

The social relations of a health walk group: an ethnographic study

GRANT, Gordon, POLLARD, Nicholas <<http://orcid.org/0000-0003-1995-6902>>, ALLMARK, Peter <<http://orcid.org/0000-0002-3314-8947>>, MACHACZEK, Katarzyna <<http://orcid.org/0000-0001-5308-2407>> and RAMCHARAN, Paul

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/15606/>

This document is the Accepted Version [AM]

Citation:

GRANT, Gordon, POLLARD, Nicholas, ALLMARK, Peter, MACHACZEK, Katarzyna and RAMCHARAN, Paul (2017). The social relations of a health walk group: an ethnographic study. *Qualitative Health Research*, 27 (11), 1701-1712. [Article]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

The social relations of a health walk group: an ethnographic study

Gordon Grant^{1*}
Nick Pollard¹
Peter Allmark¹
Kasia Machaczek¹
Paul Ramcharan²

¹ **Centre for Health and Social Care Research**
Sheffield Hallam University, Collegiate Crescent, Sheffield, S10 2BP,
United Kingdom

² **Centre for Applied Social Research**
Royal Melbourne Institute of Technology, School of Global, Urban and Social Studies,
GPO Box 2476, Melbourne, Vic 3001, Australia

***Corresponding author: Gordon Grant, email: g.grant@shu.ac.uk**
tel: 0114 225 5691

To be published in *Qualitative Health Research*.

Online early version available as Grant, G., Pollard, N., Allmark, P., Machaczek, K. and Ramcharan, P. (2017) *Qualitative Health Research*, doi: 10.1177/1049732317703633

Abstract

It is already well established that regular walks are conducive to health and wellbeing. This paper considers the production of social relations of regular, organized weekly group walks for older people. It is based on an ethnographic study of a Walking for Health group in a rural area of the United Kingdom. Different types of social relations are identified arising from the walk experience. The social relations generated are seen to be shaped by organizational factors that are constitutive of the walks, the resulting culture having implications for the sustainability of the experience. Since there appears to be no single uniting theory linking group walk experiences to the production of social relations at this time, the findings are considered against therapeutic landscape, therapeutic mobility and social capital theorizing. Finally, implications for the continuance of walking schemes for older people and for further research are considered.

Keywords:

Health walks, social relations, sustainability, social capital

Introduction

Walking, health and wellbeing

Besides being a protective factor for a variety of long-term conditions, walking helps to improve fitness, stamina, mobility, physical health and psychological wellbeing (C3 Collaborating for Health, 2012; de Moor, 2013; Lee & Buchner, 2008; Robertson, Robertson, Sepson & Maxwell, 2012; Smith, Wingard, Smith, Kritz-Silverstein & Barrett-Connor, 2007). This applies equally well to walking in groups (Grant, Machaczek, Pollard & Allmark, 2017; Hanson & Jones, 2015a).

Walking in green spaces and farmland can be especially beneficial for psychological wellbeing (Barton, Hine & Pretty, 2009; Roe & Aspinall, 2011; Sugiyama, Leslie, Giles-Corti & Owen, 2008), especially when compared to walking in urban environments (Marselle, Irvine & Warber, 2013). Walking in the countryside, however, can depend on opportunities shaped by social class and ethnicity and may therefore not be easily accessible to more marginalized groups (Evison, Friel, Burt & Preston, 2013; Hanson & Jones, 2015b).

Walking provides opportunities for stimulation, restoration, contemplation (Ettema & Smajic, 2015) and also, in the case of group walks, a sense of pleasure from the shared experience (Darker, Larkin & French, 2007). Similar findings have been reported by Svarstad (2010) in relation to different meaning constructions attached to hiking by Norwegians. However, at the present time there does not seem to be a single theory capable of explaining links between group walks and social relations. For the

purpose of this paper it would make sense to combine theoretical perspectives in the search for an improved understanding of organized group walking experiences.

The social relations of walking

In the present study three theoretical perspectives are relevant to an understanding of the social relations of group walks. Following Gesler's (1992) influential work on conceptualizing the *therapeutic landscape*, i.e. the idea that setting and places can have properties conducive to health, others have considered that less attention has been paid to intersubjectivity in encounters with different landscapes. The argument goes that it is not so much the inherent or perceived properties of particular landscapes that matter, it is how we use and make sense of them (Doughty, 2013), and crucially, in the present case, how we do so together. Similarly, Duff (2011) has suggested that therapeutic landscapes, or what he terms 'enabling places', are more closely linked with the practices or behaviors of a place's inhabitants than with the inherent properties of a place. These observations have echoes of Middleton's (2010) earlier work that illustrated the 'co-agency' of everyday environmental features and embodied movement in accounting for people's walking experiences. This makes it important to understand how people do their group walks and engage the environments in which they walk, including the organizational arrangements.

Linked to the above Gatrell (2013) has proposed the notion of *therapeutic mobilities*, the idea that movement itself can be conducive to health and wellbeing. He argues that attention needs to be paid to the 'active body' (i.e. largely how and why we walk), the 'social body' (the social milieu) and 'walkability' (the opportunities and

constraints) presented by an area. Doughty's (2013) ethnographic study is, to date, perhaps unique in demonstrating how, in a detailed and nuanced way, the social dynamics of embodied movement in a walking group can be shown to have therapeutic outcomes.

The third theoretical perspective of relevance here concerns what happens when, on a voluntary basis, people come together to participate in a shared activity. With voluntary and community organizations in general, members appear to maintain membership on the basis of a shared identity with the group, close relationships, support and trust (Jeffries, Mathieson, Kennedy, Kirk, Morris, Blickem, Vassilev & Rogers, 2015). Walking group studies have thus far shown evidence that group walks provide an excellent milieu in which social networks can be generated and strengthened (South, Giuntoli & Kinsella, 2012). However, to date such evidence has not been critically considered against the backdrop of writing on *social capital* where there still remains much contested debate (see for example Bourdieu, 1997; Carpiano, 2006; Office for National Statistics, 2001; Portes, 2000; Putnam, 2000; Tzanakis, 2013).

For Bourdieu (1997) social capital is the sum of the resources, both material and less tangible, accruing to an individual or a group by virtue of possessing a durable network of relationships of mutual acquaintance and recognition. In short, it represents the stock of potential or actual resources (economic, cultural, symbolic or social) tied to group members. From the perspective of the individual, the amount of social capital possessed depends on the number of network connections that can be mobilized and also the amount and types of capital possessed by others to whom the person is related

in the group. However, Bourdieu was primarily interested in discerning how social class and inequality were reproduced through access to resources available through attachment to networks. For Putnam (2000) on the other hand, social capital is viewed as a public good residing in the shared values and mutual trust of members of a community, in which interconnecting ties increase social capital in the community as a whole. In contrast to Bourdieu, Putnam's main interest was in understanding the ingredients of community cohesion. At the heart of this lies the assumption that the amount of social capital in a particular community has direct consequences for a multiplicity of outcomes that benefit that community and also the wider community. Bourdieu has social capital as being exclusive to members of the group whilst Putnam argues a more expansive position in which wider civic virtue can arise from a group's activity (Office for National Statistics, 2001). It remains to be seen how the social relations of group walks, together with the dispositions and embodied practices to which these give rise, are informed by different social capital perspectives.

The Caythorpe Walking for Health group

The walking group was formed in January 2011 in Caythorpe, Lincolnshire, UK. It is part of the national Walking for Health (W4H) network sponsored by the Ramblers and Macmillan Cancer Support. For the first three years, annual average attendances for the weekly walks ranged from 18-27, growing to an average of 33 by 2014. Currently it is typical for over 40 people to turn out. Fourteen members of the group, including the first author (GG), have trained as walk leaders.

When walkers first join the group they complete a registration form. These records show that almost all the walkers self-referred, some on the recommendation of a friend. Although the group was established with encouragement from the local primary care practice, and indeed the walks timetable is posted in the practice, very few walkers have joined as a result of a referral from their general practitioner. Such as it is, recruitment can therefore be characterized as being a product of individual volition and informal networking.

All but a few of the regular walkers are retirees. Sixty percent of the walkers are women and 40% men. Most have long-term health conditions or disabilities. Our oldest regular walker was 89 years of age at the time of interview. The walking group comprises a mix of long-term residents and recent incomers to the area. Several members of the group bring dogs with them. The walks start at the pavilion adjacent to the village playing field every Monday morning. Available to the walking group at no charge, the pavilion is an important resource in the community as it provides changing rooms, space for relaxation, a kitchen and a licensed bar. We return there at the end of each walk for a 'cool down' cup of tea or coffee and biscuits provided by volunteers. Socializing over tea and coffee has become an integral part of the walking experience. The £1 charge for tea and coffee is the only direct cost borne by walkers; otherwise the walks are cost-free.

An aim has been to make walking possible for people with diverse conditions and levels of energy. To make this practicable, walkers divide into two groups. The larger 'strider' group follows routes of between 2.5 - 4 miles whilst the second 'stroller' group follows shorter routes of between 1 - 2 miles at a more leisurely pace.

Thirty-two different walks have been mapped, some referred to euphemistically as ‘away walks’ because they involve walking from nearby villages. A typical walk for either group takes about one and a quarter to one and a half hours. For those in the strider group this burns roughly 300 calories per walker (according to an iPod fitness calculator computing calories from steps). Participants can move between the two groups when their personal circumstances change, for example following surgery or recovery from ill health.

Each group is led by two or more volunteer walk leaders. In common with most if not all W4H groups, the walk leaders provide briefings before each walk to welcome new walkers and to share information about landmarks and any possible hazards on the route.

The local terrain is predominantly open countryside and farmland, embracing villages, hamlets and farmsteads as well as arable land and some woodland. To the east of Caythorpe the land rises to expansive heaths whilst to the west it drops down towards the Trent valley. The area is bisected by a busy main road.

The walks therefore comprise three distinctive inter-related components: the initial gathering and briefing, the walk and the ‘cool down’ in the pavilion at the end of each walk. Each of these organizational components becomes significant in understanding the social relations of the walking experience.

Methodology

An ethnographic approach

With GG being a walk leader with the group, an ethnographic enquiry was considered to be the best way to tap into the social world of the group's experience. Ethnography is about the study of a culture or social group by observing members' behaviors and asking questions about their actions, interactions and experiences (Gobo, 2008). Over the years ethnography has shifted its focus from seeking a global understanding of a culture to exploration of more specialized topics like families or units of institutions, or participants with a common identity or shared experience (Morse 2016). It is typically best accomplished through an 'insider' perspective, that is, by being a member of the group or culture under study. In this case GG had access to the group's history, an understanding of its membership and growth, regular contact with its members (walkers and fellow walk leaders), a close knowledge of the walks and environment, and he was on first name terms with everyone. A combination of participant observation, analysis of documentary records and depth interviews formed the basis of this ethnography, coupled with efforts to integrate and triangulate the data.

Being a walk leader, GG was able to access summary details of the walk registers that provided biographic information and details about how walkers accessed the walking group. As a participant at the quarterly planning meetings of the walk leaders, he was able to contribute to shared experiences of route planning, walk organization, safety and liaison with the local community. As a regular walker, he had been able to observe patterns of socializing between walkers and the assimilation of new walkers into the group for nearly four years. All this crucial 'insider' information

was central to understanding how structural/organizational elements of the walks shaped social relations between the walkers.

However, in order to develop a deeper understanding of why people joined the group, why they continued walking and what benefits they derived from the experience, it was deemed necessary to interview a sample of walkers. The first 19 walkers approached in late 2014 agreed to take part in confidential face-to-face interviews with GG about how they understood their walking experiences. There were no refusals.

With the interviews, a maximum variation sampling approach was adopted so as to capture walkers with a diversity of personal circumstances, including age, gender, civil status and existence of a long-term condition. There were 13 women and six men; age range 58-89 years; 13 married, four widowed, two divorced. Six of the 19 participants lived by themselves. All but three participants had an identified long-term health condition or disability that resulted in restrictions to mobility, loneliness or lowered self-confidence. There were 12 regular walkers in the sample and seven walk leaders. Men were slightly under-represented in the sample compared to the 40:60 ratio of men to women in the walking group as a whole.

The severity of disabilities or the life threats associated with the health conditions of participants varied enormously – at one extreme were individuals with low back pain issues or relatively minor joint problems, whilst at the other extreme were individuals with cancer or heart conditions, one such person recently having had

major heart surgery. A number of individuals had multiple conditions posing a threat to their health, independence or wellbeing.

Assisted by prompts, interviews with walkers were open-ended so as to make each interview resemble an ordinary conversation. All interviews were tape-recorded and transcribed verbatim. Well over 100 pages of single-spaced narrative were generated. All participants gave their signed consent to take part in the study. Names of participants have been removed from quotes to protect anonymity.

Analysis and integration of data

‘Insider’ data comprised a mixture of notes from walk leader meetings, email correspondence with walk leaders and the local district council responsible for governance of W4H groups in the district, documentary evidence about walker registrations and attendances, and diary notes based on GG’s experiences of walking with the group over a period of four years. These data were used to build a picture of the growth of the walking group and its composition, providing some clear indications about its reach in the community. It was clear from an early stage, for example, that people from social housing were under-represented. With no referrals to the group coming directly from the local primary care practice, walk leaders were also very conscious that people with more severe health conditions or disabilities might not be benefiting from regular walks offered by the group.

Having walked with the group for four years, GG had also accumulated a rich vein of anecdotal experience from fellow walkers about their personal health and

wellness, their personal networks, their reasons for joining the group, their connections to the community and the benefits they derived from the walks. All this material was unstructured yet also compelling in providing important context about members of the group, and their connections with each-other, the wider community and the physical environment. It was to provide important points of reference when making sense of participant interviews, and in particular when seeking external affirmation of storylines relating to social relations within the group.

The structure of the interview was very simple. There were three primary questions: ‘Why did you join the walking group?’, ‘Why did you continue walking with the group?’, and ‘How did you benefit from the experience?’. The intention was to enable participants to be as free as possible to tell their stories with minimal interruption. The stories were treated as narratives for, as Polkinghorne (2008) suggests, these serve as evidence for personal meaning rather than the factual accuracy of events that have taken place.

Transcripts were re-read many times. Descriptive notes were made alongside chunks of text as a way of representing what each participant was seeking to convey. Each narrative was then re-read, descriptive notes included, with a view to identifying overarching storylines. These storylines were cross-validated by another member of the team (NP). Transcripts were then compared with each-other to confirm and strengthen the overarching storylines.

During interviews participants were occasionally asked to confirm what they meant so as to reduce the risk of imposing the interviewer’s interpretation on the

participant's view of the world, enhancing the trustworthiness (Denzin and Lincoln 2008) of each participant's account. This left an audit trail embedded within the transcripts. Such 'member-checking' more typically involves returning transcripts to participants so that they can confirm what they have said or intended to say, sometimes with therapeutic benefits (Harper & Cole, 2012). However, in our experience, few research participants read transcripts fully, let alone comment on them. Participants were instead given a copy of a draft report and asked to comment on matters of accuracy, representation and interpretation, almost all of them doing so. The final report (Grant, 2015) can therefore be viewed as a co-constructed account (Tetley, Grant & Davies, 2009).

Ethics and governance

Ethical approval for the study was given by Sheffield Hallam University after governance arrangements had been agreed with the Ramblers and Macmillan Cancer Support.

Results

Walk organization and social relations

It was mentioned earlier that the walking experience comprised three discrete organizational components. As will be seen, these components were linked to the development of social relationships in distinctive but complementary ways.

Initial gathering and briefing

The initial gathering by the pavilion took place off road in the grounds of the village playing field, providing a safe place for welcoming and briefing walkers. Despite the availability of timetables and booklets describing the walks, every walk was preceded by a briefing from one of the walk leaders about the route to be followed and the hazards likely to be encountered. Briefings were regarded as crucial to the setting of safety conditions for each walk so they became readily associated with feelings of reassurance and supportiveness. The walk leaders were perceived as well organized, taking the recce and walk leading roles seriously. It was always made clear who was leading and tailing each walk. The narratives would suggest that this was associated with feelings of trust and dependability.

As a place and space the initial gathering and briefing acted as a catalyst for sociability and networking. It was a familiar milieu that had the characteristics of an enabling place (Duff, 2011) that was welcoming where affective resources (positive moods and emotions) and social resources (greetings, hugs, banter) were reproduced. Meeting up was commonly characterized as a ‘buzz’:

It's a buzz, a buzz to feel you know somebody enough to give them a hug. I can think of certainly somebody in the group, an older person in the group, who is just adorable. Now I would never have met her in normal circumstances, but you just look for her in the group because she's somebody to want to know. I mean how good is that?

It was a context where, upon arrival, walkers began to pal up and to exchange news before the walk. New walkers were always given a welcome and introduced to the rest of the group, a first step towards integrating them into the group. Hugging in the group was not uncommon when everyone was assembling for the walks. It was a feature that appeared to be without age or gender barrier. Some people even feigned disappointment if they did not receive a welcoming embrace from someone they had come to know well.

Being amongst a community of friendly people was especially important to some individuals whose personal lives could be emotionally challenged:

I think the most important aspect of it is the human contact. I maybe feel I am missing out if I don't go.... It's just being with other people, people who aren't emotionally connected to me, cos when you meet family it's overlaid with negative vibes sometimes, but there it's all welcoming and receptive.

Other walkers regarded the group's friendliness as a kind of unconscious therapeutic or healing capacity:

And if you're feeling down or whatever or if you joined as a new member, perhaps you'd been recently widowed or something, it would get you through that, it would give you two or three hours where you could be, you know, somebody else and you would forget things.

For almost everyone, coming to the walks provided a regular opportunity to ‘catch up’ with friends and new acquaintances.

These experiences suggest that ‘travelling with the person through their lives’ is a crucial part of walking with them. The chemistry of the group was such that no-one was left to themselves for very long. These comments offer support for the idea of walking not only as a therapeutic practice (Doughty, 2013) that provides a capacity for restoration (Ettema & Smajic, 2015), but also as something that is purposeful and carried out for the pleasure of shared experience (Darker, Larkin & French, 2007).

The walk

During the walks individuals frequently chose to slow down or speed up in order to walk alongside others and socialize with them. Changes to the walking pace were sometimes unintentional, for example when avoiding rabbit holes or when minor injuries were sustained. More typically, pacing was affected by conditions underfoot or by the narrowing of footpaths that forced people to walk in single file. Natural halts, whether caused by stiles, gates, dykes and busy roads, or initiated by walk leaders, created the conditions where changes in patterns of associating could take place organically. When natural obstacles like streams, dykes or muddy ground were encountered, these presented opportunities for mutual helping and encouragement, sometimes prompting satirical comment. This supports Doughty’s (2013) finding about walking in a group being far from linear and processional – it is rather dynamic and constantly negotiated in relation to others. One of the walkers captured this well:

If people are at the front they don't always stay at the front. People sort of change throughout the walk, and that's why I think it's important to pause every now and again, and people catch up and sort of walk off with somebody else, without knowing it necessarily.

Walks were conducive to both prolonged and short conversation. Periods of silence were also the acceptable as it was readily understood that people liked to contemplate their surroundings, to meditate or just to be by themselves for some of the time.

Conversations of all kinds took place during the walks – from exchanges of a private nature, ‘geeky’ conversations on specialist topics where there were shared interests (amateur radio/broadcasting, flora and fauna, great inventors of the 19th Century, local history were all mentioned during interview) to more fleeting forms of dialogue about incidental matters like road conditions, parish activity and the British weather.

Information sharing when walking often led to new discoveries about the hitherto hidden identities of fellow walkers and also about community resources that people did not realize existed. Such seeking and sharing of information can be seen as linked to setting some necessary conditions for (re)producing social capital; for example, satisfying curiosity, linking into existing networks and deepening interpersonal relationships.

For some walkers there was a simple delight in being able to talk to anyone about just about anything, but without censure:

And it doesn't matter – you can drop back and talk to anybody – you talk to different people while you are walking. That seems to be part of it, and it doesn't matter what inanities you talk about – nobody tells you to shut up!

This emancipatory quality of the group can be viewed as a manifestation of its capacity to accommodate individuals with a wide range of idiosyncratic interests. It also made it easy for people new to the area, of which there were several, to integrate into the group, to begin to form ties with other people and to form a closer attachment to the community.

There were frequent occasions where feelings of mutual concern for fellow walkers developed into something tangible. The first of these was active caregiving:

Through getting together we get to know people, and then there's the caring bit. (Person A) having quite a serious operation, (person B) flat on her back, and everybody is combining together by sending good wishes or going to visit, which is lovely. How life should be.

Quite often, walkers spoke to personal experience of being on the receiving end of expressions of care from members of the group:

Same as one week I caught my foot on a bramble and I sort of fell. I managed to protect myself and the following week (Person C) said to me 'are you OK with that fall you had'? And I said 'fine'. I said 'it's just something stupid I did'. And you think well people are caring for you. And that Monday morning

when I was getting ready for the walk but with chest pains I ended up in hospital for the rest of the day I had quite a number of walking people phoning up to find out how I was, so you find that's all part of the social side.

These two examples indicate that the walks enabled people not only to share life's challenges but also to monitor the wellness of fellow walkers and support them when it may be necessary. Also noticeable was a widespread awareness of the capacity for care and empathy of the walking group as a whole:

I think we are aware if a member of the group had had a problem you usually see before the end that somebody's walking with them, or if you're going up a bit of an incline you usually find there's somebody with them – without anybody being asked to do it. I think it is a caring group.

Such evidences of active caregiving extended well beyond the confines of the walk, reaching more directly into the homes of fellow walkers. For example, one walker had made a decision to undertake a barn conversion, but during the early stages of taking down the existing old barn to make way for the ground works he became ill. Another of the walkers stepped in with a friend and completed much of the demolition work as a goodwill gesture to a friend in need. A more common experience was the attentiveness of the whole group to the absences of regular walkers. If the absence was unexpected, it usually led to someone making a making a mobile phone call or home visit to check on the missing person's welfare. Such 'monitoring at a distance' suggests the existence of an efficient 'bush telegraph' within the walking group,

reflecting a stock of collective knowledge and goodwill, and a capacity to enact reciprocities for the benefit of group members.

Though the walks provided for fleeting forms of conversation, they also offered opportunities for closeness and intimacy. People sought out friends in whom they needed to confide or they made a beeline to people with whom they shared interests. It was rare for the group to walk as one unit. More usually people walked in twos and threes so that ordinary conversation was manageable. Within a group of 40 there could be 15-20 conversations going on at any one time. Being led, the walks enabled walkers to be free of having to work out directions or to be unduly concerned about safety issues, enabling them to focus on socializing or on enjoying the sensory experience.

Dogs were frequent catalysts for socializing during the walks, supporting findings about the links between dog-walking and sense of community (Toohey, McCormack, Doyle-Baker, Adams & Rock, 2013). Typically their antics were a source of fun and enjoyment. There were temporary disappearances, for example when two of the terrier dogs headed into rapeseed fields, their movements obscured by wavering rapeseed blossoms. The main attraction to a hyperactive spaniel was water, so puddles and muddy dykes provided him with the opportunity for a bath, much to everyone's amusement, except his owner. Events such as these merely reinforced affective ties between walkers.

Walkers could be so wrapped up in conversations with each other that they often failed to take in the surroundings, leading some to berate themselves for doing so:

One thing I have noticed, because you're walking with a group and you might be engrossed in conversation with somebody else I don't always take notice of where I'm going (laughter). We get so far and I think now, drat, how did we get here because I'm not going to remember later.

By contrast, those walking in the stroller group were much more environmentally aware. This heightened environmental awareness was linked to the gentler pace of the stroller group and more frequent stops, as well as personality factors:

We old people in the stroller group, we have a healthy interest in beauty and nature, and we don't feel we have to race because we only go half the distance of the main group. We have leisure to stop and look and appreciate, and that's part of the wonder of it.

This closer identification with place was not the sole preserve of the stroller group. Other walkers noted affective changes in themselves and others when encountering new places or staring out over vistas. Three elements to such environmental attraction were evident in the narratives – the appreciation of natural beauty, discovery of new places and an identification with places that had special meaning for individuals. However, the active contemplation involved usually required a pause from walking or

a degree of quiet in order to reset the senses. When these conditions were present, it was as if the very notions of time and place were stretched.

The stories people shared nevertheless show that there is a real dilemma here for the walking group – how to satisfy the needs of those who wish to walk at pace with an eye on their pedometers and calorie-busting targets, against those who simply want to go for a stroll and soak up nature. Though the splitting of the strider and stroller groups was a nod in this direction it was far from being the complete solution. This tension is not new. Some years ago Copelton's (2010) study of a hospital-sponsored walking group reported that older walkers resisted using pedometers because they felt that using them interfered with socializing.

Besides helping to make people feel better about their personal health and wellbeing, something we discuss in more detail elsewhere (Grant, Machaczek, Pollard & Allmark, 2017), the walks were a great source of fun and enjoyment, largely because of the pull of being among a group of welcoming people. This turned out to be key to understanding why people kept coming back for more, week after week. In short, it was integral to the very sustainability of the group and to its growing significance as a valuable resource in the community:

I also walk because I enjoy the people. I mean you can't get on with everybody but you gravitate to certain people and I look forward to going and meeting those people as well as the walking.

Also noticeable among the oldest walkers, and more generally among those who lived alone, was the view that the walks gave them something useful to do by filling up spaces in their diaries as part of a desire to stay active and healthy. In short it helped them to feel energized as well as socially connected.

'Cool down' in the pavilion

The scope for community integration provided by socializing during the walks was complemented by opportunities for relaxation when walkers returned to the pavilion for tea and coffee. The pavilion provided a context where walkers were not only 'looked after' by volunteers who laid on hot drinks and biscuits, it also enabled people to 're-group' to meet people they had missed on the walk or to consolidate fleeting conversations. It was not unusual for people to make announcements about local events taking place that needed support, and there were also regular appeals for charitable fund-raising. These information exchanges were qualitatively different from those that took place during the walks:

I think it (the pavilion) is more important because when you're on the walk you might just touch on a quick conversation. You can continue it or say do you want to pop round later? That's quite difficult to do in open space. I do think it's important to sit there. You can laugh, you can relax, you can plan. We do all sorts of things from having coffee like organizing charity things, and again that's what the group has brought about.... How could you organize that by walking around, you couldn't!

As a physically contained space, the pavilion helped to consolidate the reproduction of affective, social and material resources within the group. Physically it was a *refuge* from the elements. It provided amenities that became indispensable to the group: toilets, a place to change out of wet clothing, showers (if necessary), heating and comfortable seating. Though not part of the walking group, volunteers laid on tea/coffee and biscuits that were always prepared so as to coincide with people returning at the end of each walk. The ‘pavilion ladies’ providing this voluntary help had long-term conditions themselves or had previously worked in health-related occupations so there were mutual empathies that ran deeply between them and the walkers.

The usual rules governing use of the pavilion were relaxed to allow walkers to bring in their dogs. It had become something of a standing joke that one of our canine friends always looked forward to the malted milk biscuits on offer. Hob-nobs apparently did not have the same appeal! Such accommodations were much appreciated and served to strengthen the inclusive character of the group.

Over refreshments more relaxed conversation was possible. Earlier, more fleeting conversations on the walks could be consolidated, sometimes resulting in what might be termed ‘community building’. For example, one of the walkers had become aware that some of the older men in the village were feeling isolated following bereavement or because their spouses were out at Women’s Institute or craft club meetings quite a lot. He therefore decided to do something about it by becoming involved in setting up an activity/interest group, the Caythorpe League of Gentlemen

(CLOGS), for the support of older men. CLOGS remains alive and well two years later.

Besides being a physical refuge, the pavilion can therefore be seen as a *haven* where lots of light-hearted banter, information exchange, debate, planning, confiding, healing, relaxation and community building took place. As such it fulfilled important functions that were complementary to those served by walking itself.

Walks, strengthening of social relations and sustainability

Whilst it has been shown how social relations were generated by and through the walking group, it is also important to consider evidence for sustainability. Fortunately a number of indicators of sustainability were evident. First, walkers kept coming back for more walks, as shown by the growth in numbers. Secondly, almost all those interviewed said that a key factor in their decision to continue walking with the group was the sheer fun and enjoyment of the experience, much of this being tied to opportunities for socializing or for fostering new or deepened friendships with fellow walkers, something also noted by Copelton (2010). Thirdly, structural properties of the walking group were conducive to the replenishment of social capital – the local accessibility of the walks, their regularity, the accommodation of people with a wide spectrum of long-term health conditions or disabilities, the absence of any direct costs or charges (tea/coffee money apart) for being part of the group, the knowledge that safety factors for each of the walks had been addressed, and finally acknowledgment that the walks were led by trained people who carried the necessary accoutrements (maps, first aid kits, mobile phones and bottled water). Further evidence for the links

between ‘walkability’ and social capital can be found in Rogers, Gardner & Carlson (2013).

One of the walkers neatly captured sentiments expressed by many others, suggesting that the walks had become an indispensable part of weekly routines. It was ‘what you did’ on a Monday morning, without question:

Interesting isn't it! I think everyone that I've talked to says the same thing. It's Monday, you go on a walk! There's just no question about it (laughter). That's what you do on a Monday morning, and it's just part of the rhythm of your life. And it's a lovely way to start the week. You feel really good that you've started the week with that walk and then you can set to and do the rest of your activities for the week. It just doesn't enter our minds that we could not go.

Concluding remarks

The main findings offer some links to theories about the emergence and strengthening of social relations within a walking group.

In regard to the *therapeutic landscape* (Doughty, 2013; Gesler, 1992) or *enabling places* (Duff, 2011), the findings suggest that the idea of place is instrumental to any understanding of walkers’ experiences. In creating new spaces and affordances, the walks offered fresh personal and social opportunities for walkers: new loci for linking, bridging and bonding, strengthened friendships and support, mutual monitoring of health and wellbeing, practical support and help with personal growth.

In the present study, the organizational elements of the walk – the briefing, the walk and the pavilion ‘cool down’ – each gave rise to examples of embodied interaction that had value for walkers in the fostering, maintenance and consolidation of social relations. These three elements were synergistic in the sense that their sum was greater than each of their parts. It would now seem inconceivable to start a walk without a welcome and briefing, or to end a walk without winding down in the pavilion by sharing a cup of tea or coffee. These experiences, and the expectations surrounding them, have now become well and truly socially and culturally embedded, supporting Carpenter (2013) and Green (2009).

Following Doughty (2013), it is also evident that social resources were developed and strengthened during the walks, arising from the ability of walkers to exercise freedom about their choice of walking partner, to renegotiate these arrangements whilst on the move, or to decide whether to walk alone for a while. This meant that there were opportunities for solitude and reflection, as well as for many types of bridging and bonding behavior. This cementing of social relations went far beyond the walk itself, and extended into reciprocities between walkers in wider familial and social contexts.

Despite most participants stating that their primary motivations for walking were health-related, their reasons for continuing with the walks were mainly to do with fun and enjoyment of the company of fellow walkers, exemplifying the ways in which health and social relations are deeply intertwined. However, all participants reported benefits to their health, energy, stamina and wellbeing as a result of coming on the walks. With the walks being locally accessible to those involved, regular and perceived

as safe, ‘walkability’ was good. Another factor relevant to ‘walkability’ was the fact that the walks were guided. This meant that walkers did not have to invest energy into working out where to walk; they could instead focus on contemplating their surroundings, socializing or perhaps even enjoying solitude and private space. These findings suggest support for Gatrell’s (2013) ideas about *therapeutic mobility* in which the active body, the social body and the ‘walkability’ of an area are all central to understanding how people benefit from walking, but importantly, in this instance, why they keep coming back for more.

To what extent do the findings suggest support for *social capital* theorizing? As a social network the group made it possible for people to engage one-another on a variety of levels that aided the feeling of inclusiveness – conversations could be variously fleeting, incidental, intensive, confidential, therapeutic, geeky or liberating. Evidence of affective ties that were generated suggested that the group gave rise to considerable bonding capital. Reciprocities were expressed in practical and instrumental as well as social forms through the walking group, aided by strong feelings of trust and dependability, all of these evidences being manifestations of the group’s cohesiveness. Coupled with the evidence presented about the sustainability of these experiences, this can be seen as a considerable relational achievement (Duff 2011) of the group. In these senses there was support for the positions taken by both Bourdieu (1997) and Putnam (2000).

However, central to Putnam’s view of social capital were evidences of bridging capital that can be seen as adding to wider civic virtue. Examples from the present study would include the walking group’s role in enabling another community

organization, CLOGS, to come into being, the growing popularity of the walking group as a community resource for volunteers, and its role in helping other organizations with their fund-raising and charity work. Even through its modest £1 charges for tea and coffee at the end of each walk, the walking group contributed around £1400 net per annum directly into the coffers of the playing field committee to help in defraying the costs of maintaining the pavilion. Although at face value a modest amount, as a form of economic capital it was highly prized by community leaders, including parish councilors, responsible for maintaining the viability and usefulness of the pavilion as a resource to the community. It is tempting to suggest that the commonality of experiences expressed in these ways placed in the hands of the group more forms of capital upon which to draw, than they would otherwise have had.

Implications for practice and future research

There appear to be persistent challenges of adherence experienced by older and disabled people in relation to their involvement with physical activity programs (Thurston & Green, 2004; Van Koppen, Zandwijk, Van Mameren, Mesters & De Bie, 2016). Schemes like Walking for Health may provide important clues about elements of sustainability that are translatable to other types of physical activity. This is likely to require a shift from traditional biomedically rooted programs that focus on motivational factors as the route to explaining adherence and sustainability, to programs that emphasize enjoyment, social relationships and opportunities to contribute different forms of capital to others. This is very much in line with the proposal made by Kinnaick, Thøgersen-Ntoumani & Duda (2014), following their

qualitative study of a walking intervention, that increasing opportunities for enjoyment might increase the likelihood of adherence and wellbeing.

However, despite the healthy pattern of walker recruitment and retention, there remain concerns among the walk leaders that the group's reach in the community remains limited, with people from social housing and people with more serious illnesses or severe disabilities very much under-represented. Unless something can be done to enhance outreach by walking groups, there is a danger that inequalities in the health and wellbeing status of different social groups might be deepened.

Many W4H groups are the product of a community development approach where, over time, they become more or less autonomous, with much of their success dependent on voluntarism, especially in the form of walk leaders. It is difficult to see how improved outreach and inclusion can be achieved without closer involvement with primary health services and social care agencies, for example in relation to referral pathways and routine monitoring of more vulnerable individuals. Whether such inclusion can be achieved without changing the culture of W4H groups and avoiding risks of colonization by formal agencies remains to be seen.

The study findings are self-evidently place-bound. Caythorpe and environs are not typical of all rural areas of the UK, and the local community is not representative of the nation's population with regard to socio-economic status, income, migration and ethnicity. Other research has found that, for groups like low-income mothers living in deprived communities, walking may simply be a reminder of the daily pressures they face (Bostock, 2001), so the motivations and rewards they experience may be quite

different from those reported here. There are also indications that Walking for Health initiatives may not be available in areas that most need them (Hanson and Jones, 2015b). In the present study the narratives did not include people outside the walking group, like family doctors, nurses or local community leaders, who may have taken a different view of the group and its links to wider civic virtue in particular. Indeed, claims about civic virtue ideally need to be authenticated by reference to other groups and communities of interest in the locality.

This study reports on a relatively homogenous cultural group within Britain, but many people living in the UK belong to a superdiversity (Vertovek, 2007) of different cultural traditions for whom access to and use of the natural environment, exploring local geography and the enjoyment of nature and convivial company may also be important. In a study of Polish migrants to the UK Horolets (2014) found that some participants' strategies of familiarization involved a process of walking and getting lost until the individual found local features which they recognized. Research on leisure activities such as walking amongst migrant groups is sparse but may be affected by many complex factors, such as perceptions of standing out as a racial group in environments which are traditionally associated with 'Britishness', and the availability of time and income (Kloek, Buijs, Boersema & Schouten, 2013).

Finally, it is important to bear in mind that, theoretically and in terms of robust testing, social capital remains a work in progress. Critics of Putnam, like Portes (1998) or Carpianno (2006) for example, take issue with the assumptions about causal links between individual capital and civic virtue. It is also argued that the very factors that allow groups to cohere like the walking group in the present study – but particularly the rules and norms governing the behavior of its members – may well be the same

factors that deter others from participating. For example, within the Caythorpe walking group, people from social housing are under-represented, so factors beyond local accessibility are operating to exclude them. Whether this is linked to the norms and values underpinning the operation of the walking group remains an open question. In the language of Bourdieu (1997) such rules and norms can represent an opportunity for some but a constraint for others. For Tzanakis (2013) social capital is by nature a resource that is both context- and time-relative. More social capital does not always mean 'better', at least not for everyone involved. In any case, longitudinal designs are needed so as to trace prospectively causal links between the experiences of walkers, emergent social relations and evidences of social capital, preferably using tighter conceptual designs of the type suggested by Carpiano (2006).

Acknowledgements

The authors thank the Ramblers and Macmillan Cancer Support for enabling this study to take place. We appreciate the way the Caythorpe Walking for Health group welcomed the study, and we are indebted to the walkers who agreed to be interviewed so that their stories could be told.

Declaration of interests

There were no conflicts of interest for any of the authors. The research did not receive any specific grant from funding sources in the public, private or not-for-profit sectors.

References

- Barton, J., Hine, R. & Pretty, J. (2009) The health benefits of walking in green spaces of high natural and heritage value, *Journal of Integrative Environmental Sciences*, 6, 4, 261-278. DOI: 10.1080/19438150903378425
- Bostock, L. (2001) Pathways of disadvantage? Walking as a mode of transport among low-income mothers, *Health and Social Care in the Community*, 9, 1, 11-18. DOI: 10.1046/j.1365-2524.2001.00275.x
- Bourdieu, P. (1997) The forms of capital. In A.H. Halsey, H. Lauder, P. Brown & A. S. Wells, eds, *Education, Culture, Economy and Society*. Oxford, Open University Press, pp.46-58.
- Carpenter, M. (2013) From 'healthful exercise' to 'nature on prescription': the politics of urban green spaces and walking for health, *Landscape and Urban Planning*, 118, 120-127. DOI:10.1016/j.landurbplan.2013.02.009
- Carpiano, R.M. (2006) Toward a neighborhood resource-based theory of social capital for health: Can Bourdieu and sociology help? *Social Science and Medicine*, 62, 165-175. DOI: 10.1016/j.socscimed.2005.05.020
- Copelton, D. (2010) Output that counts: pedometers, sociability and the contested terrain of older adult fitness walking, *Sociology of Health and Illness*, 32, 2, 304-318. DOI: 10.1111/j.1467-9566.2009.01214.x
- C3 Collaborating for Health (2012) *The Benefits of Regular Walking for Health, Well-being and the Environment*. London.
- Darker, C., Larkin, M. & French, D. (2007) An exploration of walking behaviour – an interpretative phenomenological approach, *Social Science and Medicine*, 65, 2172-2183. DOI: 10.1016/j.socscimed.2007.06.029
- deMoor, D. (2013) *Walking Works*. London, Walking for Health Team, The Ramblers
- Denzin, N. K. & Lincoln, Y. S., Eds. (2008). *Collecting and Interpreting Qualitative Materials*, 3rd edition. Thousand Oaks, CA: Sage.
- Doughty, K. (2013) Walking together: the embodied and mobile production of a therapeutic landscape, *Health and Place*, 24, 140-146. DOI: 10.1016/j.healthplace.2013.08.009
- Duff, C. (2011) Networks, resources and places: on the character and production of enabling places, *Health and Place*, 17, 149-156. DOI: 10.1016/j.healthplace.2010.09.012
- Ettema, D. & Smajic, I. (2015) Walking, places and wellbeing, *The Geographical Journal*, 181, 102-109. DOI:10.1111/geoj.12065
- Evison, S., Friel, J., Burt J. & Preston S. (2013) *Kaleidoscope: Improving Support for*

Black, Asian and Minority Ethnic Communities to Access Services from the Natural Environment and Heritage Sectors. Natural England Commissioned Reports, Number 127.

Gatrell, A. (2013) Therapeutic mobilities: walking and ‘steps’ to wellbeing and health, *Health and Place*, 22, 98-106. DOI: 10.1016/j.healthplace.2013.04

Gesler, W. (1992) Therapeutic landscapes: medical issues in light of the new cultural geography, *Social Science and Medicine*, 34, 735-746.
DOI: 10.1016/0277-9536(92)90360-3

Gobo, G. (2008) *Doing Ethnography*. Los Angeles, Sage.

Grant, G. (2015) *The Value of Walking: an ethnographic study of a Walking for Health group*. Sheffield, UK, Centre for Health and Social Care Research, Sheffield Hallam University.

Grant, G., Machaczek, K., Pollard, N. & Allmark, P. (2017) Walking, sustainability and health: findings from a study of a Walking for Health group, *Health and Social Care in the Community*, DOI: 10.1111/hsc.12424

Green, J. (2009) ‘Walk this way’: public health and the social organisation of walking, *Social Theory and Health*, 7, 20-38. DOI: 10.1057/sth.2008.19

Hanson, S. & Jones, A. (2015a) Is there evidence that walking groups have health benefits? A systematic review and meta-analysis, *British Journal of Sports Medicine*, 49, 11, 710-715. DOI: 10.1136/bjsports-2014-09415

Hanson, S. & Jones, A. (2015b) A spatial equity analysis of a public health intervention: a case study of an outdoor walking group provider within local authorities in England, *International Journal for Equity in Health*, 14, 106, DOI: 10.1186/s12939-015-0256-x

Harper, M. & Cole, P. (2012) Member checking: can benefits be gained similar to group therapy? *The Qualitative Report*, 17, 2, 510-517.

Horolets, A. (2014). Finding one’s way: recreational mobility of post-2004 Polish migrants in West Midlands, UK. *Leisure Studies*, 34, 1, 5-18.
DOI: 10.1080/02614367.2014.962590

Jeffries, M., Mathieson, A., Kennedy, A., Kirk, S., Morris, R., Blickem, C., Vassilev, I. & Rogers, A. (2015) Participation in voluntary and community organisations in the United Kingdom and the influences on the self management of health, *Health and Social Care in the Community*, 23, 3, 252-261.
DOI: 10.1111/hsc.12138. pmid:25175423

Kinnafick, F.E., Thøgersen-Ntoumani, C. & Duda, J.L. (2014) Physical activity adoption to adherence, lapse and dropout: a self-determination theory perspective, *Qualitative Health Research*, 24, 5, 706-718. DOI: 10.1177/1049732314528811

Kloek, M.E., Buijs, A.E., Boersema, J.J. & Schouten, M.J.C. (2013). Crossing borders: review of concepts and approaches in research on greenspace, immigration and society in northwest European countries, *Landscape Research*, 38,1, 117-140.
DOI: 10.1080/01426397.2012.690861

Lee, I.M. & Buchner D.M. (2008) The importance of walking to public health. *Medicine and Science in Sports and Exercise*, 40, 7 Suppl, S51, 2-8.
DOI: 10.1249/MSS.0b013e31817c65d0

Marselle, M.R., Irvine, K.N. & Warber, S.L. (2013) Walking for well-being: are group walks in certain types of natural environments better for wellbeing than group walks in urban environments? *International Journal of Environmental Research and Public Health*, 10, 11, 5603-5628. DOI: 10.3390/ijerph10115603

Middleton, J. (2010) Sense and the city: exploring the embodied geographies of urban walking, *Social and Cultural Geography*, 11, 6, 575-596.
DOI: 10.1177/0042098016649325

Morse, J. (2016) Underlying ethnography, *Qualitative Health Research*, 26, 7, 875-876. DOI: 10.1177/1049732316645320

Office for National Statistics (2001) *Social Capital: a review of the literature*. London, ONS, Social Analysis and Reporting Division.

Polkinghorne, D. (2007) Validity issues in narrative research, *Qualitative Inquiry*, 13, 4, 471-486. DOI: 10.1177/1077800406297670

Portes, A. (1998) Social capital: its origins and applications in modern sociology. *Annual Review of Sociology*, 24, 1-24. DOI: 10.1146/annurev.soc.24.1.1

Putnam, R. (2000) *Bowling Alone: the collapse and revival of American community*. New York, Simon and Schuster.

Robertson, R., Robertson, A., Sepson, R. & Maxwell, M. (2012) Walking for depression or depressive symptoms: a systematic review and meta analysis. *Mental Health and Physical Activity*, 5, 1, 66-75. DOI: 10.1016/j.mhpa.2012.03.002

Roe, J. & Aspinall, P. (2011) The restorative benefits of walking in urban and rural settings in adults with good and poor mental health, *Health and Place*, 17, 103-113
DOI: 10.1016/j.healthplace.2010.09.003

Rogers, S., Gardner, K. & Carlson, C. (2013) Social capital and walkability as social aspects of sustainability, *Sustainability*, 5, 3473-3483. DOI:10.3390/su5083473

Smith, T.C., Wingard, D.L., Smith, B., Kritz-Silverstein, D. & Barrett-Connor, E. (2007) Walking decreased risk of cardiovascular disease mortality in older adults with diabetes, *Journal of Clinical Epidemiology*, 60(3): 309–17.
DOI:10.1016/j.jclinepi.2006.06.013

South, J., Giuntoli, G. and Kinsella, K. (2012) *An Evaluation of the Walking for Wellness Project and the Befriender Role*. Natural England Commissioned Report 118.

Sugiyama, T., Leslie, E. Giles-Corti, B. & Owen, N. (2008) Associations of neighbourhood greenness with physical and mental health: do walking, social coherence and local social interaction explain the relationships? *Journal of Epidemiology and Community Health*, 62, 5, e9. DOI: 10.1136/jech.2007.064287

Svarstad, H. (2010) Why hiking? Rationality and reflexivity within three categories of meaning construction, *Journal of Leisure Studies*, 42, 1, 91-110.

Tetley, J., Grant, G. & Davies, S. (2009) Using narratives to understand older people's decision-making processes, *Qualitative Health Research*, 19, 9, 1273-1283. DOI: 10.1177/1049732309344175

Thurston, M. & Green, K. (2004) Adherence to exercise in later life: how can exercise on prescription programmes be more effective? *Health Promotion International*, 19, 3, 379-387. DOI: 10.1093/heapro/dah311

Toohy, A., McCormack, G., Doyle-Baker, P., Adams, C. & Rock, M. (2013) Dog-walking and sense of community in neighbourhoods: implications for promoting regular physical activity in adults 50 years and over, *Health and Place*, 22, 75-81. DOI: 10.1016/j.healthplace.2013.03.007

Tzanakis, M. (2013) Social capital in Bourdieu's, Coleman's and Putnam's theory: empirical evidence and emergent measurement issues, *Educate*, 13, 2, 2-23.

Van Koppen, L.H., Zandwijk, P.J.J., Van Mameren, H., Mesters, I. & De Bie, R.A. (2016) Patients' adherence to a walking programme for non-specific low back pain, *European Journal of Physiotherapy*, 18, 2, 103-115. DOI:10.3109/21679169.2015.1127419

Vertovec, S. (2007) Super-diversity and its implications, *Ethnic and Racial Studies*, 30, 6, 1024-1054. DOI: 10.1080/01419870701599465