

Newman, Erica and Gabriel, Lynne (2023) Investigating the client's experience of walk and talk counselling. *Counselling & Psychotherapy Research*, 23 (1). pp. 125-133.

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**INVESTIGATING THE CLIENT'S EXPERIENCE OF WALK AND TALK
COUNSELLING**

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Abstract

Background: The use of 'walk and talk' counselling has recently increased due to the COVID-19 pandemic, concurrent with an increased awareness of the benefits of the outdoors, nature and exercise, on mental health. Walk and talk counselling is relatively new and seemingly easy to incorporate for everyday counsellors. There is limited previous research. *Aim:* This study aimed to investigate how the client experiences walk and talk counselling in a natural outdoor environment. *Method:* To evaluate the client's lived experience of walk and talk counselling, online semi-structured interviews, with five adult participants in the United Kingdom (UK) were analysed using the Interpretive Phenomenological Analysis (IPA) method. *Findings:* The general outlook on walk and talk was positive. There was a feeling of informality, and a relational equalising element, but these aspects did not appear to detract from the professional relationship. There was an appreciation of nature, though there was an element of not noticing it. Timing was more fluid and there were positive and negative aspects of the walking outdoors. *Limitations:* A small sample limiting wider application of findings. *Implications: Policy* – Further research is required to support further guidelines and training for practitioners. *Practice* – The consideration of client preferences and a more fluid approach to contracting, a need for increased awareness of physical and psychological safety and a consideration of the relational dynamic, walking outdoors. *Conclusion:* Walk and talk is a viable alternative to indoor counselling. It proved useful in a pandemic and for clients who would not consider indoor counselling.

Keywords: 'walk and talk' 'outdoor' 'wild' 'nature' therapy, counselling or psychotherapy; mental health; client preferences.

Introduction

The idea of talking whilst walking in therapy has existed for many years and even Freud is known to have utilised it in his work (Jordan & Marshall, 2010). It is accepted that most counselling sessions take place in an indoor space (McLeod 2013), with the focus on the relationship between counsellor and client. However practitioners are increasingly moving outdoors (Hoban, 2019; Jordan, 2015; Tarrant, 2019), which brings with it concerns regarding confidentiality, safety for the client and counsellor and the unpredictable aspect of nature amongst others (Jordan, 2015).

A recent increase in walk and talk counselling (Revell & McLeod, 2016), could be partly due to the increasing awareness of the benefits of spending time outdoors in a natural environment, with regards to the enhancement of mental and physical health (Barton et al., 2009; McKinney, 2011; Twohig-Bennett & Jones, 2018). According to O'Mara (2019), walking is essential for our wellbeing in mind and body and research by White et al. (2013) shows its restorative significance, with similar positive results shown in research by Crone (2009), on the effects of walking on mental health.

Many other forms of outdoor therapy exist and are utilised on a relatively small scale, including nature therapy (Berger & McLeod, 2006), forest bathing (Hansen et al., 2017), wild therapy (Totton, 2011, 2014), adventure therapy (Kyriakopoulos, 2011), and running therapy (Hays, 1994). From an ecological and environmental perspective, some counsellors believe that their clients may develop greater awareness of the plight of our planet through ecotherapy (Jordan, 2014; McLeod, 2013).

Use of walk and talk counselling has been accelerated further by the recent Covid-19 pandemic, generating the need to find alternatives to face to face counselling. It is an option that appears accessible for everyday counsellors (Revell & McLeod, 2016), and there is some literature in the form of guidelines from professional bodies including the British Psychological Society (BPS), (2020), and the British Association of Counselling and Psychotherapy (BACP), (2021). Additionally, there is an expanding choice of Continuing Professional Development (CPD), provided by those counsellors well-established with walk and talk, sharing experience and knowledge, with additional social media support. With regards to the physical aspect of walking and being outdoors, it is important to consider that this method of counselling may not be accessible, or even desired by all, and therefore might not be a viable option for some people (Revell, 2017).

Whilst there is a growing body of research on outdoor therapy (Cooley et al., 2020; Jordan, 2013; Revell et al., 2014), there is very little specifically on adult walk and talk in the field of counselling, especially in the UK. Scoping searches elicited four research papers on the counsellor's experience, including studies by McKinney (2011) and Revell and McLeod (2016 & 2017). Only three papers were identified on the adult client's experience of walk and talk counselling. Clark (2019) researched a small sample of participants in the United States, with historical experience of walk and talk counselling. Revell used UK participants, researching potential clients (Revell 2017) and carried out a single case study with a client who had historical experience of walk and talk counselling (Revell, 2019). The results of these studies were generally positive, indicating that walk and talk counselling is a viable alternative to conventional

counselling. Their recommendations indicated the need for further research to inform practice guidelines, an example of which was carried out by Cooley et al. (2020) to produce the BPS (2020) guidelines. They also highlighted the need for research on the client's experience of walk and talk counselling.

The literature review for the project focused on outdoor therapy over the last two decades. Searches used key databases including PsycINFO, CINAHL, Science Direct, ProQuest and Google Scholar. Additionally, grey literature from professional journals and reputable websites was included.

Method

The aim of this study was to explore clients' lived experience of walk and talk counselling in a natural outdoor environment, to increase the knowledge base regarding this method and act as a basis for further research.

To capture and analyse participants' phenomenological experience and gain the fullest possible understanding of their lived experience, following the review of a range of methodologies, IPA appeared the best qualitative method for the study (Smith et al., 2009). IPA allows the researcher to explore 'the meaning of the therapy as experienced by clients' (McLeod, 2015, p.94), and is recommended for novice researchers (Alase, 2017). Importantly, it provides a way of engaging with qualitative phenomenological data through informed interpretation, to gain understanding of the participants' experiences (Eatough & Smith, 2017). The quality of data, rather than the quantity, is important with IPA, enabling focus on in-depth interviewing and analyses with a small participant group. The sample size suggested by Smith et al. (2009) is three to six participants.

Participants

Participants shown in Table 1, were approached by forwarding information about the study to local counsellors, university counselling students, established walk and talk counsellors sourced online, outdoor therapy Facebook groups and the BACP research noticeboard. Of the five participants recruited, one had had walk and talk counselling nine years previously.

(Insert Table 1 from p. 30)

Data collection

To enable participants to describe their lived experience in as much detail as possible, data was gathered through semi-structured interviews (Smith et al., 2009) lasting thirty-five to sixty minutes, following an informed consent process. Interviews were conducted online to accommodate Covid-19 pandemic restrictions, recorded using Microsoft Teams and securely stored on OneDrive.

Questions for interview were used as a guide only, allowing the participant to have the freedom to describe their experience independently. A pilot interview and discussion with a colleague, helped to ensure that the questions were understood and relevant to the project (Smith et al., 2009). A self-reflective journal was kept, heightening awareness of researcher bias, beliefs and assumptions during analysis (Alase, 2017).

Data analysis

With reference to Smith et al. (2009), transcripts were generated for each audio recording and further listening for voice familiarity, helped to keep the narrative alive for future reading. Transcripts were read and reread and the annotation process began, to explore and attempt to interpret meaning from the text (McLeod, 2011). Codes were extracted from the annotations and listed to form emergent themes, for grouping into overarching themes for each individual participant. The transcripts were revisited to find relevant extracts of verbatim text, to ensure that the themes were true to the original data. Finally, the results from all participants were examined and similar themes extracted, which were then grouped and regrouped to identify the final superordinate and their subordinate themes shown in Table 2. Care was taken throughout, to bracket off assumptions and beliefs using the reflexive journal (Ahern, 1999), allowing a hypothetical step into the participant's shoes in an attempt to make meaning of their experiences (Alase, 2017).

Ethical considerations

Ethical permission was granted by a York St John University Research Ethics Committee. As researcher there is a responsibility to address the ethical considerations protecting the participant's safety, rights and dignity and to avoid harm to them, the researcher and anyone who may be affected by this study. Considerations were frequently reviewed as the research proceeded, following the BACP (2019a) ethical guidelines for research. Informed consent was obtained from each participant and they were made aware of data anonymisation, secure storage, and informed that recordings would be deleted following data analysis. They were also aware that they could withdraw from the

research up until a week following the interview, and informed that excerpts of verbatim dialogue may be used in the final written paper. Contact was made via the university email system to ensure confidentiality. Regular consultation and support from the research supervisor, helped to ensure the study kept within the correct boundaries with regards to ethical considerations.

Findings

Following analyses, superordinate and associated subordinate themes were identified. These are shown in Table 2 and summarised below.

(Insert Table 2 from p. 31)

Theme 1. Informality

Positive and negative points of taking the dog

Of the five participants interviewed, four were regular dog walkers. Participants commented on it being like you are on a dog walk, '*...the same way I was out with friends walking the dog...you're now just doing it with your therapist*', and '*I know the point of the session isn't to take the dog for a walk but it normalises it...*'. However, A's own dog needed attention and interrupted the flow of the session at times, '*...it would definitely be like I have to focus on him you know, call him back from something or make sure he was keeping up*', and C, '*...I guess you've got two minds you know, half a mind on the dog.....sometimes I'd say "do you know what", I'm paying for this hour. Not gonna have any focus on anything else*'. D and E had no issue with the counsellor taking her dog for the

session, '*... just walked with her dog which was really nice*', '*it's nice....it comes back to, you're on a dog walk*'.

Just walking (and talking)

E described the walking and talking as '*very easy*', a '*natural dynamic*', that it felt '*normal*', and just like having a conversation. Also E commented that '*...it feels less judgemental, the idea of just walking and being outside...*'. C described less intensity when walking and talking, '*...and I suppose the intensity is less when you're walking and talking...*'. However, though there is informality, there is still work being done, '*..essentially it's a dog walk but you're getting into the nitty gritty*', '*it's just so informal.....you're still achieving things...*'. A commented that it was similar to walking with a friend, '*So you're not as aware of, "I'm out with my therapist"...*'.

More equalising

Three participants felt a more equalising effect with walk and talk. With the neutrality of the venue, the great outdoors that no one owns, '*... I get it's a professional and client relationship, but it feels more of an equal pegging because you're out in nature...*', without the hierarchy of the counselling room. C commented on the change of safety responsibility. In a counselling room '*...that's the realm of the therapist..*', '*...there's something safe about being in their space...*'. But outdoors the responsibility is shared and therefore as a client, you have more responsibility for yourself. C felt that created a sense of vulnerability, compared to being in the counselling room, '*There's more of an equalisation there, but that creates a certain disruption to the feeling of safety*'.

Features of timing

Sessions were a planned route of an hour, or hour and a half, but often lasted five or ten minutes longer. E accepted that as she was a fast walker, she finished earlier, commenting, '*...the session is for the length of the walk....It's just I walk too fast*'. B was aware of time because of the repeated route, and was able to use that time more effectively, knowing when the session might end, '*...the more that we've done the same route as such...I generally know that we're headed towards the end of the session*'. A liked the fact that she couldn't see the clock, '*...I kind of enjoyed that because you didn't have to you know, a clock in the corner of your eye going, oh I've only got 10 minutes*'.

Theme 2 . Aspects of connection

Relationship with the counsellor

The strength of the relationship with the counsellor was evident in comments made by the participants. B and C, who had established indoor face to face relationships, '*...had already built a rapport...so we were relaxed anyway*', '*I built that relationship with her and I knew her...*'. For A it was just a matter of moving outdoors, '*...for me it was just my therapy sessions...we just had to relocate*'. Though E was fairly new to her counsellor they were quick to make a connection, helped with a first session in torrential rain, '*...I think the rain it was just so funny because it was just so awful...it was almost like a bonding*'. D felt an immediate connection and the counsellor later demonstrated a very significant understanding, '*...and then she asked a question and I was like bang, there we are. She knew, she knows, she's got it...*'.

Not being face to face

A and C, having had previous face to face experience, valued input from their counsellor about their bodily responses and enjoyed seeing her reactions. Being side by side prevented this, '*...they are not, you know, clocking... when you are sending those distress signals they can't see it*', and, '*I liked her comments on body language 'cause I found it really helpful*'. C felt it was, '*...easier to immerse yourself in what you're saying*', whilst walking and talking side by side. Generally communication was easy and E found that it was better because, '*... you don't actually have to have eye contact unless you actually want to, but you're not avoiding eye contact..... and that's actually really helpful*'.

Ease of silence

Four participants found walking side by side contributed to more comfort in silence. A commented, '*...it gives that comfortableness of you don't actually have to constantly talk because there can be a bit more of a pause*', and B felt, '*...it gives you that time to think without feeling awkward....*', and, '*...time to process what you've said*'. Participant D found that, '*... it's ideal 'cause you just don't have to talk*', and E, walking up a hill '*...you haven't got uncomfortable silence, it's just that the silence is a natural progression*'.

Being around others

This did not appear to be a problem for any participants, as it was either too rural to see many people, or they became less aware of others after the initial awareness, '*...eventually you might not even stop talking*', '*I never felt overheard ...it always felt confidential*', '*...we very rarely bump in to people*'. B felt life paused in the counselling room, but outdoors, with others '*...life's still going on.... and you feel in the world*'. Other people made her feel more present

in life that is happening, *'...seeing other people around. Yeah it's weird. I don't know how to explain it....in a counselling session in a room, it's one on one isn't it? And there's nothing to bounce any sort of visual ideas off as such. When you're outside and you're seeing lots of people and you're looking at other people and how they might be thinking or feeling in their lives and what they're going through... and it stops you feeling, I guess it stops me feeling so self-absorbed as such'*.

Theme 3. The great outdoors

Showing emotion outdoors

Four participants felt comfortable to show emotion outdoors, especially those in rural areas where they saw few people, *'..so being outside and being emotional is fine'*, *'I think it feels more comfortable outside than it feels inside...'*. and D dealt with emotion whilst moving, *'....you're just moving and then you do it the same way as you do anything , just deep breaths'*.

B commented that she had felt less emotional outdoors, even going through a difficult and emotional time, noting maybe the weather and the outdoors had an influence, *'....maybe that's important to note actually, I don't get as worked up when I'm out and about'*, *'But actually, I've been through recently a very low point... I've not had real weepy moments outside...I have had moments of sobbing in X's room. There's only been a couple of times where it's not been sunny... and I think that might play a part in it as well'*.

A felt that the counselling room was the place for emotion and that she would not have brought up difficult topics outdoors, *'...I do think there is an*

element of things that you don't want to talk about, maybe because you are in public'.

Noticing nature

All participants enjoyed walking and being outdoors, *'I like that feeling where you've been outside and you've had the wind on your face and you come back and you are just a bit warm and fuzzy and you're a bit tired', 'I really love walking and being outside...'*. Nature had a calming effect, *'...and you're just surrounded by absolute beauty. You know and I think that helps. I think it's very calming',* and *'...there's a hundred things catching your eye, not distracting you'*. C commented that nature wasn't noticed much, *'But I'm not sure in the walk and talk therapy how much I engaged with that because I was focusing on walking and talking...'*, and, *'I wouldn't see the bee. I'd be like totally into myself. I actually lose awareness of nature unless I stop myself from thinking and try to actually experience the view'*. Talking of happy memories for E would slow down the pace, becoming more aware of nature and her surroundings, *'It's almost I let myself be a bit more aware of the surroundings, when we're reflecting on like happy times'*.

Route and surroundings

Routes were repeated in the urban area, though initially B found it distracting when she wasn't sure where she was going, *'...oh we're going this way, and then it kind of interrupts the thought processes', 'I like to know where I'm going'*. Participants in the rural areas were given the choice of routes before setting off, *'she gave me choices...down to the river...across the field...'*, and the counsellor led, knowing the area and terrain well, *'that's quite reassuring to know that she knows the area, so we're not going to get to the point where*

we're both deciding where to go. I don't think I'd really want to be given the option... 'cause I think that would sort of break the conversation'.

Landscape was used for C, as metaphor, by the counsellor, which was significant for the participant, *'...still remember this quite vividly, a big gate into a field and we walked up to that gate and ... I was coming up to my Xth birthday, and she was and we sort of said.... like what's the other side of the gate, you know? So as you step over the 'X' gate what can you see? So it was really nice.... You're there aren't you? And it's sort of the landscape is embodying what you are talking about. That's quite powerful to have that kind of physical thing'*. Also there was an option to go to a bridge over a river, which was a therapeutic place for her, *'...there was a bridge you could stand on and the water was going underneath and that was a really therapeutic spot'*.

Weather

Weather did not really cause any concern for B,C, D and E. D and E worked outdoors, *'...if it was absolutely tipping it down with rain and it was cold and I was thinking it would be nice to get back inside, and then I thought, no actually, I quite like it out', 'So I just crack on I mean it's a lot nicer when it's nicer weather', '...she gave me the option 'cause it really was crazy weather and I was like 'yeah fine with me', '...but it doesn't bother me... I'd go out in any weather, I work outdoors so it's all, you know'*. A would not to go out in really bad weather, *'If its pouring with rain we're not doing it'*.

Theme 4. Aspects of the walking element

Exercise

All of the participants appeared to be aware of the benefits of exercise for mind and body, *'...it was good because you did add that element of exercise...'*, *'It was a nice combination of getting in that exercise...'*, *'There's so much research now that exercise is so much better for you with, when you're dealing with mental health problems'*. The act of walking rather than sitting, was beneficial, it *'might just be a process that just calms you down a bit more with the processing in your head'*.

All participants were used to regular exercise and had been walking with friends during the pandemic. B commented that she would be drawn outdoors in all weathers for exercise, *'If I don't do some exercise most days I feel it, I feel unproductive and just, it sets me up'*, *'...I walk a lot'*, *'I found it good to be out walking and also using energy...'*. *'And breathing out and breathing in and just absorbing life as such'*.

Moving

A commented that movement affected thought processing and that she did not focus as deeply. C was similarly distracted by the walking at times and needed stillness to focus, *'I wanted to talk about something really deep and hard to talk about, and that wouldn't be something I would want to do while in action'*, *'...There's something about err just closing down the world a bit into four walls and that moment, with nothing else going on...'*.

B and E found movement calming, and B felt more thoughtful, *'For me just moving is really helpful... the moving bit I find really calming anyway'*, *'Probably a lot calmer and a lot more...probably a bit more introspective... I don't know why, but I obviously do just calm down quite a lot once we've set off'*. E commented that it was very beneficial for her to be moving as an act of doing,

'...I find it much easier to just be honest and reflective when I'm actually doing something...'. E also found that her pace changed, speeding up when talking about negative topics, slowing down with more positive aspects, 'Then probably when I've talked about things that have stressed me more.... I think I probably pound it out a bit more'.

D found the moving aspect natural and had the autonomy to change pace and direction *'It was so, just natural. Very natural to you know, you can slow up, you can walk faster, you can turn and face each other. You can go 'should we go left? Should we go right?'*. The walking helped him to progress during the session, *'...but it also is something because you are in perpetual motion...you don't stop...you're still talking about it, and that helps...'*. And the moving prevented the discomfort attached to sitting, as during the interview, *'So you're moving. You know you're concentrating, you're not concentrating, but you're not fidgeting like I am now'*.

Discussion

This is one of few studies to date that reports on clients' lived experiences of walk and talk counselling. The findings show that all participants benefited from their experience and their overall impression of walk and talk counselling was positive; supporting previous research on this method (Clark, 2019; Revell & McLeod, 2017).

A dominant theme for all participants was a feeling of informality, echoing findings from previous research on walk and talk counselling (Clark, 2019; Revell & McLeod, 2016). Participant A described feeling *'almost like walking with a friend'*, though the professional role of counsellor and the therapeutic

element still counted as key factors (Clark, 2019). Taking a dog appeared to give the walk and talk a sense of calm and normality to participants, helping them to feel more at ease. However, there was also an element of distraction breaking the flow of the session and an issue with time lost (Clark, 2019).

Timing also appeared more informal, but considering differing pace, terrain and weather, participants recognised the need for some flexibility (Jordan, 2015).

The equalising effect between client and counsellor is reflected in previous research on outdoor therapy (Clark, 2019; Jordan & Marshall, 2010; Revell & McLeod, 2016). Arguably the counselling room is the counsellor's space, whereas outdoors in nature, client and counsellor are sharing a neutral space which neither owns, potentially facilitating a more collaborative encounter (Clark, 2019). It is important to note that a "disruption to the feeling of safety" aspect was highlighted by participant C, who felt the distraction of increased personal responsibility of negotiating people, animals, traffic, terrain and weather, compared to indoors (Revell, 2017). Conceivably there is a feeling of not being therapeutically supported outdoors in quite the same way as in the counselling room, and not surprisingly, this participant preferred the counselling room setting for certain topics. Alternative counselling options were offered by the counsellors to maintain safety, including indoor face to face, online and telephone counselling, as recommended by the BPS (2020).

There was little mention of the counselling contract during the interviews. It was clear however, that the relationship with the counsellors was one founded on trust and respect for their professional knowledge. Decisions appear to have been made collaboratively allowing participants to voice their preferences regarding weather, route and taking the dog (Revell, 2019). Research by Swift

et al. (2018), indicates that this more collaborative way of working may improve the outcome of counselling. One participant mentioned regular evaluation with the counsellor during the sessions, as is suggested in research by Jordan and Marshall (2010), describing an “ongoing contracting process” (p.352), to allow for the unpredictability of this method of counselling. Arguably, walk and talk in the outdoors necessitates a more fluid and flexible approach allowing for aspects of unpredictability. In relation to contracting, this implies enabling adaptations to the therapeutic frame, as the client’s experiences and new preferences come to light, ensuring safety of the client and the counsellor (Jordan & Marshall, 2010). Participants did not appear to be concerned regarding confidentiality outdoors, or with issues of physical safety (Clark, 2019), except for one participant who noted the lone working aspect and therefore understood the importance of the rigorous assessment prior to starting counselling (BACP, 2019b).

For three participants, their pre-existing strong therapeutic relationship may have been of benefit and exerted a positive influence during the transition from indoor to outdoor sessions. However, the participants who selected walk and talk specifically, quickly developed good therapeutic relationships, with one in particular helped by a shared experience of inclement weather. Previous studies (Clark, 2019; Hays, 1994; McKinney, 2011) have indicated that being side by side and walking together, may promote quicker relationship building, and Clark’s (2017) findings pointed to the collaboration between client and counsellor and the neutral space being key factors. Participants also felt that being side by side allowed a feeling of ease and comfort with regards to silence and having time to think.

It was interesting to note that two participants with previous counselling experience, appreciated being able to see their counsellor's non-verbal reactions to what they said (Revell, 2017). Others felt that the counsellor could pick up cues with their tone of voice and pace; for example, the speeding up and slowing down of walking depending on emotional topics of conversation (Hays, 1994).

An awareness of the benefits of exercise for physical and mental health was evident, some participants combining their exercise with their counselling session, which may have increased their session value (Hays, 1994). Most participants found that movement was beneficial, helping them feel calmer and more able to focus and process thoughts (Revell & McLeod, 2016), and there was an awareness of its use to emotionally regulate (Revell, 2017).

Interestingly, one participant realised that she was using movement subconsciously, whilst dealing with more emotional topics by increasing her pace, maybe acting as a 'physical release' (Doucette, 2004, p.386), and slowing down when experiencing more positive aspects. Similarly, findings in Revell's (2019) research indicated different ways of walking when dealing with difficult issues. There was an element for two participants of the need to be active, so there was more comfort in moving, but also a feeling of freedom and autonomy to change pace and turn to face the counsellor or stop. Conversely one participant, at times, valued the stillness she needed, preferably in the counselling room, rather than the distraction of movement, to cover more difficult issues.

Though participants were given autonomy regarding route choice, some were glad to hand over the responsibility to concentrate on their therapeutic

conversation. Interestingly, they did not necessarily want the opportunity to make later route choices, as this could be distracting, and preferred to be led or to repeat the same route each session. The repetitive nature of routes gave participants familiarity, and helped to lessen the unpredictability of the outdoors, creating some structure to the therapeutic frame (BPS, 2020).

Walk and talk sessions brought the inevitability of seeing other people during the session, though in rural areas this was rarer. For those participants in the urban setting, the initial strangeness wore off quickly, maybe helped by the normalising aspect of being out for a walk with someone, giving a sense of safety (Totton, 2014). One participant opted for walk and talk rather than online counselling, in order to see her counsellor face to face during the pandemic, but felt the outdoor urban setting was not a suitable place to voice certain topics, or show emotion, and indoor counselling would be preferred for this (Clark, 2019). Participant B found the presence of others beneficial, being '*out and about and walking and talking*', feeling '*in the world*' rather than life being paused within the counselling room (Jordan & Marshall, 2010). Similarly, Revell and McLeod's (2017) research described the experience of 'engaging in moment to moment life more fully' (p.277) in nature, though for participant B, rather than the contact with nature, it was being outdoors with others. This participant realised she experienced less emotion outdoors, whilst going through a very difficult time, and felt this may have been influenced by mostly good weather. It is worth setting these findings against the background of research indicating the mood enhancement effect of exercise and being out in nature (Barton et al., 2009; Crone, 2009; McKinney, 2011), which may have been an influence.

Though nature was appreciated, and some found it calming (Totton, 2014), it was not always consciously noticed during a session. As in Clark's (2019) study, nature was a backdrop: the focus was on communicating and talking to the counsellor. The preoccupation of talking and processing thoughts seemed to take attention away from nature surrounding them, as C commented '*I wouldn't see the bee. I'd be like totally into myself*'. Most did not find it distracting and enjoyed being outdoors, as D said, '*...there's a hundred things that are catching your eye, not distracting you....*'. This relates to Kaplan and Kaplan's (1989) term 'soft fascination' (p.192), describing the way that someone is effortlessly and involuntarily aware of many elements of nature around them, and combined with the appreciation of beauty, this is thought to aid cognitive function. Only one participant commented that the landscape was used therapeutically, and this was as a metaphoric representation.

Limitations

This study was an in-depth, small-scale IPA study and based on a sample of five participants. The small response was surprising, considering the increase in use of walk and talk counselling and how widely the information was distributed, similar to the experience of Clark (2019). Whilst the sample was sufficient for an IPA study and provided rich data, the wider application of findings may be limited. All participants had an appreciation for walking outdoors and nature, which may have influenced findings.

Implications for policy and for counselling practice

Whilst this method of counselling has increased in recent years, there is no formal training and few guidelines to support counsellors in its use. The BACP has revised its competency framework and CPD or training is likely to increase. Alongside growth in training opportunities, further research is needed. Importantly, counsellors need to meet client preferences in relation to 'walk and talk' and researchers need to explore the impact and efficacy of outdoors counselling.

In relation to counselling practice, careful consideration of client preferences is needed, to respect the client's right for autonomy and value as a unique individual (Norcross & Cooper, 2021), in the building of the contract and working boundaries. There is a need for a fluid and flexible approach as counselling progresses, to ensure preferences are attended to as they evolve. The counsellor should also be aware of the change in the relational dynamic that being outdoors may influence. There is a need for awareness of physical safety regarding terrain, weather and in the context of lone working in remote or rural areas. When working outdoors there is an increased need to be conscious of risks to confidentiality and client vulnerability and to ensure there is alternative accommodation where necessary.

Recommendations for research

There is significant scope for further research into walk and talk counselling. Research needs to explore client experiences and perceptions of counselling through the medium of walk and talk. Importantly, this could help gain more detailed understanding of clients' needs. Targeted research on specific aspects of walk and talk counselling, such as the perceived informality of the setting and

ways of dealing with the unpredictable nature of the outdoors, regarding contracting and boundaries, is needed. Also, building on the present study's findings, investigating the mood enhancing effects of walking and its impact on counselling is recommended.

Conclusion

This study explored the lived experience of walk and talk counselling of a small sample of research participants. The findings supported previous research, showing that walk and talk is a viable alternative to conventional counselling. The general feedback overall was positive. Whilst the findings identified both positive and negative aspects, all participants benefited from their experience. Walk and talk counselling provided a suitable option for those participants who preferred 'in person' counselling during the pandemic and proved a welcome option for those who would find more conventional indoor face to face counselling difficult (Clark, 2019).

Walk and talk outdoors did not provide the privacy, stillness and feeling of safety for some participants to be able to show emotions and talk about difficult topics. Therefore, a blend of indoor and outdoor counselling might be preferred by some clients, or the option of a private place to pause outdoors.

Walk and talk counselling had an informality and an equalising element, that did not detract from the participants being aware of the professional role of the counsellor. This informality might have been beneficial with developing new therapeutic relationships, and for those with established relationships who were moving their therapy outdoors.

Nature acted as a background for participants and the walking element was very significant for some regarding thought processing and emotional regulation. Attention was drawn to the unpredictable aspects of walking outdoors such as time keeping, weather factors and the need for fluidity in contracting, with a requirement for regular evaluation of client preferences to adapt the therapeutic frame.

Both authors have been impacted by outdoor and natural environments. The lead author works as a humanistic counsellor and experienced personal walk and talk counselling during the analysis phase of this project. As a gardener by profession, they work outdoors and believe that connection to nature is essential for their wellbeing. The project inspired them to move away from conventional counselling, broaden their practice, and find new ways to work with clients. The co-author loves the outdoors and has experienced the benefits of helping work in a natural environment.

On a final note, although few practice guidelines are available so far, there is a widening array of CPD for those practitioners wishing to learn more about walk and talk counselling. Ultimately, to enable us to provide the best service for our clients and, importantly, to have a better understanding of their needs, more research is needed.

Acknowledgements

The corresponding author would like to thank the participants for taking part in this research and Dr Alan Dunnett as a reviewer/reader during preparation of the paper for submission.

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Table 1. *Participant aspects.*

Participant	Age	M/F	Walk and talk due to pandemic	Rural or Urban space	Session nos./time period	Current or Historical	Previous indoor counselling	Continue with walk and talk
A	25	F	Yes	Urban	4+	Current	Yes	Mixed
B	35	F	Yes	Urban	5+	Current	Yes	Yes
C	38	F	No	Rural	1-2 years	Historical	Yes	No
D	37	M	No	Rural	12+	Current	No	Yes
E	52	F	No	Rural	2	Current	No	Yes

Table 2. *Superordinate themes and associated subordinate themes.*

SUPERORDINATE THEMES	SUBORDINATE THEMES
Informality	Taking the dog
	Just walking (and talking)
	More equalising
	Features of timing
Aspects of connection	Relationship with the counsellor
	Not being face to face
	Ease of silence
	Being around others
The great outdoors	Showing emotion outdoors
	Noticing nature
	Route and surroundings
	Weather
Aspects of the walking element	Exercise
	Moving