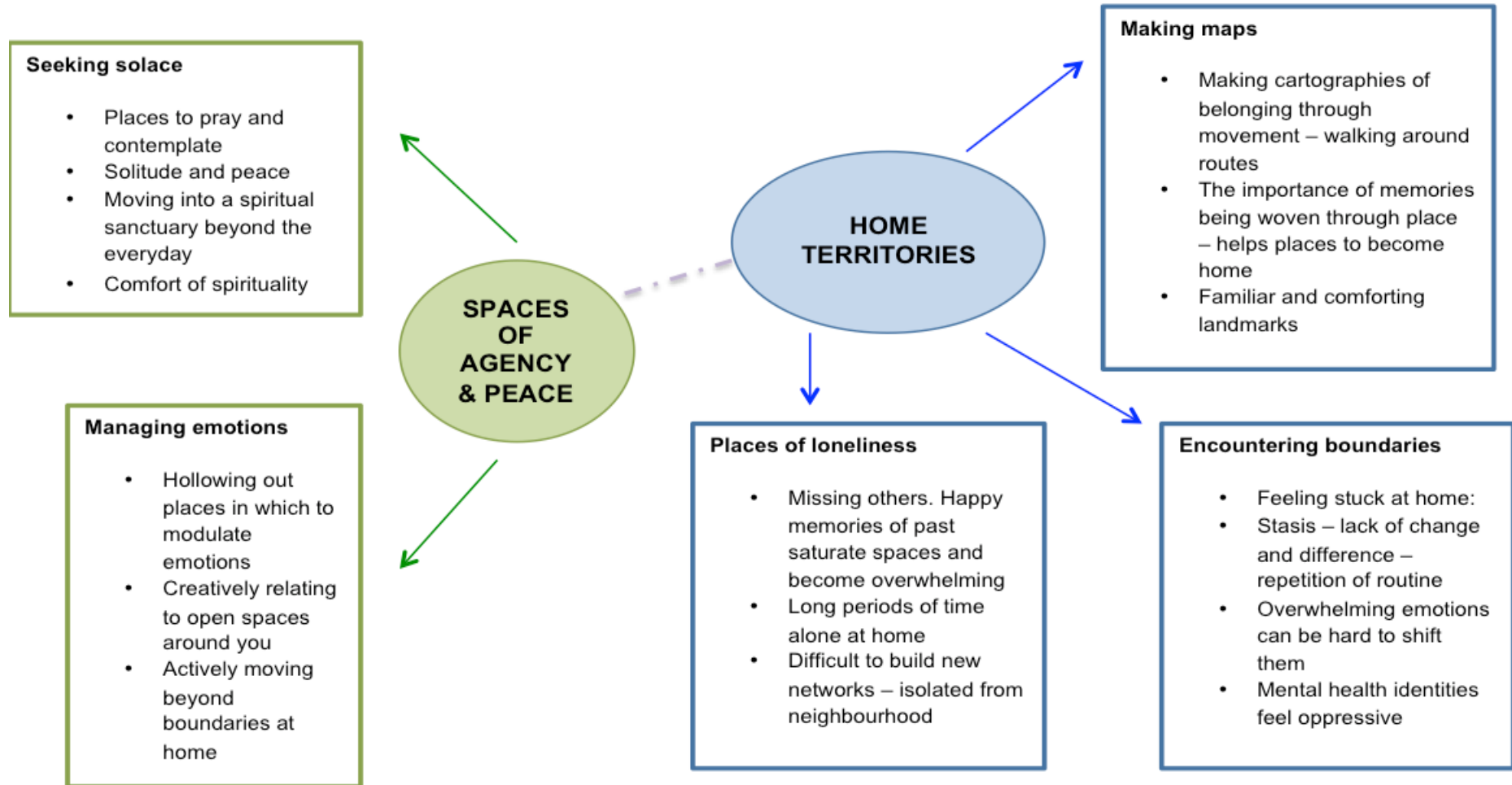
## Appendix J: Examples of Thematic Maps

### Early Map

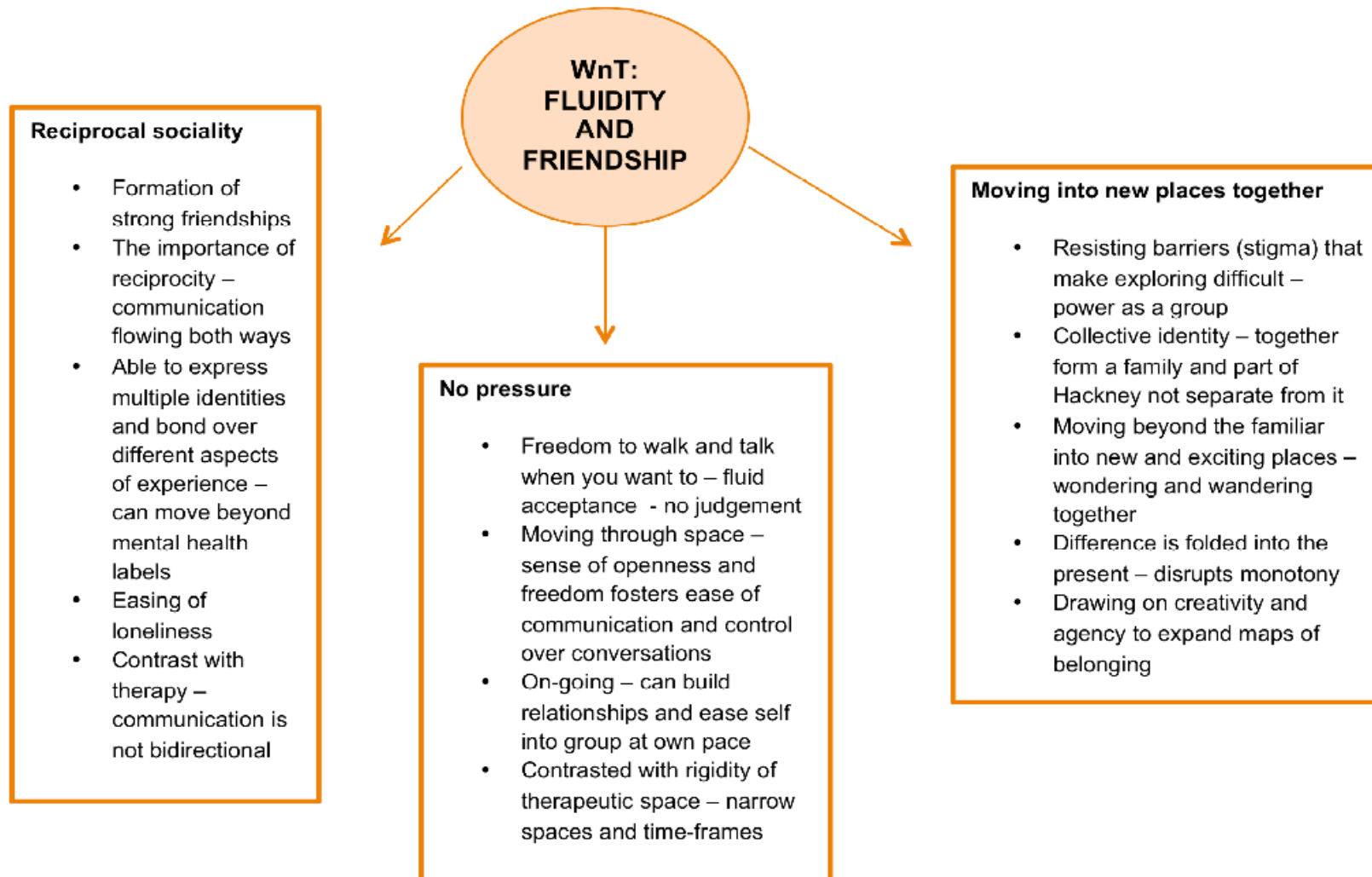




## Intermediate map



## Intermediate map



## Appendix K: Extract from Reflexive Diary

July 2016, After group walk

Today we walked around De Beauvoir Town. We passed the Rosemary Branch pub and X explained that its name is inspired by the Levellers who are said to have held meetings in the original tavern and wore sprigs of rosemary in their hats to identify themselves. We also went to De Beauvoir Square and sat for a while enjoying the sun. It's so close to Kingsland Road but peaceful and full of different coloured roses, which we all admired. All those years living in Hackney and I never went there once. The group are like psychogeographers and through walking with them I'm learning about places I thought I knew well. While we were walking to De Beauvoir Square X told me she is considering taking part in the research but feels unsure. She explained that she doesn't like to commit to things in case she doesn't feel good on the day and ends up struggling to leave her flat. I felt surprised when she said that she has days where she feels so bad she can't leave her flat as she always seems so chatty and cheerful on the walks. I don't want her to worry about taking part in the research so explained that there is no pressure at all to participate but if she does decide to participate I'm flexible and can rearrange interview times to suit her. I struggled to talk about the research, as I didn't want her to feel swayed by me. One of the things that people seem to enjoy about the walks is the freedom just to walk and chat, no one is pinned down, there's no set agenda. X said that the group is not a "project" and I keep coming back to that because my research is a project and I'm asking for a commitment whereas the group doesn't ask anyone to commit. It's more like a space of friendship and friendship is not a project. Les Back<sup>6</sup> says that talking and describing is always a betrayal – albeit a necessary one – of either the person about whom one is speaking or the things that we know about them but which remain unsaid. I worry that trying to capture the group in a piece of research is like a betrayal but I also hope there are some unsaid things about Walk and Talk that members of the group would like it to say.

---

<sup>6</sup> This comment refers to a discussion by Les Back (2007) in the prologue of his book *The Art of Listening*.