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A therapeutic landscape for some but not for all: An ethnographic exploration of the Bethlem Royal Hospital parkrun

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Abstract

This study sought to explore the experiences of those involved in the Bethlem parkrun. A mobile ethnography employing participant observation and informal discussion was conducted on the grounds of the hospital in London, UK. The findings focused on 'what it is like' to participate in this parkrun, and were organized into two themes: i) Bethlem as a Shared Leisure Space and ii) Shared Leisure Space, But for Whom? Findings illustrated the emplaced and relational experiences of some participants in this 'therapeutic landscape,' while highlighting that the events were exclusionary for others, namely service-users. These findings contrast the therapeutic landscapes literature which largely assumes their benefits are experienced equally. This work may provide further understanding of the individual and collective experiences of parkrun.

1 Community-based physical activity programs which take place in 'green space', or 'blue

2 space' may be experienced as therapeutic landscapes. In the mental wellbeing and health

3 geography literature, therapeutic landscapes and enabling places have been used

4 interchangeably in recent years to describe "the physical and built environments, social

5 conditions, and human perceptions [which] combine to produce an atmosphere which is

6 conducive to healing" (Gesler, 1996, p. 96). While 'therapeutic landscapes' were first

7 conceptualized by Wilbert Gesler in 1992 to describe how certain environments contribute to

8 or promote healing specifically, later understandings also more broadly included the health-

9 and wellbeing- promoting aspects of such places (Cattell et al., 2008). Crucially, therapeutic

10 landscapes do not simply denote the physical and built environment, but rather the ways in

11 which individuals interpret and use the space, their aesthetic features, and more intangible

12 social networks (Cattell et al., 2008; Smyth, 2005; Wakefield & McMullan, 2005). After

13 criticisms that these spaces were being examined uncritically and assumed to be intrinsically

14 healing (Conradson, 2005), more recent research has uncovered the ways in which emotional,

15 embodied, and experiential experiences of socio-environmental contexts enable or constrain

16 health and wellbeing for various individuals and has recognised the relational nature of such

17 landscapes (Bell et al., 2017; Finlay et al., 2015; Foley, 2015; Kearns & Milligan, 2020).

18

19 Researchers have underscored the need to study therapeutic landscapes from an emplaced

20 and nuanced perspective (Bell et al., 2018), framing the environment as something to be

21 interacted with rather than upon (Fors et al., 2013). Emplacement locates the body in a wider

22 social and material ecology, allowing us to recognize, "the specificity and intensity of the

23 place event and its contingencies, but also the historicity of processes and their

24 entanglements" (Pink, 2011, p.354). In this way, emplacement allows us to think about the

25 spatio-temporal experiences of the Bethlem parkrun as a place-event, how human and non-

26 human relations (including weather) shape these experiences, and how histories of places

27 either perpetuate or challenge expectations and identities (Fullagar et al., 2019). A focus of

28 emplacement aligns with a communitizing lens (Fortune & Whyte, 2011) which aims "to

29 overcome historically situated dividing forces and move toward a vision of a shared

30 community space with the ultimate purpose of genuine inclusion by all" (p.21).

31

32 Researchers have noted that the de-institutionalization of care in recent decades has paved the

33 way for contemporary research into landscapes of 'community care' within 'post-asylum

34 geographies' (Philo, 2000) which warrant examinations into the ways in which 'non-medical

35   spaces' can foster support and healing (Doughty, 2018). Therefore, the current research on

36   the grounds of a psychiatric institution starkly contrasts the trend of increasing 'post-asylum

37   geographies' while the institution's expansive grounds simultaneously represent a non-

38   medical space for non-service-user parkrun participants. Such a distinct context which

39   represents different geographies, spaces and forms of care for different individuals has yet to

40   be explored through a therapeutic landscapes framework. The application of the therapeutic

41   landscapes theoretical framework among this clinical and non-clinical population is novel

42   and unique as most of the previous research in this area has focused on either clinical

43   populations and contexts (e.g., hospitals; Curtis et al., 2009) or everyday spaces of wellbeing

44   (e.g., parks, Finlay et al., 2015). Relatedly, the application of this framework on the grounds

45   of a mental health hospital (i.e., built environment) which also includes a vast green space

46   and wooded area (i.e., natural environment) which can be accessed by the general public

47   further extends the literature on therapeutic landscapes (Doughty, 2018).

48

49   The Bethlem Royal Hospital in South-East London and its 270-acres of green space represent

50   a unique opportunity to explore a multi-faceted therapeutic landscape. The Bethlem is the

51   oldest mental health hospital in the world and provides treatment to local and national

52   service-users across a range of services and mental health conditions. The grounds are open

53   to the public, with opportunities for museum visiting, dog walking, football-playing, and

54   parkrun participation. Positive examples exist in the literature wherein therapeutic

55   engagement with nature has been linked with activities that promote socializing and sharing

56   of experiences, such as walking groups and communal gardening (Mossabir et al., 2021). In

57   2019, the Bethlem began to host weekly parkrun events on its grounds, which may be another

58   example of therapeutic engagement with nature combined with sociality, though the use,

59   experiences, and impact of this program has yet to be explored. parkrun events, on the

60   grounds of this institution, may be an example of the 'communitizing' potential of leisure to

61   re-imagine institutional contexts (Fortune & Whyte, 2011): "if leisure can be a vehicle for

62   creating spaces that are open and accepting of difference, it may also be a vehicle for

63   decreasing our need for spaces that function to separate and exclude people based on

64   difference" (p.28). The Bethlem parkrun may encourage dialogue and action which may

65   benefit and include both those inside the 'institution' and community members who enter the

66   boundaries of the institution for this event.

67

68   The Bethlem parkrun has yet to be comprehensively studied yet there is an emerging area of

69   research alluding to parkrun as a therapeutic or healing activity. Among parkrunners with

70   mental health conditions, participation was found to have a positive effect on mental health,

71   condition management, and time spent outdoors, and this effect was amplified for those who

72   run/walk and volunteer, compared to those who simply run or walk (Ashdown-Franks et al.,

73   2023). Consistent with these findings, parkrun's free, public, and largely volunteer-driven

74   nature allows for a culture of reciprocity and sustainability (Wiltshire et al., 2018) that is

75   highly valued (Stevinson et al., 2015). parkrunners have also reported that participation in

76   parkruns with family and friends make physical activity (PA) feel more enjoyable and less

77   isolating (Masters 2014, Pringle & Pickering 2015) and more social (Hindley, 2020; Sharman

78   et al., 2019; Stevinson et al., 2015). The community and social support derived from parkrun

79   participation are key mental health benefits (Ashdown-Franks et al., 2023; Stevinson et al.,

80   2015; Wiltshire & Stevinson, 2018; Wiltshire et al., 2018).

81

82   The unique nature of this particular event is worth exploring and may extend current

83   understandings of mental health recovery and outdoor spaces. Given the need to consider the

84   social context of the recovering body, it is not surprising then that recent research efforts

85   have begun to elucidate the role of PA in mental health recovery more broadly, rather than

86   simply symptomology. Indeed, Fenton and colleagues (2017) conducted an integrative

87   review of 35 papers to examine the role of recreation in mental health recovery. It was found

88   that creative, social, and physical community recreation can contribute to both the recovery

89   and the social inclusion of those experiencing mental health difficulties (Fenton et al., 2017).

90   The authors found that engagement in community-based recreation supports recovery via

91   increased self-esteem, self-confidence, feelings of social inclusion, and expanded social

92   networks (Fenton et al., 2017). The study also highlighted the fact that community recreation

93   programs that emphasize the social environment (e.g., development of camaraderie,

94   friendships), have an increased likelihood of facilitating the social inclusion and recovery of

95   those with mental health difficulties (Fenton et al., 2017). Recreation programs for those

96   experiencing mental health challenges that take place in the outdoors, have been reported to

97   be enjoyable and beneficial in mental health recovery, though this area of research remains

98   understudied (Cooley et al., 2021; Hubbard et al., 2020; Picton et al., 2020). Given this, the

99   case of the Bethlem Royal Hospital parkrun has the potential to be a novel exploration into

100   community-based recreation, social inclusion, and recovery. In line with Conradson's (2005)

101   contention, this exploration seeks to consider the relational aspects of the encounter by

102   emphasizing not only the landscape itself, but also the individuals' experience of this

103   landscape. Theorizing in this way emphasises the ways in which social, cultural and

104   embodied aspects contribute to participants' active construction of therapeutic landscapes

105   (Kearns & Milligan, 2020).

106

107   Thus, the present study was framed by an overarching aim of understanding what it is *like* to

108   do this particular parkrun, and was guided by two broad research questions:

109   1. What are the individual and collective experiences of those involved in the Bethlem Royal

110   Hospital parkrun? I.e., the public, service-users, volunteers, coordinators, hospital clinicians?

111   How do individuals experience this parkrun with and through their bodies, places, and

112   other people?

113   2. How do individuals experience mental health recovery at and through the Bethlem Royal

114   Hospital parkrun?

115   What are the experiences of this parkrun on the grounds of a mental health hospital,

116   and how might these inform future events at mental health hospitals?

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118
119
120   **Methodology**
121
122   **Participants and setting: The Bethlem Royal Hospital parkrun**
123

124   The Bethlem is a mental health trust that provides treatment for a variety of conditions, the

125   majority of which are on the more severe end of the mental illness spectrum. Various national

126   treatment centres are located within the Bethlem, such as the National Psychosis Inpatient

127   Service and the National Autism Unit, which typically receive patients whose conditions are

128   at such a level that they cannot be effectively managed at their local trust and require

129   specialist care (NHS, 2015). Furthermore, the Bethlem provides outpatient and day-treatment

130   units alongside these inpatient resources.

131

132   The Bethlem Royal Hospital parkrun started in 2019 and welcomes service-users, clinicians

133   and staff, local residents and parkrunners from other locations every Saturday morning at 9

134   am. Individuals may participate as runners or walkers, or as volunteers, and the 5km events

135   are overseen by a core event team. parkrun aims to be non-competitive and to foster an

136   obligation-free context, so individuals may partake as often or as infrequently as they wish.

137   In order to capture the full range of ways in which the grounds are used and experienced, the

138 participants for the current study include those who participated in the Bethlem Royal

139 Hospital parkrun between November 2019 and March 2022, or anyone using the Bethlem

140 grounds at the time of a parkrun event. A large contingent of Bethlem parkrunners and

141 volunteers are adults between the ages of 18-70, though some younger children and older

142 adults do partake. Consistent with parkrun's overall demographics, most participants are

143 White with a smaller number of individuals from ethnic minorities participating each week

144 (Fullagar et al., 2020).

145 **Data Collection & Analysis**

146

147 The methodology of this study has been largely guided by the field of mobile ethnography

148 (Novoa, 2015) and enactive ethnography (Wacquant, 2015), meaning that much of the data

149 collection has been done while on the move, while 'performing the phenomenon' of running

150 at the Bethlem parkrun (Novoa, 2015; Wacquant, 2015). This study involved participant

151 observation and informal discussions to 'sociologically capture' (Atkinson, 2012. p.26) the

152 events, interactions, and behaviours within the study of the practices, experiences and inner

153 workings of Bethlem parkrun and its participants (Jachyra et al., 2014). Participant

154 observation primarily took place during the weekly 5km runs. A further important component

155 is the volunteer aspect of the run. Volunteer roles include tail runners, barcode scanners (for

156 timekeeping), and trail marshals. Given the importance of becoming fully immersed in this

157 organization and run, participant observation also took place within volunteer aspects of the

158 run. From November 2019 until April 2022 the lead author (GAF) engaged in the runs as a

159 participant (and sometimes a volunteer) and interacted with fellow participants in the same

160 capacity as any other run participant would.

161

162 Detailed field notes were taken as soon as possible after each run. These were transformed

163 into analytic memos, which then served to develop more analytic ideas as the process

164 progressed (Hammersley & Atkinson, 2019). Documentary sources including online

165 podcasts, email communications, run reports, leaflets, and websites (news sources, Facebook,

166 Twitter) were also compiled and transformed into analytic memos. In this way, data-source

167 triangulation allowed for the products of field notes and of documents to be analysed

168 simultaneously and allowed for inferences drawn from one type of data to be compared

169 against other forms of data (Hammersley 2006; Flick, 2007; Hammersley & Atkinson, 2019).

170 Next, ethnographic coding began to identify key analytic concepts and categories, guided by

171 theories of emplacement, relationality, mental health recovery and therapeutic landscapes

172   (Hammersley & Atkinson, 2019). This coding was iterative and inductive in nature and

173   involved thorough reading and re-reading through all field notes and documents to generate

174   ideas (Hammersley & Atkinson, 2019). The aim at this stage was to find features and

175   interpretations of such features that might explain what was happening and the reasons for

176   this, or might highlight to what distinctive category an individual, experience, action or

177   context might belong (Becker, 2014). Through this process, categories were generated, and

178   codes were applied to sections of these categories (Hammersley & Atkinson, 2019). Then,

179   guided by Glaser and Strauss (1967) constant comparative method, meanings of the

180   categories and the associations and relationships amongst them attempted to be clarified.

181   With particular attention being paid to categories that were particularly relevant to her initial

182   research questions, "or that appear to be particularly important for recognizing what is going

183   on in a setting and for understanding the attitudes and actions of participants" (Hammersley

184   & Atkinson, 2019, p.177), GAF began to examine the similarities and differences between

185   data that had been similarly categorized. GAF continued to systematically do so until "the

186   internal structures and mutual relationships of categories" became clear, at which point the

187   final categories or themes were finalized (Hammersley & Atkinson, 2019, p.177).

188
189   **Reflexivity and ethical considerations**
190
191   Ethical approval was granted for this study both by the University and by the parkrun

192   Research Board. As someone who had spent time at the hospital previously and with

193   connections to hospital staff, most notably one of the founding parkrun and core team

194   members, GAF was not a complete outsider. For the purpose of this research, GAF became

195   fully immersed in the parkrun culture by running (or volunteering) in the weekly, runs. In this

196   way, she became a 'parkrunner' and her stance as a researcher was one of simultaneous

197   insider/outsider where she intentionally aimed to maintain a marginal position to access the

198   perspectives of participants, but also minimize the bias of over-rapport (Hammersley &

199   Atkinson, 2019).

200

201   Guided by Sparkes & Smith (2014), GAF's entries in a fieldwork journal documented how

202   her presence and biases shaped the context and setting of data collection and informed the

203   ways the data were interpreted and analysed. Consistent with a subjectivist and transactional

204   epistemology, GAF's identity as a White, 28-year-old, mentally and physically healthy

205   female PhD researcher undoubtedly shaped her experiences and interpretations of this

206   research. Hammersley & Atkinson (2019) describe the effects of ethnographer as audience

207 and urge researchers to be alert to how participants' views of the ethnographer's interests

208 may impact what they say or do. Acknowledging and accounting for these biases is an

209 important step towards addressing positional reflexivity, and aligns with the research

210 epistemology.

211
212
213 **Findings & Discussion:**

214

215 The findings were arranged into two themes and their respective subthemes organised around

216 the experiences of 'what it is like' to partake in the Bethlem Royal Hospital parkrun.

217

218 **Bethlem as a shared leisure space**

219

220 The grounds of the Bethlem facilitate sharing and connections between multiple human, non-

221 human and material entities and between different activities. Conceptualizations of

222 relationality and emplacement can be used to explain a) the shared leisure space itself and b)

223 the shared leisure between different activities. These categories often overlapped and

224 intersected.

225

226 *The shared leisure space*

227

228 The connections between parkrun participants and the grounds on which the runs take place

229 lend themselves to theories of emplacement, considering the "geological forms, the weather,

230 human socialities, material objects, buildings, animals" (Pink, 2011, p.349). The space itself

231 allows for recovery and healing and participants often spoke of its serenity. One runner

232 explained, "I just love this second field. It feels like an oasis. It's so peaceful." The vast and

233 open space within which the run takes place allows for runners to engage with and through

234 the nature and beauty of the grounds. In one parkrun run report, it was explained: "And

235 there's some cracking fun guys (fungi, sorry) around Bethlem Royal Hospital at the moment.

236 Here's one we spotted this week on a log by the run briefing area...no idea what type it is, but

237 it's very pretty" (Bethlem parkrun, 2021). This same fungus was spoken about at a

238 subsequent run while the volunteers were gathered at the start, chatting before the run began.

239 People started pointing out the mushrooms and wondering what type they were and how long

240 they had been around. In this way, the mushrooms served as a common point of discussion,

241 which related all those present. Indeed, it wasn't uncommon for runners and volunteers to

242 interact based on the presence of other flora or fauna, with volunteers one week urging

243 runners to "mind the puddles and mind a few of the trees hanging over on the path." One

244   week I recorded how "I very nearly got stuck on bramble that was hanging over the path."

245   Bell and colleagues (2019) noted the influence of shifting weather which similarly resulted in

246   frictions related to overgrown vegetation for their participants, an artefact of changing

247   seasons and "rhythms of growth and movement" in the natural world (Ingold & Kurttila,

248   2000, p. 190).

249

250   Given the run's outdoor nature, all-weather policy, and UK-based location, runners'

251   experiences with and through weather are central to this work. Ingold (2011) proposed the

252   idea of the 'weather-world' to conceptualize the material enmeshment of land and bodies,

253   rather than an organism-environment interaction wherein the body is separated. Indeed,

254   weather was a common source of discussion, at an organizational level and participant-level.

255   Fieldnotes similarly conveyed the importance of weather in the entire experience: "absolutely

256   frigid. We [volunteers] were saying how apparently if you go from South London to here it's

257   always two degrees colder. And I forgot my mitts…very cold. The puddles were almost

258   frozen over." These sensations echo the findings of research in UK-based long-distance

259   runners, who felt pain and described occasions of intense embodiment due to the "haptic

260   discomforts of cold and rain" (Allen-Collinson & Leledaki, 2015, p.467).The cool weather

261   also meant many runs were foggy or misty: "The day dawned crisp and cold, with a heavy

262   mist which had descended over the two, increasingly muddy fields" (Bethlem parkrun, 2019).

263   As Duff (2011) explains, 'social-material-meteorological-affective configurations' of a given

264   place at a given moment in time create different moods or atmospheres. One of my Saturday

265   experiences described such an atmosphere as, "a bit spooky or eerie not being able to see too

266   well on the path" suggesting a feeling of discomfort at that particular run. Bell and colleagues

267   (2019) noted that these atmospheres, alongside other material qualities of place, can support

268   experiences of well-being, or those of frustration or exclusion. While their research focused

269   on individuals with impaired sight, the current research also saw these atmospheres impacting

270   individuals' parkrun experience. Indeed, on a few separate occasions runners expressed

271   anxiety or apprehension prior to starting the run in this sort of weather, as they did not want

272   to get lost in the mist. Thus, while Bell et al (2019) suggest that weather-related atmospheres

273   or moods may promote frustration or exclusion, our findings further add that these

274   atmospheres may also foreground fear-related emotions.

275

276   In the winter months, when most of the data collection for this project occurred, muddy

277   terrain and conditions were simply a given of the Bethlem parkrun experience. While many

278 parkruns take place in parks with paved routes, this one could more closely be compared to

279 experiences of cross-country or trail-running which are "subject to the vagaries of terrain and

280 weather" (Allen-Collinson & Jackman, 2021, p.636). In the fall, one runner described: "this

281 is the time to do the Bethlem parkrun because basically from here on out with the winter and

282 the wetness it just gets much muddier and soggier and so the course gets quite difficult".

283 Macpherson (2008) also describes how changing weather patterns shape walking terrain

284 which can result in difficult and mud-covered encounters following rain.

285 As Gorman explains, such seasonality and its respective elements can either allow for or

286 undermine how running bodies flourish (2018). Indeed, the mud was understood to be a

287 pervasive issue but also just a regular part of the experience which parkrunners must bodily

288 negotiate (Brown, 2017), with organizers explaining that they tend to see their participation

289 numbers rise in the spring when the course dries out, suggesting a change in seasons being

290 conducive to such flourishing. This was further explained in a run report in November 2021

291 which congratulated nine individuals on personal bests and then cautioned "as the winter

292 goes on, these might be more difficult to come by as the course gets wetter and muddier.

293 Reports were that it wasn't too bad going this week, despite last week's deluge" (Bethlem

294 parkrun, 2021). This communal understanding that the mud was inevitable and unavoidable

295 was illustrated one week when a volunteer told two runners attempting to tiptoe around the

296 mud, "sorry gals there's no way around it, you've just gotta go through it." Brown (2017)

297 speaks of this "terrestrial tactility" (p.311) which runners develop in order to move through

298 running terrain, with this example suggesting that such tactility may be developed relationally

299 alongside others. The jovial tone (and use of 'gals') suggest a certain playful air, which is in

300 line with Brown's (2017) finding that the "textured terrain's active doings" facilitated

301 experiences of haptic openness and playfulness in outdoor exercisers (p.311).

302

303 The findings address calls for consideration of the ways in which more-than-human relations

304 affect individuals' capacity for movement and activity (Nettleton, 2015) and calls to

305 recognize the temporality of these shifting capacities (e.g., seasonally, Allen-Collinson &

306 Jackman, 2021). In accounting for time and temporality, the findings from the current

307 subtheme also allude to a sense of impending worsening weather and subsequent ground

308 conditions in future. This idea of engaging in activity at present to compensate or to mentally

309 prepare for the future state of the terrain, does not appear to be well-explored at present in the

310 leisure or geography literature. Our research responds to the call to consider weather, and

311 sheds light on how it directly shapes "our experiences of movement and opportunities for

312   human and non-human interaction" each time an individual engages in the Bethlem parkrun

313   (Hall et al., 2019, p.279). Our findings also elucidate how each parkrun, though taking place

314   in the same geographical location, represents a different 'place-event' (Pink, 2011) each

315   week, characterized by changing weather, seasons and terrain.

316

317   **More than just a run: exploring activities at the Bethlem hospital**

318

319   In addition to hosting weekly parkrun events, the Bethlem hospital also houses football

320   pitches, the Bethlem Museum of the Mind, and a network of public walking trails. The

321   individuals partaking in each of these activities often interact with each other and parkruns

322   may be a conduit for engaging with other activities.

323

324   Encouraging parkrunners to also explore the Bethlem Museum of the Mind has long been

325   part of the Bethlem parkun's plan: "We're also planning to encourage people to visit the

326   Bethlem Gallery and Museum whilst they are on site" (Maudsley Charity, 2020). While

327   volunteers were setting up for one Saturday morning event, various individuals discussed

328   Louis Wain (a patient of the Bethlem in the 1920s) and the current exhibition at the Museum

329   at that time. These conversations even surpassed the boundaries of the leisure spaces at the

330   Bethlem, when one individual asked others in the group whether they had been to see the

331   Louis Wain film at the cinema. A couple mentioned that they were planning on checking out

332   the exhibition at the museum that day following the run. The museum and gallery allow for

333   shared interactions in shared leisure between visitors to the Bethlem and service-users, and

334   thus represent a rare community space which can provide belonging across difference

335   (Fortune, 2021). Having parkrunners learn about the history of the Bethlem also allows for

336   further emplaced experiences of the run in this location, as Pink (2011) underscores that

337   history and interconnections are what contribute to the intensity of a place.

338

339   The public are also able to walk their dogs on these trails. On some Saturdays, parkrun

340   participants would be accompanied by family or friends who had come along to support the

341   runners but also to walk their dogs. Often however, the dogwalkers did not appear to have

342   any connections to the runners, but both groups would engage with each other with respect

343   and kindness, often wishing each other good morning as they passed. While consistent

344   participation with a similar group of individuals (i.e., other runners, walkers, volunteers) at

345   parkrun presumably fosters feelings of belonging, there is also evidence to suggest that

346   encounters with unknown others in everyday leisure spaces can also be meaningful and

347   valuable (Bell et al., 2015, Cattell et al., 2008). Small-scale social interactions based around

348   dogs or children present opportunities for spontaneous interactions in park settings (Neal et

349   al., 2015). On one occasion, two walkers with a dog cheered, "Well done ladies!" as two

350   women approached the finish line. On another, I ran past a middle-aged local man walking

351   his dog on my first lap, and we exchanged hellos. The next time I saw him, his dog began to

352   stare at and sniff me and the man apologised, explaining how "the dog is very nosy" and

353   laughed. I laughed and petted the dog and told his owner not to worry. The owner then asked,

354   "is this your second lap? You must be nearly there now!" Research has found that temporary

355   encounters between unknown individuals such as at street markets, can contribute to feelings

356   of inclusion and perceptions of community (Cattell et al., 2008). Similarly, Bell and

357   colleagues (2015) note how the presence of other people socializing in particular places, even

358   if strangers, can foster feelings of connection and safety. Given parkrun's context in (largely)

359   public parks and spaces, it is noteworthy these forms of distal sociality (Bell et al., 2018)

360   have not been explored. Future research therefore might seek to further explore the role that

361   more distal forms of socialization may play in individuals experiences of parkrun locations as

362   therapeutic landscapes. The current research has responded to suggestions to consider the role

363   that non-human animals may have as co-constituents and co-participants of therapeutic

364   experiences and spaces (Gorman, 2016). Future research may wish to further explore the

365   ways in which multispecies interrelationality affects how humans negotiate their way

366   through, and experience, various parkrun landscapes (Merchant, 2019).

367

368   Another specific population who use this leisure space are members of a local football club,

369   who train on the Bethlem football pitches on Saturday mornings. Oftentimes, parents,

370   grandparents or siblings accompanied the players to the practices, implying a multi-

371   generational use of the space, even if only as fans. Like with the dogwalkers, there were

372   shared exchanges between the footballers and the parkrunners; some of the core volunteers

373   often greeted and had a conversation with the coach, suggesting they had been familiar for

374   some time. Research on public spaces such as parks has noted the development of familiarity

375   over time, both with the space and with other park users (Neal et al., 2015). Similarly,

376   research on a neighbourhood in London elaborated on this sense of familiarity: "regularity is

377   therefore a component of public sociability reliant on the fixity of local places and on

378   repeated participation; of knowing and being known by returning to the same spaces,

379   engaging with familiar faces" (Hall, 2012, p.98).

380

381   This research responds to a call to further research how these places matter in multiple ways,

382   and how social infrastructures function and promote democratic and fulfilling experiences

383   (Latham & Layton, 2019). The following theme explores how parkrun, in the context of the

384   Bethlem as a social infrastructure, permits some individuals to have democratic and fulfilling

385   experiences, while excluding others from these opportunities.

386

387   **Shared leisure space, but for whom?**

388

389   Bell and colleagues (2018) note the need "to be attentive to diversity and difference when

390   considering who has access to and who benefits from settings that have developed socio-

391   cultural reputations for health and/or healing" (p.129). Indeed, challenges with access to these

392   runs were noted, alongside the difficulty level of the course and the competitive culture of the

393   runs which impacted who could benefit from them.

394

395   **Who can access this leisure space?**

396

397   In line with the 'post-asylum' and recovery-focused mental health service landscape, the

398   Bethlem houses a range of wards, for individuals experiencing varying levels of psychiatric

399   challenges or distress (Reavey et al., 2019). Within this landscape, forensic psychiatric units

400   are the 'outliers' within contemporary mental healthcare provision, sharing similar carceral

401   architecture of the previous system, with service-users simultaneously straddling the mental

402   health system and the legal system (Reavey et al., 2019). While considered less 'permeable'

403   than other wards (Quirk et al., 2006), depending on service-user behaviour and progress,

404   those on these wards can be granted escorted (e.g., the service-user who came to parkrun one

405   week with a nurse) or unescorted leave, or conversely may have to adhere to strict restriction

406   orders which may confine them to the ward itself (Roberts et al., 2008). As Gorczynski et al.

407   detail in their 2013 study, conditions imposed on those with schizophrenia living in a

408   psychiatric hospital by either the hospital itself or by legal proceedings impacted whether

409   they were allowed to leave their units, and for how long. These formal laws and regulations

410   in turn influenced how often service-users were able to leave their unit for physical activity

411   (Gorczynski et al., 2013).

412

413   While parkrunners are free to enter the grounds of the Bethlem and then leave again, some

414   service-users do not enjoy such freedoms. This sheds light on who can truly access and

415   benefit from this leisure space, and in line with Kearns & Moon's (2002) contention that the

416   positive aspects of therapeutic landscapes are often over-valorised, provides a more nuanced

417   understanding of this space. In other words, what is conceived as therapeutic, or a third place

418   for some (Hindley, 2018) is at the same time a 'total institution' for others, who may not be

419   able to experience this 'togetherness' or 'escape' (Goffman, 1961). In this way, it can be

420   argued that the way in which leisure is provided on the grounds of this hospital elucidates its

421   existing divisiveness. These practices separate, categorize, and institutionalize populations of

422   individuals who are deemed less valuable, in this case "the mad from the sane," "the sick

423   from the healthy," and the "criminals from the good folks" (Foucault, 1982, p. 778). An

424   example of the impact of this occurred one week when a father accompanied his young son to

425   football training and asked for directions for how to get to the pitch. After pointing out the

426   direction to him, he responded, "Oh, you have to go *through* the hospital to get there?" with a

427   concerned tone in his voice. Interactions such as these on the border of the hospital grounds

428   further seemed to convey an unspoken shared experience of being "outsiders," for having the

429   ability to freely enter and leave the grounds, while service-users in the secure units were not

430   able to have such freedoms. However, it is unclear how best to navigate these leisure

431   experiences for those in secure care, and as Reavey and colleagues (2019) explain,

432   "balancing risk through physical separation of patients from the community with the

433   provision of care remains a live project" (p.281).

434

435   Further, despite one older run report elucidating how "enabling patients, staff and the wider

436   community to join together in a positive environment has been the aim of this parkrun from

437   the start" (Bethlem parkrun, 2019) some volunteers and some of the Bethlem organizing team

438   further noted that the runs may not be well suited for current service-users. When asked on a

439   podcast whether anybody in the hospital had taken part in the runs, one of the organizers

440   responded:

441   We have, but it's something we would like to develop more and it's still relatively

442   early days but we are engaging with the hospital to try quite gently to introduce both

443   patients and ex-service users. I think it's probably the ex-service users who are more

444   likely to need or want to use it. I think people who are actually receiving care at the

445   moment may not actually be in the right sort of place. But I think once people come

446   out of care, it's certainly something we would really like to encourage. (Forwood &

447   Norman, 2019)

448

449   Similarly, a volunteer who also works in mental healthcare explained how she was hoping to

450   link in another local hospital with parkrun, as it provides primary healthcare and therefore

451   tends to treat those with more manageable day-to-day conditions. She detailed how

452   contrarily, at the Bethlem, "it's inpatient and people are more acutely ill and have more

453   complex situations and are sort of less likely to get involved with the runs as we've obviously

454   seen." Though another volunteer working at the hospital spoke of one previous patient "on

455   the anxiety disorders unit, who participated in the Bethlem parkrun. Now that she is back

456   home in [city], she participates in her local run on Saturdays. She told me that this routine

457   and consistency has been helpful for her." Evidently, the range of service-users and their

458   ability to partake in the runs varies widely and reflects the variety of services and wards at the

459   hospital.

460   However, it is also important to consider the relationships that service-users may have with

461   the grounds of the Bethlem and be open to the fact that they may want to distance themselves

462   from such formal spaces of care. As Laws (2009) and Fullagar & O'Brien (2018) posit,

463   allowing individuals experiencing mental health challenges to explore recovery away from

464   the typical spaces and practices of treatment and care, may have therapeutic benefits. The

465   location of the Bethlem and its grounds are highly distinct, as they represent such a

466   conventional space of treatment, while also having "off the map'" (Laws, 2009, p.1831)

467   qualities beyond typical mental healthcare provision like a park or a sports ground. Further

468   exploration of service-user conceptualizations of, and their relationships with, psychiatric

469   contexts with both conventional and "off the map" features is warranted, especially if the

470   trend for hosting parkruns on the grounds of mental health trusts is to continue in the UK.

471
472   **Who can enjoy this leisure space?**
473
474   Assuming one *can* access the space, it remains unknown whether they will enjoy it, and

475   whether they will come back. In line with what parkrun strives to be, runners, walkers and

476   volunteers were largely supportive and encouraging of each other; it was not uncommon to

477   hear a seasoned participant reassure a first timer by explaining, "it's not a race or a

478   competition, just a competition against yourself." Organizationally, the Bethlem parkrun also

479   promotes a supportive and encouraging culture, by celebrating milestones (e.g., 25th,50th,

480   100th run) and personal bests; a practice which is consistent across all parkruns. While well-

481   intentioned, these recognitions may also contribute to an environment where comparison is

482   normalized, with those comparing upwards potentially feeling worse about their own

483 accomplishments (Arigo et al., 2020; Diel et al., 2021). Such upward comparisons can lead to

484 individuals negatively evaluating their own physical activity performance, which can lower

485 motivation to engage in, and maintain physical activity participation (Kwan et al., 2018).

486 Indeed, one service-user who was accompanied to a run by his nurse, expressed with visible

487 disappointment, how some of the fellow runners were so fast and fit and kept passing him.

488 Relatedly, some aspects of the Bethlem parkrun, at an interpersonal and an organizational

489 level, fuelled competition. Following each run, each participant is emailed their results,

490 which outline their time, their age-graded score, and their place. On their website, the

491 Bethlem parkrun routinely posts about timings and positions in their run reports, one example

492 being: "There was some keen competition at the fast end of the field, with [name] getting a

493 new PB and just finishing ahead of Bethlem first-timer [name], although both were given the

494 same time of 17.56mins - very speedy for our course!" (Bethlem parkrun, 2021). For some

495 runners, timed events can instil motivation and offer feedback for continual goal achievement

496 and striving (Koronios et al., 2017). However, the organization's inclusion of timings and

497 positions may promote competition with oneself and with others, despite parkrun's "its's a

498 run not a race" motto. As Bowness et al. (2021) have criticized, parkrun's ranking of

499 individual times, finishing positions and course records is at odds with its ethos of being

500 inclusive and non-competitive. Similarly, our previous research found that some service-

501 users in this trust noted the timed aspect as well as the comparative and competitive nature of

502 the runs as intimidating (Ashdown-Franks et al., 2023).

503

504 Furthermore, the large proportion of runners and volunteers associated with a local club also

505 perpetuates this competitive culture; one Saturday parkrun was much busier than usual, and it

506 transpired that many individuals were using that parkrun as a qualifier for an upcoming half-

507 marathon. Hindley (2020) previously explored the contrasts between experiences in and

508 perceptions of parkrun vs. running clubs for those with experience of both. However, it

509 remains largely unknown how the presence of these competitive or club-affiliated runners

510 affects the more recreational runners. This is a glaring research gap, especially when

511 considering tensions from a relational perspective, and future research might look to explore

512 how these runners affect the perceptions and experiences of recreational runners, alongside

513 their motivation to return to this potentially competitive environment. Besides from a

514 generally quick group of regular participants (many being club affiliated), other aspects of the

515 course may also lead to less enjoyment for some participants. The mud-covered and puddle-

516 filled terrain of the course is more difficult than many other local runs, which take place on

517   paved paths within parks. A local woman came to her first parkrun ever at the Bethlem, and

518   found the experience more overwhelming, challenging and faster paced than she had

519   envisioned, expressing that she didn't really know what she had gotten herself into. She

520   walked most of the time, and the volunteer who walked with her subsequently explained that

521   the participant had been very discouraged by this experience and would likely not be

522   returning. For service-users who have the freedom to participate in the runs, it is plausible

523   that they may be similarly discouraged. Indeed, a service-user reported feeling "horrible" at

524   his first run and suggested this may have been because he had not done any running or

525   training for a long time. He ended up stopping halfway through and not finishing the 5km

526   route as he found it too difficult. A volunteer and nurse reflected on this situation after:

527   I worry about people like him getting discouraged. So if you come in with very high

528   expectations and thinking that you'll be able to run the whole time and stuff, and then

529   you realize that there's lots of other fast people around you and that your fitness isn't

530   as great as you thought… Then it can be really discouraging.

531

532   A primary aim of establishing the run in this location was to encourage service-user

533   participation, however this example highlights how the fast and competitive aspect of the

534   runs may serve to exclude these individuals, by prioritizing the experiences of faster

535   individuals. In a sense, experiences such as these suggest that aspects of parkrun may

536   contribute to dividing practices, further distancing the "insiders" from the "outsiders"

537   especially in the cases where service-users choose not to return to the runs (Fortune & White,

538   2011). The small size of the Bethlem parkrun may also influence the experiences of

539   participants; compared to nearby runs, the Bethlem hosts an average of 87 participants, while

540   the nearby Bromley run welcomes an average of 410 participants per week, likely a result of

541   its flat and paved course. This intimacy, however, can also come at a cost, as one volunteer

542   and runner detailed:

543   The thing with the smaller ones then is that if you are slower, or a walker, or for

544   whatever reason are further back from the main pack, it can get quite lonely. You look

545   around and feel alone, and don't see anyone around you.

546

547   The organization prides itself in event completion times that get longer each year,

548   highlighting that between 2016 and 2017, there was an 88% increase in the number of

549   participants taking over 50 minutes to complete the 5km (Reece et al., 2018). This however is

550   completely at odds with the local level, wherein there is a clear preference or expectation for

551 running. At the Movember charity run where stick-on moustaches were handed out, a runner

552 ran past me walking and joked, "is the tache slowing you down?" While said in jest,

553 comments such as these suggest that walking is neither acceptable or desirable. Across many

554 weeks, when I grew tired and slowed down from a jog to a walk, people would ask whether I

555 was okay. On one particularly wet occasion, when my shoes were filled with water, a

556 volunteer shouted, "well they'll be soaked if you're running or if you're walking so you might

557 as well run!" Considering that parkrun claims to encourage those of all abilities, frowning

558 upon walking, and encouraging running is highly exclusionary. Indeed, this expectation to

559 run, or this stance that running was the superior option, evidently had an impact on the

560 participants who felt ashamed for not being able to live up to this expectation. One morning,

561 two friends apologised to the tail walkers for holding them up, and one exclaimed "we hope

562 you two have nowhere to be after this!" A different morning, an older man crossed the finish

563 line while walking and apologised for keeping the volunteers waiting. These experiences are

564 in line with previous research which found that slower participants often felt like a burden or

565 felt ignored by the faster runners who left prior to them finishing (Bowness et al., 2021). The

566 authors proposed that the 'collective effervescence' (Durkheim, 1995, [1912]) produced

567 through organic solidarity of parkrun participation, may be exclusionary to those who do not

568 perceive themselves to be insiders of the parkrun community (Bowness et al., 2021). Their

569 findings, in conjunction with those of the current study, are noteworthy as they provide a

570 more nuanced view of collective participation, which has largely been portrayed in the

571 parkrun literature so far as an overwhelmingly positive aspect of the runs.

572

573 The challenging, competitive, and fast nature of these runs convey certain unspoken

574 messages about who *can* enjoy this space, which thereby (can) exclude those who are less

575 fast, less able, less physically or mentally healthy. In line with Fullagar et al (2019), third

576 places- for those able to access them as a third place- cannot be assumed to be neutral or

577 'good.' If parkrun is to be a truly inclusive organization, that provides the context for

578 therapeutic encounters to occur, then it must actively partake in wider initiatives to support

579 more marginalised sections of the community to ensure they feel they belong (Thomas,

580 2015). A de-emphasis on competition and comparison is needed. One way to achieve this

581 would be to remove public mentions of places or positions on the event's Run Reports on

582 their local website, and on their social media. Through providing a context wherein

583 participants are exposed to other participants' physical activity ranked against their own, this

584 practice has the potential to activate processes of social comparison (Arigo et al., 2020).

585 Upward social comparisons in a sporting context have been found to lead to disengagement,

586 lower motivation, decreased happiness and increased feelings of shame (Diel et al., 2021).

587 Having each participant's result displayed online may allow for such "comparison concerns"

588 to emerge (Garcia et al., 2013). Ending this practice of publicly ranking participants would

589 send the message that the position in which you finish in is not relevant or important at all,

590 rather what is important is simply showing up and partaking. Changing the culture which

591 places running on a pedestal above walking may also foster feelings of inclusion and

592 belonging for individuals of all speeds and abilities. Implementing a once monthly walking-

593 only event could provide a first step in changing this culture. From an organizational

594 perspective, the local parkrun event team would be conveying to participants that walking is

595 both welcomed and encouraged. Participation in the walking events may also change the

596 views and attitudes of the parkrunners and volunteers who made it clear to other participants

597 that running was preferred. One volunteer in this study shared the attitudes expressed in

598 previous research (Sharman et al., 2019) that walkers are a nuisance as they prolong the

599 amount of time that a volunteer has to be present at the events on a Saturday morning.

600 Having volunteers involved in events where everyone walks could help to normalize walking

601 and might demonstrate to the volunteers that it only marginally increases the amount of time

602 they have to commit on Saturday mornings (e.g., volunteering until 10:00 am rather than until

603 9:45 am).

604

605
606 **Strengths & Limitations**
607
608 The strengths of the current study relate to its ethnographic methods, namely my immersion

609 within the Bethlem parkrun over a prolonged period of time. This sustained involvement

610 allowed me to interact with a variety of individuals including runners, walkers, volunteers,

611 fans, organizers, service-users, and clinicians. Through engaging in participant observation as

612 both a runner and a volunteer, GAF was able to understand various perspectives of the

613 parkrun events. Participating as a volunteer opened up many discussion and interaction

614 opportunities, as all volunteers wear lanyards and high-visibility vests, and individuals tended

615 to gravitate towards the volunteers when they had questions or were just feeling nervous or

616 unsure about the run. The Bethlem parkrun is a unique case, and thus the aim of this research

617 was to understand the operation of this specific program in this particular situation (Patton,

618 2015). Despite not being generalizable, this study has nonetheless produced knowledge that

619 may be of use to future mental health hospitals who wish to host parkruns on their grounds,

620   and to the parkrun organization more broadly. The duration and seasonality of data collection

621   are also a limitation that must be noted; participant observation through mobile ethnography

622   took place between October 2021- April 2022 which are arguably the coldest and wettest

623   months of the year in the United Kingdom. If participant observation were conducted in the

624   spring and summer, the findings may have been very different (Allen-Collinson, 2018). The

625   impact of the COVID-19 pandemic on parkrun and on data collection is a further limitation

626   and resulted in a much more condensed period of participant observation than originally

627   envisioned. However, being able to engage in this research immediately following the ending

628   of lockdowns and restrictions allowed for a unique exploration of the need for the parkrun

629   organization to have endured the pandemic.

630
631   **Conclusion**
632
633   The current findings echo those which propose health and wellbeing to be intimately

634   connected to individuals' socio-spatial interactions (Mossabir et al., 2021). Sociality also

635   extended beyond the group of parkrunners themselves, to include more distal others who

636   share the same leisure space. For many, the Bethlem parkrun was experienced as a

637   therapeutic experience, and the grounds a therapeutic landscape, though this was not the case

638   for everyone. The event itself presented exclusions to access for some service-users,

639   contradicting the premise of hosting a parkrun on the grounds of a psychiatric institution. For

640   both service-users and visitors who were able to access the events, a competitive, fast-paced,

641   and difficult course meant that even if someone was included, they would not necessarily

642   enjoy the event, or return to partake again. The current findings add to our current

643   understandings of the therapeutic landscapes literature, elucidating how these spaces are not

644   inherently healing nor salutogenic (Edgley et al., 2011), but instead can inadvertently be

645   exclusionary, marginalising and disempowering (Mackian, 2018; Mossabir et al., 2021). Our

646   findings suggest that the therapeutic needs of dominant groups, in this case non-service users

647   at the hospital, may serve to marginalise the needs of others (i.e., service-users), highlighting

648   that access to therapeutic contexts remains a privilege reserved for society's dominant groups

649   (Conradson, 2014; Mossabir et al., 2021).

650

651   These findings also extend the literature on therapeutic landscapes, emplacement, and

652   relationality, by illustrating that for those who experience these spaces as either healing, or as

653   promoting of health and wellbeing, these processes occur in and through the materiality of

654   place, and relations with human and non-human others. Like previous work, our work has

655   shown the ways in which the emplaced experiences of this run support moments of well-

656   being or healing for some, at some times, and experiences of frustration or exclusion for

657   others, at other times (Bell et al., 2019). Our findings illuminate how the material qualities of

658   the grounds of the Bethlem, the social encounters taking place within them, and the

659   atmospheres created as a result of their changing 'social-material-meteorological-affective

660   configurations' affect participants' experiences of 'what it is like' (Bell et al., 2019; Duff,

661   2011). Finally, our work has attempted to engage "with the broader dimensions advocated by

662   the therapeutic landscapes concept" (Bell et al., 2018, p.128) through considering the

663   material, social and discursive patterns of exclusion that may occur for some in this context,

664   while also contemplating the shifting cultural, historical, and individual factors that might

665   influence people's experiences of the Bethlem grounds (Bell, 2018). In doing so, we hope

666   that this work may lay the groundwork for future research on the more intangible aspects of

667   therapeutic places and encounters.

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