

Walk and Talk

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ABSTRACT

This paper looks at the beneficial effects for people of the 'Psychology in the Real World' [1] group *Walk and Talk*, in terms of exercise, being in green spaces and the psychosocial benefits of being part of a group, and suggests that these benefits may be additive and perhaps interact to have even greater effect for some people. The benefits for people who have been long-term recipients of psychiatric services of participating in and taking lead roles in the organisation and running of the group are also explored.

Keywords

Green spaces, exercise, mental health, social role, prejudice, group work

INTRODUCTION

Whilst the physical and mental health benefits of physical activity are well established in the literature [2], recent attention has focused on exercise in, and access to, green spaces or natural environments. Mitchell and Popham [3] have analysed U.K. population data that indicates health inequalities relating to economic disadvantage can be moderated by the degree of access to parks and other green spaces near people's homes. In Japan Shinrin-yoku (spending time in forested areas) has historically been used by large numbers of people to alleviate stress and a recent study showed that this improves various measures of psychological well-being [4]. In Britain, ecotherapy has been extolled by organisations such as MIND and the National Farm Care Initiative, who have both sought to enable and encourage access to the restorative power of green spaces for people at social disadvantage, especially those who might have mental health and addiction problems [5]. The concept of the 'green gym' has caught on [6], and through Ecominds the U.K. government has pumped money into small projects that promote various activities in green spaces. Although much of the research literature can be critiqued in terms of methodology, a recent systematic review [7], comparing exercise indoors to exercise in natural environments, did indicate that exercising in natural environments is associated with improved well-being on various measures compared to exercise indoors. Even projecting pleasant rural scenes onto a wall whilst people exercise on a treadmill appears to increase the psycho-physiological benefits of exercise [8]. In an editorial in *The Lancet*, Hartig [9] stated that, despite there being a lack of well-controlled trials regarding well-being, the research data that does exist is sufficient to support action to preserve and extend access to green spaces.

It seems likely that activity in green spaces can improve people's well-being in a wide variety of ways. Qualitative research provides some indication of the mechanisms by which this might occur. Priest [10] combined methods from grounded theory and ethnography to explore members' experience of a mental health service walking group, with regard to the psychological benefits of the physical activity (walking), being in the countryside/outdoor environment and in terms of the social benefits of being a member of a weekly walking group. Themes in the data were brought together in a *Healing Balm* model, which sought to categorise the healing properties of the experience. These included: *Striving; Getting Away; Being Closer to What is More Natural; Finding Meaning; Feeling Safe; Being Part; and Being Me.*

This paper draws upon field notes taken by the first author during five summers of being involved in a weekly walk which is open to all people in Shropshire U.K. - *Walk and Talk* – during the period 2007-11, including notes taken at the end of each summer when participants are asked to reflect on their experiences (good and bad) of *Walk and Talk*; a reflective journal written by a trainee psychologist who

participated in *Walk and Talk* in 2008; written feedback provided by participants in 2007; and reflections from the second author who has been both a participant and organiser of *Walk and Talk* during the period 2008-11. Whilst *Walk and Talk* differs from the type of group that Priest studied, her overarching categories of *Walking*, *Being Close to Nature*, and *Being in a Group*, at the centre of the *Healing Balm* model, will be used to structure this paper.

WALK AND TALK

Walk and Talk is a weekly group that meets in Shrewsbury (U.K.) and follows a picturesque route along the river Severn for an hour and a half - a two-mile walk with the option of a drink and something to eat at a local pub afterwards. The group is run by a collective of people who advertise the group, guarantee that there are always people at the meeting point each week to greet people and explain the route to newcomers, and who informally keep an eye on everyone to make sure people are okay and getting what they want from coming along. This facilitation style has been described as 'unobtrusive shepherding' [1]. Having a number of organisers also enables people with different needs and walking paces to be catered for. The group is aimed at helping people gain access to and benefit from the countryside surrounding the town. As the posters that advertise *Walk and Talk* indicate, it offers a general invite to people who might have an interest in nature, as well as those who feel they might benefit from getting out of their house and having a walk, and people who might be seeking some conversation with "like-minded people and a local psychologist". Posters are put up in various locations around town, including community mental health settings, education centres, libraries, shops, cafés, G.P. surgeries and along the walk route itself, as well as being emailed around through formal and informal networks and being advertised on the website www.shropsych.org. Research in the first year of *Walk and Talk* showed that 51 different people came that summer, with the average number of people each week being 10 (range 4-17), and subsequent summers have attracted similar numbers. As people are not formally referred to the group – they just turn up on the day – it is impossible to precisely estimate the number of participants who have had a history of psychiatric service involvement, but a majority of the regular attendees have revealed that they have experienced some mental health service interventions (ranging from counselling to forced treatment under the Mental Health Act).

Walk and Talk follows the philosophies of other *Psychology in the Real World* groups [1] that have run in various locations in Shropshire since the late 1990s and that underpin an increasing number of groups elsewhere in the U.K. Such groups, whilst having an NHS psychologist involved in their planning and facilitation, bring people together not because they have a shared problem or diagnosis but because they have a shared interest. Unlike standard NHS services, people are not referred but sign up as one might do for any local group or course, and the groups are open to all people. They are not skills for ill groups, but rather focus on enabling participants to share experiences and come together with an ultimate aim of not just developing a greater understanding of what affects our own and other's well-being, but also to take various kinds of social action to improve the psycho-social and material environments that we inhabit. Newly formed groups tend to be inspired, planned and co-facilitated by people who previously attended other *Psychology in the Real World* groups and are born out of ideas that have generated from the discussions in these groups. For example, the *Toxic Mental Environments* group [1], which ran in 2006, led to explorations of the importance of accessing the countryside as a means of people detoxifying reactions to contemporary culture; *Out of the Box* (a support group for people trying to come off psychiatric drugs) led to participants highlighting the benefits of exercise in green spaces as an alternative to medication (and as an aid to coming off psychiatric drugs) - participants from these groups, several of whom had had long-term involvement with psychiatric services, were instrumental in setting up and running *Walk and Talk*.

THE PSYCHO-PHYSIOLOGICAL BENEFITS OF WALKING

There is a considerable body of evidence indicating that physical exercise has beneficial effects for both physical and mental well-being. A recent review concluded: 'Physical activity improves health...some activity is better than none, and more is better than some' [11]. Hamer et al [2], studying a large sample from the Scottish Health Survey, showed that even 20 minutes per week of any physical activity benefits mental health as measured on the General Health Questionnaire (GHQ), with greater benefits for activity

at a higher volume and/or intensity. In mental health populations, exercise has been shown to be beneficial to people with various diagnoses, including schizophrenia [12]. For *Walk and Talk* we have kept to the same route each week, which is fairly flat, following the river path, with a rise of about 30 steps at the end for those who want to go to the pub. This end to the walk presents a physical challenge to many of us, with the reward of a great view over the river plain at its end (not to mention a drink and rest at the pub). For some people this stroll, which takes us about 90 minutes, has been too much: in the past people on high doses of anti-psychotic medication, who have been recovering from physical illness or who have done no exercise for several years have found it too exerting. However, *Walk and Talk* was set up from the start to accommodate such dilemmas e.g. the route allows people to cut from the river path back into the town centre at various places along the route, and we retrace our steps for the last third of the walk so people can rest and be picked up on the way back. Priest's *Healing Balm* model, as well as highlighting the benefits of walking, also emphasises *Striving* (i.e. the importance of pushing oneself outside comfort zones), and members of *Walk and Talk* have commented on how they have found the walk easier to do each time, and how doing something physical helps with their mental well-being: "At first I only managed to go a few hundred yards, but that was okay, it was a start. Now I'm ready to go the full way and not just take the short-cut to the pub!" The benefits of walking, as Priest indicated, may not just relate to exercise: many participants have alluded to the gentle rhythm of walking and their sense that this has beneficial effects on their well-being, for example helping their "hectic mind to settle."

THE PSYCHO-PHYSIOLOGICAL BENEFITS OF BEING IN GREEN ENVIRONMENTS AND EXPERIENCING A CONNECTION WITH NATURE

In Japan Shinrin-yoku (spending time in forested areas) has been used for many years to improve psychological well-being and a recent large-scale controlled study [4] showed that this activity reduces depression, anxiety and boredom, and increases friendliness, wellbeing and liveliness, with greatest benefits experienced by people experiencing chronic stress. In the U.K., people who live near nature report higher levels of well-being and life-satisfaction than those who do not, and reported well-being is higher for people who have a view of trees, grass and shrubs from their windows compared to those who have a view of an urban environment [13]. An analysis of population data categorised in terms of income deprivation and access to green space [3] found that health inequalities relating to economic disadvantage can be moderated by the degree of access to parks and other green spaces near people's homes. Looking at U.K. mortality data for 2001-05, this study found that the populations with the most access to green space had the weakest associations between income-related deprivation and circulatory disease mortality (which is known to be affected by stress).

Gatersleben, in a review of research in the field of environmental psychology [14], identified ten key findings in the literature: living near nature has beneficial effects on well-being; contact with animals has beneficial health effects; exposure to natural scenes has positive effects on physiological arousal and health; exposure to nature has a positive effect on cognitive functioning; people prefer natural scenes over man-made environments; people prefer 'half-open park-like' environments; people's favourite places are often dominated by natural elements; natural environments are restorative; spectacular nature is awe-inspiring and can promote confidence and well-being; and not everyone finds nature attractive.

Such research overlaps with Priest's *Healing Balm* concepts of *Getting Away*, *Being Closer to What is More Natural*, and *Being Part* (of nature) and fits with comments we hear from *Walk and Talk* participants every week e.g. "This is my place, where I can have a break from the chaos in my own head... the kind of thinking and thinking and thinking over things and worrying; I'm a terrible worrier so to come to a place that allows me to chill is just great for me." People have referred to feeling a connection with the bird and animal life that we encounter and how this connection is not just experienced as "healing" but also how it feels, as one person put it, "more straight-forward than my feelings towards human beings" (which participants often refer to as being characterised by a lack of trust and fears of repeats of past hurtful encounters). The sense of quiet stillness, the fresh air, being close to running water and the hearing of bird song are often remarked on as "settling", "calming" and "feeling more natural" compared to the pollution, noise and urban landscape of town centres. The sense of witnessing the seasons change and how that helps connection with the idea that everything constantly changes – a helpful concept when one

feels stuck in depression and other difficult psychological states – has also been frequently referred to. As one person put it: “How watching the swallows and sand martins brings me out of my inner world and helps me connect with something much greater than the irritations and stresses that can envelop me.”

THE PSYCHO-SOCIAL BENEFITS OF BEING IN A GROUP

Reviews of the research literature on groupwork point to two basic conclusions: (i) there is a large body of evidence indicating that various types of groupwork are effective with a variety of populations in a variety of ways, but particularly in the areas of education, personal growth, therapeutic change and support (ii) groupwork is usually as effective (and occasionally more effective) as one-to-one interventions in comparison studies [15]. In the *Healing Balm* model group effects help in the realm of people *Being Me* (e.g. through being able to talk openly with people and not having to hide so many things about themselves) and in *Finding Meaning* (e.g. through discussions whilst walking). *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, being less socially isolated and feeling less stuck in various situations: “My first time last week was a bit nerve wracking because I didn’t know what to expect but everybody was very nice, very laid back; in fact I felt as though I’d been coming a lot you know...this is an ideal way of meeting people.” Often the anxieties that people feel on attending the group for the first time subside to a point where people feel far more at ease to talk indirectly or directly about their daily lives and past experiences, both positively and negatively. *Walk and Talk* is not a therapy group, but conversations often do occur that might be indistinguishable from those a person might have with a therapist. Whilst some participants have highlighted an additional need for the privacy that individual therapy affords in order to discuss painful experiences, especially ones that leave a person with strong sense of shame, others have put forward a different view: one regular participant has frequently remarked that he finds it much easier to talk and be open with people whilst walking, and particularly in the pub “over a pint”, than when in the “cold, clinical confines of the consulting rooms of the mental health service.” The psycho-social benefits that can occur in informal groups such as *Walk and Talk*, such as improvements in social skills and confidence, can occur far easier when there is no pressure and expectation to talk of problems, and may better generalise to other settings than when learned in a mental health group in a clinical setting. Mental health services often emphasise the latest branded techno-fix, whereas *Walk and Talk* participants, many of whom have had involvement with mental health services, state that some of the things they find most helpful from *Walk and Talk* are some of the simplest.

ADDITIVE EFFECTS AND INTERACTIONS BETWEEN WALKING (EXERCISE), BEING CLOSE TO NATURE AND BEING IN A GROUP

It is clear that different people get different benefits from *Walk and Talk*. Whilst one person experiences the exercise as being of most benefit, another will report it is the sense of connecting with nature, and neither might spend that much time in conversation with others during the walk (perhaps not seeking that on *Walk and Talk*, or finding that social aspect particularly important). On the other hand one regular participant who now helps run the group frequently remarks that, as he lives in a remote part of Shropshire and gets regular exercise from walking his dog on a daily basis, it is the social aspects that he finds most helpful as he can go several days without seeing anyone, an experience he links to his depression: “I live way out in the sticks so I’m used to been out in the countryside...it’s a bit of an isolated spot so I don’t get to meet up with people so this is an ideal way of meeting people.” This highlights one of the main advantages of groupwork: different people can benefit in very different ways [1]. For some participants, however, the different elements of *Walk and Talk* may be additive. For example, one participant listed health benefits she felt she was getting from doing some exercise, and coupled this to a sense of her stress levels reducing though being away from neighbours that scared her and in a safe and calming environment, along with a belief that she was benefitting from being able to talk about her difficulties with fellow walkers who empathised with her plight. Such benefits may not just be additive but may interact i.e. the combination produces effects over and above the added benefits of each part of the experience.

Hartig et al showed that walking in a nature reserve had beneficial effects on psycho-physiological measures of stress and was associated with greater positive affect and lessened anger compared to walking in an urban setting [16]. A systematic review in 2011 [7], comparing exercise indoors to exercise

in natural environments, indicated that exercising in natural environments is associated with increased energy, greater feelings of revitalisation and self-reported well-being, along with decreases in tension, confusion, anger and depression compared to the benefits of exercise indoors. In addition, greater enjoyment and satisfaction with outdoor activity and greater intention to repeat the activity at a later date was reported in comparison to indoor activity. Pretty et al showed that simply projecting pleasant rural scenes onto a wall whilst people exercise on a treadmill appears to increase the psychological/physiological benefits of exercise, compared to no projection or projections of urban scenes [8]. This combination of effects fits with what we observe on *Walk and Talk* e.g. being in green spaces often appears to put very anxious people at ease, which in turn helps them to talk of troubling and distressing things. They may also find this easier to do whilst walking compared to feeling under the spotlight when in a therapy group or in individual therapy. As one participant put it: "It's very different to an hour-allocated appointment where there are expectations that you will talk about your problems - there are no such expectations on *Walk and Talk* and people don't have to talk if they don't want to." On the walk people report feeling a connection to nature, and whilst talking of this they tend to connect with their fellow walkers; they notice the physiological effects of walking and being outdoors on their bodies, and in doing so stay more in the here-and-now. Many aspects of *Walk and Talk* can intertwine and interact to create the healing balm effect: *Being Away* from toxic mental and physical environments and *Closer to What is More Natural* appears to help people to *Feel Safe*, with the friendly group and the green space helping people in terms of *Being Me* through *Being Part* of a group and a natural environment that participants feel an affinity with, which can help people in terms of them *Finding Meaning* (in life) and *Striving* (not just to do the walk but to carry on in a world that can be hurtful).

At the end of the first running of *Walk and Talk* in 2007 we asked participants in the final walk of the summer to email us with their written comments on what had gone well and what hadn't, and to give us their overall positive and negative impressions. One participant wrote:

I am so used to writing letters lately complaining about a [mental health] system that I think has been unfair to me, I barely know how to write a compliment. Walk and Talk was something that kept me sane over a long 6 week summer holiday that can get very lonely. Even walking in torrential rain was fantastic! I would have sat at home depressed if not for the walk. The similar route each week was very different because of the things I saw and the different people I met. My psychotic mind connected everything personal to me and enabled me to bury old past memories...freaky eh?

COMPARISONS WITH OTHER MENTAL HEALTH SERVICE GROUPS

The following quote, from written feedback given by several people on the first year's running of *Walk and Talk*, gives an eloquent illustration of the kinds of things many people have said about how the informality of *Walk and Talk* compares with ways that mental health service groups are commonly run:

Having read the title Walk and Talk I am still surprised that curiosity led me to find out more. As a child my parents recall that I had a reluctance to do either and as an adult I never acquired the love of walking for pleasure, it was just a means of getting from A to B. I checked out the website, slide show and poster. The appeal – the informality and accessibility. The suggestion simply to turn up with an open mind and sensible shoes. Happily what was not required – referrals, assessments, waiting lists and notes – appealed to me more. Armed with a promise to myself to do something different I turned up at the bottom of Frankwell Bridge steps. The experience – a time to be alone, to stop, briefly reconnect and to feel. To escape. A chance to take a risk and find courage. To listen. To be heard. I have been told that I need to help myself and take responsibility; this was one of the few times I was shown how. That the process of change is as important as the outcome. Ultimately an experience of not so much walk in my shoes as walk by my side. In the era of targets, specialist services, tight budgets and health and safety it makes a refreshing change for someone to take a simple idea ... and walk with it.

All *Psychology in the Real World* groups are advertised widely in order to attract people of all ages and backgrounds and, unlike most mental health service groups, mental health service users and people with no history of involvement with such services (as well as mental health staff) all join in the same way. As well as having multi-faceted benefits in terms of participants' well-being, *Psychology in the Real World*

groups can impact in terms of the isolation and distantiation that many people diagnosed as mentally ill (and others) experience, and fit with government policies on social exclusion (see [1] for further elucidation of these themes). In this paper we are going to highlight one area: prejudice. Prejudice has been defined as: *an aversive or hostile attitude toward a person who belongs to a group, simply because he belongs to that group, and is therefore presumed to have the objectionable qualities ascribed to that group* [17]. An ideological belief that permeates *Psychology in the Real World* ventures is that if we all see each other as part of the human race then categorisations such as ‘the mentally ill’ will lose their power and prejudice against people who have been assigned to such socially devalued groups may lessen. Each week’s walk usually has a few people who have recently been in psychiatric hospital and some people who have been diagnosed as ‘schizophrenic’ or ‘personality disordered’ – the diagnoses that attract the most prejudice. On *Walk and Talk* the facilitators encourage conversations that help us notice similarities between group participants whilst accepting individual differences, and help us see those differences as characteristic of the individual not general characteristics that are emblematic and symptomatic of a socially devalued group they might have been assigned to. This fits with research conducted by Gordon Allport whose *contact hypothesis* stated that prejudice can be lessened by people who have prejudiced views about each other meeting together in groups where four conditions are present: mutual interdependence, a common goal, equal status of group members, and social norms that promote equality [17]. People on the walk who have never previously met someone who has been admitted to psychiatric hospital have remarked on how their views of “the mentally ill” have been challenged, as they have “got to know the person before discovering the diagnosis.”

Wolfensberger advocates alliances between socially valued and socially devalued people in society – such alliances can serve to unify people, broaden acceptance of differences and encourage the coexistence of people [18]. Members of *Walk and Talk* who have long histories of involvement with psychiatric services and those who do not, not only spend time together on the walk, they have also come together to have an impact outside the group e.g. by liaising with and helping other walking groups to be set up locally and nationally; by meeting with council officials to protect the area from development, maintain the path and improve access for all; by giving presentations to various people at training events and conferences about *Walk and Talk*. In doing so people have taken on valued social roles – have become ‘consultants’, ‘trainers’, ‘advocates’ and ‘campaigners’, rather than being seen and cemented in the role of ‘psychiatric patient’.

THE EXPERIENCES OF, AND POTENTIAL BENEFITS FOR, PEOPLE WHO HAVE HAD LONG-TERM INVOLVEMENT WITH PSYCHIATRIC SERVICES

The following account has been written by the second author to illustrate the potential benefits for people of moving away from the ‘sick patient role’ and becoming a ‘service provider’ rather than solely a recipient of mental health service interventions:

I have been involved with mental health services for the past ten years and have been admitted to psychiatric hospital ten times during this period. Four years ago I learned of *Walk and Talk*. The instructions on how to join were pretty simple – ‘just turn up with a friend (or friendly dog)’. This was a scenario very different to what I was used to at the time: no pressing buzzers saying who I was and why I was there to get through the door of the community mental health building, no agony of the waiting room, no asking to leave a building or the noise of rattling keys of a ward environment, and no assessments of ‘current mental health status’ with every appointment and interaction I had.

So what attracted me to the group? The opportunity to talk about mental health matters away from the setting of a community mental health team or hospital - that’s appealing. Maybe the permission highlighted on the poster to join in as much or as little of the walk as I wanted swayed me? Maybe, the ‘chance to meet like-minded people’? Or the need to escape the mental confines I felt stuck with?

My life four years ago was very different to now. I was, for starters, spending the vast majority of my time as an inpatient in the local psychiatric hospital. I was very overwhelmed and distressed with life and did not consider I would find any resolution to how stuck and depressed I felt. This had been the case for a number of years before I heard of *Walk and Talk*. The confines of the hospital environment and large

doses of psychiatric medications sedated me to a point of utter numbness and generated apathy for living. The hospital was more often than not un-stimulating and mind-numbingly boring, broken up with meal times, medication times and generally patronising and unappealing activities. How this kind of environment is meant to help people remains a much debated matter, but the lack of alternative approaches leaves many people overly dependent and isolated by the very methods used to help them. Hospital represents for me a place that exasperated how isolated and powerless I felt in my own life. We all have struggles in life, it's when they overwhelm us and take over our day-to-day functioning that intervention is sought, which for me (and many others) involved medication and hospitalisation. But it was not working; the hospital was making things worse.

I needed to feel inspiration not apathy! Yet all was not lost; I still would get off the ward when I had the energy and enthusiasm. I preferred, after a number of years in the psychiatric system, to stand by my own decisions on what would be good for me, rather than do what I was told to do. I believe it is this resolve that has enabled me to be here today: the alternative is unthinkable.

These are the start of the steps to well-being, or whatever name people may wish to attach to this process. It is ongoing, turbulent at times, full of setbacks as well as accomplishments and triumphs that restore the belief that there is something more than the insular world of the patient role and mental health services. It is like slowly waking up and seeing the world for the first time.

So how did going for a walk help? I believe if you are told to go for a walk because you are depressed then you are likely to spend the time feeling resentment, anger and how belittled you feel. If you decide to go for a walk off your own back it might actually be a more positive experience. So I decided to join the Thursday group of *Walk and Talk*. This was my choice and no referral was needed to attend.

One of my greatest fears at the time was mixing with people: I felt insignificant, anxious and often highly suspicious of people, especially the friendly ones! I avoided people as I felt completely disconnected from the world around me and any glimmer of people relating to me and understanding me left me torn between wanting to talk and express myself or avoid the situation completely. It was an achievement to physically get to the meeting point of *Walk and Talk*. It was a struggle to physically take each step against the sedating effects of the medication. I felt like the pills I was told I needed took away both my physical and emotional freedom.

The route *Walk and Talk* takes sticks to the same path each week. This familiarity was crucial in gaining confidence and feeling safe in an environment. As those who have attended *Walk and Talk* over the years know, this allows people to leave at any point or walk at their own pace, there is no requirement to mix with people, no expectation that everyone has to keep up and do the entire walk. This suited me just fine.

I wasn't used to having conversations about things that had nothing to do with mental health. Nor was I used to looking at mental health from a more practical 'out there' point of view. It is refreshing and empowering to meet people out of the confines of psychiatric hospital and to slowly realise there is a world outside and it is an interesting and inspiring world! Topics discussed on the walk were of great interest to me and I found people wanted to actually listen to me. This helped me become clearer in my own head about what I felt about things. To verbalise something is far better than keeping it inside. All too often we are full of self-contemplation that is not always helpful. Being with nature lifts this and can momentarily bring us into a more present state. It is far easier to talk when walking next to someone, rather than sitting opposite someone in a clinical setting talking about things that are on their agenda. I often find ideas, thoughts, opinions and insights can be expressed far more freely when I feel I am not the sole focus in a room. Indeed, I feel more progress in achieving a sense of wellbeing can be made indirectly in a more relaxed environment than directly in a purpose-built yet anxiety-provoking environment. Whilst this may seem quite an obvious point, it seems within mental health services the obvious often needs pointing out. *Walk and Talk* maybe works so well due to its simplicity.

Gradually over the first year of attending the walk I found the divide between remaining stuck in a cycle of hospital, medication and self-destructive behaviour and engaging and acknowledging the real world was growing clearer to me. I had found an interest and was slowly challenging my own thinking. I wanted to be more involved with things yet the prospect of this terrified me. The unknown is a terrifying yet intriguing place. The following year I was asked if I wanted to help run the group. I designed the poster for the group, which I was eager to do and which in itself felt a great accomplishment - to see it pinned up in

various locations around Shrewsbury and to know that the posters were attracting people to come to the walk. The walk went smoother when there were a number of us running the group. I found at first the anxiety I felt in having more of a role in the walk was quite a struggle; feeling like I had a role in anything at all was unsettling to me for quite a while. I felt I had lost my confidence in myself and the world and the prospect of something that was slowly changing this for me was met by very mixed feelings.

Sometimes you want to embrace change and sometimes you want to run from it.

I have met many people on walk and talk and many opportunities and inspirations have come from my involvement with this group (and attending other *Psychology in the Real World* groups). These range from presenting a photo slideshow of photos I took on the walk and answering questions about *Walk and Talk* from members of staff receiving training from Guy, to co-presenting at large conferences and taking a lead in setting up other groups such as a Writing Group and a Thinking about Medication group.

Walk and Talk is different to a lot of walking groups in that there is less focus on the walking pace and destination and more on the environment and interaction between ourselves and nature and each other. Many people have brought their dogs along on the walk and the posters reference to *bring along a friendly dog* has attracted people who often feel they cannot take their dogs to some walking groups. Dogs can distract us and ease the anxiety and apprehension of attending a new group. As well as being therapeutic to be around, I have certainly found the exercise in walking my own dog has benefited me – I am now a firm believer in pets instead of pills. Sometimes it is other wildlife that can put people at ease: the horses in the field; the sight of swans taking flight; the swallows, herons, jays and other abundant birdlife - nature cannot fail to inspire if we look close enough.

When you are given psychiatric medication often you notice very little going on around you as you don't feel emotion that connects you to your surroundings. The world becomes very internal and often full of negative thinking. Some may regard this as symptoms of an illness, others the side effects of the medication; often they are indistinguishable. Over the years I have grown to notice my surroundings more, be aware of the ground under my feet, the sun shining, the rain falling, the trees, the texture of nature, the cycles of nature and the cycles within ourselves, and to move away from the labels and diagnoses that kept me confined within myself. I have now come off the medications that closed my eyes to the world surrounding me. There has been a shift in the patient role I was in four years ago to one of more confidence and peace with the world that once troubled me so greatly. I consider the distress I have suffered from for most of my twenties to be part of a journey that I needed to go through to address the underlying problems in my life, and the model of chemical imbalances, diagnoses and numerous medications served as a hindrance to working my way through things. Participating in and organising *Walk and Talk* has played a crucial part in improving my general confidence and has enabled me to move forward into the real world where I now feel part of something.

CONCLUSION

This paper has focussed on the research literature and experiences of *Walk and Talk* participants in terms of benefits to well-being in relation to walking in green spaces. Clearly more methodologically rigorous research of *Walk and Talk* and similar groups is needed before firmer conclusions can be drawn. We have no data from people who come only once or twice and have not let us know why they did not come back – although critical comments are only rarely heard on the walk we realise that people might be reluctant to air critical thoughts and just chose not to come again. We are also aware that we have presented our observations and some data from a self-selecting group – *Walk and Talk* obviously attracts people who already might have a sense that walking in the countryside with others might be helpful – and it remains unclear how helpful it might be to people who are not so inclined. Before and after measures, control group comparisons, physiological measures alongside self-reports of well-being, follow-up data on changes that have occurred following people's involvement in *Walk and Talk* – all of these would provide more objective data than the subjective data that we have presented. At the same time, in 'the real world', such research risks spoiling the very things people get from *Walk and Talk*, and it has not been possible so far given the confines and pressures of NHS work and groups run by volunteers to conduct more methodologically rigorous research into the experience.

Whilst we have focussed on the benefits, it would be ridiculous to imply that the effects of a weekly walk have dramatic effects on all people's well-being. Not all co-organisers have changed as much as the second author. Whilst one other facilitator has made significant progress (for example going from being a recipient of services, to being a paid service user consultant, to obtaining full-time paid employment in the NHS), others, whilst feeling facilitating *Walk and Talk* has been a beneficial experience for them, have had periods of psychiatric hospital admission during the period of their involvement. Going on the walk, or helping run it, is not a magical cure for the combined effects of difficult childhoods and harmful experiences in adulthood, social isolation, poverty, institutionalisation, negative impacts of mental health treatments, and many other disempowering and harmful experiences organisers and participants have experienced. But for some it might help a bit, and be a stepping stone to recovery.

When reviewing the literature on walking, Fox commented: 'the mechanisms underpinning improved well-being and alleviation of distressing mental illness have been difficult to isolate and establish. It is likely that multiple mechanisms are effective in any one situation' [19]. This remains the case, but we hope that this paper helps to shine further light on what those mechanisms might be.

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