

Reflections on the go-along: how “disruptions” can illuminate the relationships of health, place and practice

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1 Reflections on the go-along: How ‘disruptions’ can illuminate the relationships of health,
2 place and practice

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12 Go-alongs; health; place; qualitative; disruption; discursive; practice

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1 **Reflections on the go-along: How ‘disruptions’ can illuminate the relationships of**
2 **health, place and practice**

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6 **Abstract**

7 Go-alongs are qualitative interviews conducted by a researcher accompanying participants on
8 a journey, tour or place-specific activity. Go-alongs emerged as a distinct method amid
9 increasing theoretical emphasis on place and a wave of methodological innovations seeking
10 to investigate spatial experiences. In this paper we employ a lens of ‘disruption’ to reflect
11 upon our varied usages of go-alongs in qualitative research examining health and place. We
12 observe that go-alongs generate physical and discursive disruptions that challenge the illusion
13 of certainty and ‘tidiness’ in the interview encounter. The researcher is exposed to
14 unanticipated detours, creating diverse opportunities to explore health and place as emergent
15 topics. The method also illuminates narrative inconsistencies that reveal the complex
16 influence of particular contexts in real time. For health and well-being research, the value of
17 the ‘disruptive’ go-along lies in its capacity to offer new insights into the myriad interactions
18 between place, practice and health experiences.

19

20

21 **Keywords:** Go-alongs; health; place; qualitative; disruption; discursive; practice

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23

1 **1 Introduction: place, health, and the disruption of interview conventions**

2

3 The cultural and spatial ‘turns’ in the social sciences have prompted greater interest in place
4 and the influence of context (Evans and Hall 1999, Kearns and Moon 2002, Thrift 2006),
5 with an increased focus on the situated nature of practices constituting ‘everyday life’. The
6 subsequent establishment of Health Geography as a sub-discipline has been contingent upon
7 understanding ‘place’ as containing distinctive idiosyncratic attributes (Curtis 2004) which
8 shape health experiences. The development of non-representational theories has also
9 promoted a style of thinking which questions the flow of habitual routines, embodied
10 practices, and situated encounters (Simpson 2010, Thrift 2000, Thrift 2007). The convergent
11 outcome of these theoretical developments is most evident in the ‘new mobilities paradigm’.

12 This paradigm challenges the a-mobile nature of the social sciences and highlights their
13 failure to examine how the spatialities of social life presuppose both the actual and imagined
14 movement of time, events and people (Sheller and Urry 2006). Within this paradigm, mobile
15 methods, such as go-alongs, are a means of providing insight into how places are created by
16 the routes people take and their connections with their environments (Evans and Jones 2011),
17 and in turn, for understanding relationships between spatialised practices and health (Garcia
18 et al. 2012). In this paper we adopt a framing of ‘health’ as a relational construct that
19 constitutes practices and sense-making embedded within places, relationships and structures
20 (Williams 2003, Cummins et al. 2007). Within this, we explore how the disruptive qualities
21 of go-along interviews can enrich our understanding of the relationships between place,
22 practice and health drawing upon empirical examples from our work.

23

24

1 **1.1 The rise of the go-along and its applications in health research**

2 The go-along is an in-depth qualitative interview conducted by a researcher accompanying
3 participants on outings in their local environments (Carpiano 2009). Go-alongs are a
4 combination of observation and interview, and provide direct experience of the habitats of
5 participants (Kusenbach 2003). As such, the go-along (or ‘walking interview’ as it is
6 sometimes called) is a participatory, interactive research method, based on the assumed value
7 of experiential engagement between the researcher, participant and their spatial context to
8 generate situated knowledge. The framing of the go-along as a distinct qualitative method
9 can be attributed to Kusenbach, and her (2003) ethnographic paper on street phenomenology
10 in which she describes their value for accessing reflexive aspects of lived experience *in situ*.
11 Much innovation in social science research involves adapting established methods rather than
12 trying to invent completely new ones (Wiles, Pain and Crow 2010) and this has been the case
13 with go-alongs, which have proved appealing to a range of disciplines, particularly
14 geography. In this vein, Carpiano reflected upon the utility of go-alongs for exploring
15 neighbourhood health issues in his introductory primer on the method (2009). More recently,
16 go-alongs have become a main-stay of therapeutic landscapes research, which seeks to
17 explore the health-promoting and healing dimensions of spaces and places (Colley, Brown
18 and Montarzino 2016, Bell et al. 2015, Finlay et al. 2015, Dinnie, Brown and Morris 2012,
19 Ettema and Smajic 2015).

20

21 Go-alongs can involve a mixture of activities and modes of movement; lasting anything from
22 minutes to whole days (Kusenbach 2003, Carpiano 2009). The two most common forms of
23 go-along are the walking interview and the ride-along (car journey) (Carpiano 2009, Laurier
24 and Lorimer 2007). However, the scope of these interviews need not be limited to a specific

1 journey through the local area. Evans and Jones (2011) point out that there is considerable
2 variation in how go-alongs are conducted. They range from activities such as the researcher
3 accompanying participants on their everyday journeys and activities, to highly structured
4 tours designed to elicit specific types of response (Evans and Jones 2011). The varied ways
5 in which go-alongs can be conducted are united by an attention to travel, space and
6 movement that addresses the ‘taking place’ of practices and of health (Andrews, Chen and
7 Myers 2014, Garcia et al. 2012). Go-alongs have been identified as valuable for identifying
8 spatially-located resources for health (Garcia et al. 2012), for understanding the nuances of
9 people’s practices within landscapes of well-being (Bell et al. 2015), and as part of
10 participatory research approaches for community empowerment and health improvement
11 (Carpiano 2009). However, there remains a need to develop theoretical framings of go-
12 alongs in order to explore how they can generate knowledge about the relationships between
13 health, place and practice.

14

15 In this paper we present an as yet under-explored dimension of go-along interviews – that of
16 ‘disruption’ – that lends itself particularly well to exploring the situated practices and
17 experiences that shape health. Drawing on experiences using go-alongs in three different
18 studies from health-related research, we focus on the disruptions that go-alongs prompt, and
19 their theoretical and analytical potential for health research.

20

21 **1.2 Conceptualising ‘disruption’ in qualitative research**

22 Methods and approaches that are inherently and intentionally disruptive appear in the
23 literature described by a variety of (related) adverbs including: dynamic; unruly; interruptive;
24 and irritating (Horsfall and Titchen 2009, MacDonald 2008, Raby 2010). Such approaches

1 value, and even relish, the challenging, unexpected and impossible-to-plan-for aspects of
2 qualitative research. Rather than avoiding or rationalising situated ‘problems’ with data
3 collection, these approaches embrace and explore them. The epistemological value of
4 disruptive methods lies in their capacity to accommodate and illuminate the messiness and
5 complexity of reality. Further, they can disrupt closed systems of methodology that privilege
6 objectivist epistemology *via* the unexpected encounters they facilitate (McCoy 2012,
7 MacLure 2006). The potential for mobile methods in particular to generate unexpected
8 scenarios has been noted (Brown and Durrheim 2009, Sheller and Urry 2006, Garcia et al.
9 2012). Brown and Durrheim observe that mobile methods can garner the unanticipated by
10 disrupting the conventional conversational expectations of interviews. Interaction between
11 researcher and participant is, thereby, at least partially directed by the situation and space
12 rather than the interviewer’s questions (Brown and Durrheim 2009).

13

14 Our paper builds upon these foundations by further theorising the idea of disruption
15 specifically in relation to our experiences of using go-alongs in three different health-related
16 research studies. We describe disruptions of both a physical and discursive nature occurring
17 in and through the go-alongs we conducted, and highlight how reflections on these disruptive
18 events enabled particular kinds of interpretation of situated experiences and sense-making
19 that constitute health as a relational construct. Before doing so, we provide a brief
20 description of the studies on which we reflect.

21

22 **2 Methods: Case studies of go-alongs**

23 This paper presents data from three separate UK-based studies. The studies all used go-
24 alongs in some capacity and all fall under the broad umbrella of health and well-being

1 research, including explanations of situated health-related practices (food shopping and
2 consumption); collective empowerment to reduce health inequalities (experiences of a
3 community empowerment initiative); and experiences of the built and social environment
4 (perceptions of a regenerated neighbourhood). As such, the studies all explore physical,
5 social and structural determinants of health as a relational construct, arising through
6 intersections of practices, place, and relationships (Williams, 2003; Cummins, Curtis, Diez-
7 Roux, & Macintyre, 2007). They are described below.¹

8

9 **2.1 Study one: Exploring food shopping practices and interactions with the local food** 10 **environment**

11 Go-alongs were used in 2010 as part of a qualitative study, led by *CT*, exploring how
12 residents of a deprived neighbourhood in the West Midlands shopped for food and how the
13 supermarket environment influenced their choices. The go-along method was selected in
14 order to address the lack of observational research on food shopping behaviours (Gram
15 2010). Go-alongs, in the form of accompanied food shopping trips, were conducted with 26
16 participants. Participants were asked to narrate and explain their food choices as they did

¹ Ethical approval for all three studies was obtained by the relevant institutional ethics committee: studies one and three were approved by Queen Mary University of London Ethics Committee (references QMREC2009/54 and QMREC2011/40); study two was approved by the London School of Hygiene and Tropical Medicine Ethics Committee (reference 7116). In all cases, informed consent was sought from participants and they were reminded of their right to withdraw from the studies at any time; and all names used in the text are pseudonyms.

1 their shopping. Observational data on participants' in-store behaviour and their trajectory
2 around the supermarket were recorded in field notes and photographs. The results of this
3 study described and categorised interactions with the supermarket environment in terms of
4 planning and reliance on in store cues (Thompson et al. 2013). The study operated within a
5 symbolic interactionist framework, which treats thought and action as situated (Rock 2001).
6 In order to explore the activity of shopping for food as a situated one, it was necessary to
7 interrogate it with participants in the sites where it is performed. This emphasis led to a
8 particular style of documentation and presentation. The go-along interviews were recorded
9 and copious field notes were taken during and after the interview detailing the places visited,
10 activities engaged in and physicality of the participant. The transcribed speech was then
11 combined with the field notes to produce a style of transcript not unlike a script for a play, in
12 that it included both utterance and descriptions of physical movements and actions.

13

14 **2.2 Study two: Examining 'community' in the context of an area-based empowerment** 15 **initiative**

16 Go-along interviews were used in 2014 as part of a qualitative study, led by *JR*, which
17 followed the progress of a resident-led, area-based initiative which aimed to empower
18 communities to improve their local areas. The programme (referred to here as *The Initiative*),
19 was delivered in multiple sites in England, but this qualitative study took place in two sites:
20 an urban neighbourhood and a coastal town. The aim of the study was to examine how
21 'community' was enacted (Mol 2002) through the delivery of *The Initiative*, to help inform
22 approaches for evaluating the impacts of 'community'-led initiatives on health inequalities.
23 Go-alongs were selected, as part of a suite of qualitative methods, to explore real-time
24 enactments of interactions between people and spaces to inform understanding of the

1 mechanisms of ‘community empowerment’ unfolding. Six go-alongs were conducted across
2 the two research sites in places chosen by participants (local residents participating in *The*
3 *Initiative*), and while not audio-recorded, detailed field notes were written after each
4 encounter. The go-alongs were interpreted as ‘data’ specifically in terms of revealing the
5 participants’ engagement with a range of actors (social, material, spatial, conceptual) (Latour
6 2005) in a range of spatial, temporal and social contexts. Analysis of the field notes was
7 conducted in conjunction with other qualitative data sources from the study, using an
8 inductive, thematic approach to developing constructs, narratives and relationships which
9 illustrated the ongoing enactment of ‘community’. The findings of this study contributed
10 conceptually to evaluation approaches for similar complex interventions for health (Reynolds
11 2016) and for identifying processes of inclusion and exclusion in community empowerment
12 initiatives (Reynolds 2017).

13

14 **2.3 Study three: Investigating perceptions of ‘neighbourhood’ in post-Olympic East** 15 **London**

16 Go-alongs were used in 2012 and again in 2013 as part of a nested qualitative study, led by
17 *CT*, examining perceptions of ‘neighbourhood’ in regenerated East London after the 2012
18 Olympic Games. The project aimed to explore how residents framed changes in relation to
19 the social determinants of health. Go-alongs were used, in combination with family
20 interviews and focus groups, in order to achieve in-depth engagement with the area under
21 study (Evans and Jones 2011). From a sample of 20 families, six participants in the first
22 wave (2012) and four participants in the second (2013) accepted the researcher’s invitation to
23 identify a local place of personal significance for a go-along and, once there, to explain how
24 it featured in their everyday practices. The results showed that local improvements were

1 perceived as overwhelmingly temporary and there to support the event rather than the
2 residents (Thompson et al. 2015). The study operated within a narrative framework.
3 Narratives serve as points of focus and change, thereby illuminating perceptions of cause-
4 and-effect, and exploring how social conditions were perceived and, ultimately, constrained
5 behaviour (Williams 2004). As with study one, go-alongs were audio-recorded and
6 transcripts were added to with field notes about physical movements and activities in order to
7 produce a script-like account of the interview. This was particularly useful for accessing
8 participants' neighbourhood perceptions because it allowed witnessing and recording of
9 physical and real-time reactions to aspects of their local area.

10

11 **3 Results: Physical and discursive disruptions**

12 The three studies represent quite different practical and theoretical applications of the go-
13 along. Studies two and three both deployed go-alongs as a supplement to other data
14 collection methods and were concerned with enactment and perception, whereas study one
15 was explicitly concerned with a specific, situated practice (food shopping). Despite these
16 differences, the disruptive nature of the method remained a common theme. As stated above,
17 the nature of the disruptions we encountered can be classified as either (i) physical or (ii)
18 discursive. Examples of each from across the three studies are described below.

19

20 **3.1 Physical disruptions in the field**

21 During the course of data collection we often experienced physical disruptions and
22 interruptions to the go-along process. Most typically, this was in the form of encountering
23 acquaintances of the participants, unexpected features of the place, and even unwelcoming

1 weather. These encounters sent the go-alongs off in new directions – both literally and in
2 terms of topic – and facilitated the interpretation of the relational dynamics between people,
3 settings, and situated practices.

4

5 Disruptions to a go-along can highlight how relations between people arise through spatial
6 interactions. Some pertinent examples of this were seen in study two: an examination of the
7 enactment of community. Whilst conducting go-alongs, a relatively common disturbance
8 was that of bumping into other residents. On occasion, these interruptions excluded the
9 researcher (*JR*) and temporarily demoted her to the position of awkward on-looker. This was
10 the case during a go-along with Caroline, a local resident and member of the residents’
11 committee responsible for delivering *The Initiative* in the urban neighbourhood. The go-
12 along started on a large housing estate and started off promisingly with Caroline guiding *JR*
13 around the estate. Approximately 15 or 20 minutes in, another local resident involved in
14 delivering *The Initiative*, Sue, saw the pair and came over to join them. After some general
15 talk about what they were doing, Caroline – unprompted – began to lead the conversation
16 again, implicitly asking Sue to join in, which effectively restarted the interview with an
17 additional participant. *JR* reflected upon this experience in her field notes, below, and noted
18 the shift in dynamics as a result of this disruption:

19 *Caroline was asking Sue quite a lot of questions [about living on the estate], and at*
20 *times it felt more like they were having the conversation between themselves,*
21 *rather than me guiding the conversation, but this was very effective as Caroline*
22 *was asking questions about particular details that I perhaps wouldn’t have known*
23 *or thought about, and the conversation flowed very naturally. . .*

24

1 The disruption extended even further as Sue and Caroline's conversation became more
2 personal, following Sue's indication towards Caroline's stomach, asking how she was
3 feeling, drawing *JR*'s attention to the fact that Caroline was pregnant. The intimacy of the
4 exchanges served to distance *JR*, positioning her outside the ongoing production of these
5 situated relations between Caroline and Sue. The disruption arising from serendipitous
6 encounter enabled *JR* to reflect on the go-along not simply as a *representation* of what
7 'community' meant in this area, nor as a narrated *interpretation* of the kinds of social and
8 spatial relations that might constitute 'community'. Instead, the go-along demonstrated the
9 real-time 'taking place' (Andrews et al. 2014) of relations of knowledge and sense of identity
10 connected to place, as well as exclusive – and excluding, for *JR* – interpersonal exchanges
11 which contribute to the ongoing 'boundary work' (Reynolds 2017) of enacting community
12 through an empowerment initiative. This helped to highlight that mechanisms of collective
13 empowerment to reduce health inequalities may involve and even prompt different kinds of
14 exclusionary relations.

15

16 A similar example of serendipitous disruption occurred in study three, an investigation of
17 neighbourhood perceptions in post-Olympic East London. Go-alongs allowed the researcher
18 (*CT*) to experience places of interest and change first-hand. In this vein, a go-along was
19 conducted with a participant on the school-run to collect his daughters. *CT* accompanied
20 Kamran, a father of three, on the walk from his home to the school, leaving earlier than
21 normal to allow time to explore the school grounds and surrounding streets together. Once
22 again, the go-along started off very well, with Kamran taking pains to comment on his
23 surroundings and, in particular, how he viewed the area in terms of crime and safety, a key
24 social determinant of health and, therefore, a topic of interest. Upon arriving at the school
25 gates, Kamran saw an acquaintance of his, a Police Community Support Officer (PCSO).

1 Kamran explained that there was always a community police officer on patrol at the school at
2 this time of day. He then introduced *CT*. After some explanation, the officer asked to join in
3 and add his comments. The transcribed extract from the go along, below, shows how this
4 encounter introduced a new topic to the interview.

5 *Kamran and the PCSO talk about a school governors' meeting briefly before they*
6 *turn their attention back to me. Some children file past us out of the gates*

7 *CT: Do you think the area has changed a lot since you have been doing this*
8 *(patrolling the school)?*

9 *PCSO: Yes. Crime has gone up. But a lot of it is not reported. The young people*
10 *mostly. I remember when I joined there was hardly any gang problems and now*
11 *it is all gangs. Young people committing crimes has gone up. In 2004,*
12 *when I joined, I don't think there was any school teams but now in every*
13 *secondary school you have a police officer It's a good thing but because*
14 *of the crime ... that's why police are in the school isn't it? Also the good thing is ...*
15 *there is someone to call on. You can nip it in the bud ...*

16

17 Prior to this go-along, the subject of police presence in schools had not been raised in any of
18 the qualitative interviews. It was an aspect of neighbourhood crime and safety that the
19 research team had not previously considered in either the quantitative or qualitative data
20 collection. In addition to talking to the PCSO at the school gates, *CT* went on to discuss the
21 topic further with Kamran during the interview. These data were then used to inform other
22 components of the qualitative study, namely, the inclusion of questions about police officers
23 in schools in subsequent focus group interviews.

24

1 If methods of qualitative inquiry are framed as *encounters*, of one variety or another (McCoy
2 2012) – as interactions with people and places - then disruptions in this vein are to be
3 welcomed. In studies using interview methods, the interview dialogue is often privileged as
4 the sole source of knowledge, which leaves little theoretical space to consider incidental
5 encounters (Pinsky 2015) and how research unfolds, often unpredictably, in context.
6 Unexpected encounters in the field go beyond interactions with human actors and extend to
7 unexpected places.

8

9 Finding ourselves in unexpected places was often a feature of go-alongs involving car travel
10 with participants – it being easier and quicker to change their mind and go somewhere else.
11 This happened on several occasions during study one, exploring food shopping practices. CT
12 had planned to go the local supermarket and back with Alan, who was retired and had
13 recently started volunteering. After meeting at a park café and getting in the participant’s car,
14 the pair ended up going to the local retail park, then to an Indian grocers and, finally, to the
15 supermarket as originally planned. The interview took up the whole morning. On arrival at
16 the Indian grocers Alan explained, “*I just erm ... I just sort of come in this place cos of the*
17 *fresh produce outside ... I just enjoy coming over here really; it’s all part of the experience*
18 *really ... going home with all fresh ingredients.*” Alan then broke off and looked at the
19 shops across the road, he pointed at Chinese herbalist shop and said “*Er ... I just want to*
20 *show you that Chinese shop there ... Chinese powder.*” He went on to explain that, during
21 repeated attempts to lose weight over the years he had turned to traditional Chinese medicine.
22 The conversation then turned to his health beliefs and practices in this area. Accessing the
23 regular rhythms of mobility that Alan undertook as part of his shopping practices, allowed
24 CT to explore the changing elements of his local landscape that had bearing on his health
25 (Edensor 2010); in this case, the spaces of alternative and traditional medicine.

1

2 A further example of a disruption caused by visiting an unexpected place – although this time
3 during a walking interview – can be found in study two. A go-along was conducted by JR in
4 the coastal town with Angela, who was involved with delivering *The Initiative*. As the pair
5 walked through a number of streets and public spaces, Angela described local campaigns in
6 which she had participated to help improve the local area. Towards the end of the go-along,
7 the worsening weather forced Angela and JR to find somewhere dry to continue talking. It
8 was Angela’s choice of café in this scenario that highlighted the disruptive nature of the go-
9 along on her everyday practices. An excerpt from the field notes illustrates this:

10 *From here we walked towards the seafront, and as it was beginning to rain a*
11 *little, we considered finding a café and Angela suggested the café up ahead*
12 *– a contemporary style building. . . which differed to the surrounding buildings.*
13 *Seemed a new investment, and inside it was quite trendy (brightly coloured*
14 *tables and mugs, big views of the sea) . . . unlike the more ‘greasy spoon’ type*
15 *cafés seen elsewhere [in the town]. Seemingly intended more for tourists. Angela*
16 *said she’d never actually been here before, but often walks past with her dog . . .*

17

18 The research encounter thus served to disrupt Angela’s habitual being and doing-in-space,
19 and thereby disrupted the anticipated course of the interview. The increasing rain meant that
20 both Angela and JR had to find shelter in order to continue the interview, and Angela
21 identified this particular café as the closest indoor space. In effect, it was participating in the
22 go-along that led Angela to visit a café that she had never previously thought to go to, to
23 avoid being caught in a downpour. This could be interpreted as disrupting the naturalistic
24 aims of the go-along, as entering this café – seemingly more a space for tourists than
25 residents – was not part of the rhythm of Angela’s daily routines, serving to position her in

1 the local social and spatial context (Edensor 2010). However, part of the utility of go-alongs
2 is also that they entail the researcher and participant experiencing places together. This can
3 mean discovering that the participant does not appear to be fully aware of certain aspects of
4 their physical environment (Garcia et al. 2012). This example was an opportunity to observe
5 a disruption to the social, spatial and material rhythms that constituted how Angela positioned
6 herself within the shifting processes of inclusion and exclusion, and the ongoing
7 (re)production of physical and social boundaries that emerged through enactments and
8 understandings of ‘community’ (Reynolds 2017).

9

10 **3.2 Discursive disruptions to narratives**

11 In addition to go-alongs enriching data collection *via* physical disruptions, they also served to
12 illuminate narrative inconsistencies and contradictions, drawing attention to the gaps between
13 what is said and what is done and how narrative and context intersect. This contributes to
14 understanding how health and well-being are made sense of, in relation to place and practice.

15

16 One way this emerged was in terms of participants’ narratives contradicting their actions,
17 which was especially relevant for study one, an exploration of food shopping practices, given
18 that there is a noted knowledge-action gap with regard to dietary health. Although public
19 understanding of the benefits of a healthy diet is high, few people succeed in actually
20 maintaining one (Kumanyika et al. 2000). Exploring the contexts and practices in which this
21 gap is imbedded is challenging. During the course of data collection participants would often
22 give a relatively consistent and logical account of their food practices when interviewed in
23 their homes, but then perform quite different accounts when they were actively food shopping
24 during the go-alongs. A pertinent example of this can be found with Janet, who was retired

1 and lived with her partner. When interviewed at home, she reported having to adhere to a
2 very restrictive diet (dairy and gluten free) for health reasons and described, in detail (below),
3 the consequences of exceeding these restrictions:

4 *I have to know what meat I'm having, which is chicken normally every day.*
5 *But some days I will just have salad and I might just have like the gluten free*
6 *ham and cheese on my salad or something ... But normally mine is chicken,*
7 *all the time.*

8

9 Yet, when food shopping during the go-along, Janet's narrative account of her practices was
10 disrupted and challenged. She explained how the supermarket environment, specifically the
11 wide range of choice and 'temptations', made purchasing decisions highly problematic. Janet
12 became annoyed and upset when talking about the lack, and expense, of gluten-free and
13 dairy-free products in her local supermarkets. Added to which, Janet very much enjoyed
14 browsing the in-store price-promotions. Having a restricted diet meant that many of the
15 foods on special offer were not suitable for her. As a result of the situated influences and
16 expectations of the supermarket context, Janet often bought foods which she should not eat,
17 as can be seen in the following extract from her go-along:

18 *Janet stops to look at a selection of ready-made quiches on special offer*

19 *CT: Is that something you can eat?*

20 *Janet: A little bit ... I do, otherwise I have nothing do I? You know what I mean.*

21 *So I do erm ... I do have er something, even if it's only a little bit.*

22 *CT: And they're 2 for £3?*

23 *Janet: Yeah ... definitely (as she picked up two quiches).*

24

1 She found it difficult to balance the pervasive influence of the supermarket against her own
2 values and needs, even if this had a detrimental effect on her health. These factors were not
3 talked about in other settings. It was only when Janet and *CT* were experiencing them in situ
4 that they became part of the narrative. The method allowed the researcher to draw upon the
5 participant's perceptual memory around food shopping; the cultural form encased and
6 embodied in the immediate surroundings (Seremetakis 1994) of the supermarket.

7

8 Similarly, Lauren, a childcare worker who lived at home with her parents, displayed a very
9 distracted stance when shopping and provided some inconsistent commentary for her food
10 choices, as can be seen in the go-along extract below.

11 Lauren points towards the end of the store and starts walking off. She stops
12 abruptly by an end-of-aisle special offer display for a range of processed
13 cheese snack-packs and starts examining them silently and quite intensely.

14 *CT: You seem quite excited about this ... what is it?*

15 *Lauren: I only have these at Assembly [meeting] days ... [they are] Dunkers.*

16 *You never had a Dunker!?! (laughs)*

17 *CT: No ... I've not lived (laughing)*

18 *[Then]*

19 The participant puts four packs in her basket.

20

21 Lauren was very focused on the display, breaking off the conversation and walking over as
22 soon as she noticed it. The go-along confronted both the researcher and participant with
23 seemingly odd behaviours. It disrupted the assumption of consistency of practice. Both

1 Lauren and *CT* laughed while standing talking in front of the end-of-aisle display.
2 Interestingly, it was this moment of shared amusement and informal exchange that both
3 expressed and drew attention to the disruption. Laughter in interview interactions can signify
4 and function in a range of ways. It can soften the meaning of seemingly unpleasant
5 utterances and flag-up dilemmas (Myers and Lampropoulou 2016). The go-alongs in study
6 one proved very useful in highlighting and probing seemingly irrational practices and the
7 breaking of dietary restrictions. Ultimately, it led to a focus on the food environment as a
8 consumption environment and the practice of purchasing food as a performance that can be
9 either ‘utilitarian’ or ‘leisure’ (Howard 2007), a distinction which shapes the healthfulness of
10 the purchasing decisions made and has direct implications for diet.

11

12 In-situ disruptions not only contradicted narratives but often resulted in participants
13 confronting these disruptions and redirecting their utterances in response. This was
14 especially evident when particular places evoked intense memories and associations. An
15 example of this can be seen in study three, which considered perceptions of neighbourhood.
16 *CT* conducted a go-along in a local park with a brother and sister. Serena, 20, and Nathan,
17 13, took *CT* to a park a few streets from their home. The park was described by the
18 participants as being run-down, vandalised and largely unused. Serena described it almost
19 exclusively in terms of the practices of ‘others’ and could recall very few instances of using
20 the park herself. However, as the trio walked around the Park, talking at length about ‘local
21 kids’ who illegally rode motorbikes there at night, this narrative was both enhanced and
22 disrupted. During the course of the interview, the group climbed through a gap in the fence
23 to look at an ‘escape route’ that local youths were said to use when running away from the
24 police:

1 The trio emerge into a little clearing behind the fence that gives direct access
2 to the main road – where the ‘kids’ can ‘escape’ the police (figures 1 and 2:
3 ‘The clearing’ facing the main road and ‘the clearing’ facing the fence.)

4 CT: So do any of your friends use the park, Serena?

5 Serena: Erm... no, they're all younger to use this erm... (long pause while she
6 looks around the space, apparently lost in thought) when we was younger
7 we used to hang about here though, or maybe sit on the benches over there.

8 I think I grew up (laughs). Obviously, going to college and going to work, you
9 haven't really got time to come here and relax.

10
11 The sight and subsequent exploration of the clearing was unexpected. It served to enhance
12 Serena and Nathan's account of 'problem-youth' in the area. Upon closer inspection,
13 facilitated by Nathan's impromptu decision to have a look behind the fence, Serena seemed
14 to be quite affected by the space; being intensely reminded of an earlier period in her life
15 during which she used the park when it was a space of leisure and well-being for her (Colley
16 et al. 2016). It changed Serena's narrative about the park and highlighted the temporal and
17 transient nature of local and therapeutic landscapes and the multiple uses of such spaces
18 (Ettema and Smajic 2015).

19
20 A final disruption to note, which in some ways was both physical and discursive, occurred in
21 study two as a lack of 'going' within the interview. Patrick, a retired resident of the urban
22 neighbourhood, and a member of the residents' committee delivering *The Initiative* locally,
23 agreed to participate in a go-along with JR but it proved a little difficult to agree a day and

1 time to meet. Eventually Patrick explained that he was suffering from poor health, including
2 reduced mobility, and asked to have a static interview in a local community centre rather than
3 engage in a walk around the area, thus disrupting the mobile nature of the go-along. As the
4 interview progressed, it became apparent that Patrick's refusal to engage in the mobile
5 aspects of the interview was more than a practical concession to ill health. When talking
6 about *The Initiative*, he openly articulated his general dissatisfaction and despondency
7 towards how he saw it developing locally, describing how the process had been going "*too*
8 *slowly*" for him. He said he had originally got involved in delivering *The Initiative* as
9 'something to do' while retired, and to avoid "*sitting down and giving up*", but that he had
10 become very frustrated with the whole thing. This encounter, wherein Patrick did not want to
11 move from the community centre, revealed two kinds of disruption: to the anticipated
12 mobility and purpose of a go-along, and to Patrick's discursive presentation of himself as
13 someone seeking activity and progress. This enabled interpretation of the go-along (or *non*
14 go-along) and of Patrick's physical and discursive positioning within it, as a stagnation, and
15 an enactment of his increasing resistance towards and distancing from the collective domain
16 of *The Initiative*, which he felt was threatening his own sense of well-being. Disruptions in
17 go-alongs exemplify the intersections between the physical and the discursive, and how what
18 is being said can be relativized, contradicted or confirmed by embodied acts, gestures and
19 sensory affects in a series of performative moments (Seremetakis 1994).

20

21 **4 Conclusion**

22 Against the backdrop of increasing interest in the influence of place and situated practices on
23 health experiences and outcomes (Andrews et al. 2014), there is recognition of the value of
24 the go-along as a means of investigating the relationship between health, well-being and

1 place (Carpiano 2009, Jones et al. 2008, Colley et al. 2016). This paper has brought attention
2 to a particular dimension of the go-along – disruption - which has been under-explored in
3 existing literature, and which we argue is especially valuable for exploring health as
4 constituted and experienced through situated practices and relationships. Go-alongs allow the
5 researcher to accompany participants into their local built and natural environments and,
6 thereby, to access their experiences and perceptions of the physical, social and structural
7 determinants of health and inequalities in real time. As the examples we presented highlight,
8 ‘disruptive’ go-alongs can reveal the knowledge-action gap between health-related
9 knowledge and associated health protecting / seeking behaviours that disproportionately
10 affect those living in deprived neighbourhoods (Kumanyika et al. 2000, Cubbin and
11 Winkleby 2005). They can also reveal complex and unexpected ways in which interventions
12 designed to improve health – for example by enhancing collective empowerment – unfold
13 through interactions between people, place and agency (Williams 2003). Finally, they can
14 enable more nuanced understandings of situated experiences of place, and how change over
15 time influences sense of well-being (Edensor 2010).

16

17 Methods that enable active engagement with disruptions are vital, we suggest, to pursuing a
18 relational view of health which recognises the mutually reinforcing and reciprocal
19 relationship between people, practices and place (Cummins et al. 2007). This framing is
20 now an established convention of health geography research (Cattell et al. 2008, Carpiano
21 2009, Weden, Carpiano and Robert 2008). Practical and more theoretical recommendations
22 for managing and making productive use of disruptions in go-alongs for health research,
23 based on our experiences, are summarised in *Box 1*.

24

1 **Box 1: Recommendations for exploring disruptions through go-alongs**

Practical recommendations

- Write a protocol for how to handle ‘disruptions’ at the planning and fieldwork phases and agree a personalised protocol with each participant. Consider how you might handle interruptions from other people during go-alongs to ensure all those involved are aware of the research process and can give consent as appropriate. For example, take extra copies of consent and information forms with you during each go-along.

- Build flexibility into your scheduling and timing of go-alongs, to enable you to follow and engage with unexpected journeys, people and events that might arise during a go-along, while keeping mindful of usual precautions for ensuring your own safety.

Theoretical and analytical recommendations

- Consider carefully the nature of movement in go-alongs, including when and how mobility is disrupted during each encounter. For example, reflect on what any *immobility* during a go-along reveals about the processual way in which health is constructed through people, place and practice.

- During and following data collection through go-alongs, reflect thoroughly to explore any disruptions to your own theoretical assumptions about the research subject, and how place, people and practice might contribute to health experiences in this context. Go alongs can reveal how health related practices and perceptions are co-constructed reproduced within place.

- Rather than seeing any disruptions between narrative and action identified through go-alongs as inconsistencies in participants’ accounts, explore them as examples of the multiple ways in which people, place and practice intersect to produce situated, and relational, health experiences. It is important not to let the situated and context-specific nature of go-along data collection be reduced to a matter of ‘catching out’ the participant. Such an approach implicitly ignores the social and built environment influences on health (which go alongs are well placed to explore) and, instead, puts the focus on individuals’ behaviours and inconsistencies.

2

3 We recognise, of course, that go-alongs are not without their challenges. As we have touched

4 upon in this paper, unexpected encounters can bring unexpected problems (Garcia et al. 2012,

5 McCoy 2012). This can take the form of interviews being derailed by embarrassing,

1 insurmountable or (socially) inappropriate disruptions, with potential to compromise rapport
2 between researcher and participant. Interruptions from other people who have not already
3 consented to research participation also pose potential ethical dilemmas, and raise the
4 challenge of trying to establish their understanding and agreement to be part of the research
5 while not unsettling the unfolding encounter too much. The status of incidental encounters in
6 qualitative interviews is ambivalent, at best. Researchers will continue to experience the
7 contradictions of dividing self from data in rigid ways because of the difficult distinction
8 between ‘data’ and personal interactions (Pinsky 2015).

9

10 Go-alongs, as a disruptive method and in common with many mobile and creative
11 approaches, disrupt established ethical conventions and processes (McCoy 2012, MacLure
12 2006, Garcia et al. 2012). We were fortunate enough, in the course of the studies discussed
13 here, not to have encountered notable ethical dilemmas. In part, this may be due to the
14 relatively uncontroversial topics and populations we studied. Nevertheless, as Pinsky (2015)
15 has pointed out, in order for mobile, creative and encounter-led methods to progress,
16 researchers need to engage in a productive dialogue about how to frame and respond to these
17 challenges. Examining the ‘disruptive’ qualities of methods is just one possible framing for
18 this. Ongoing reflection of these analytical questions and problems are necessary in order to
19 contribute to a broader understanding of the complexity of engagements between place,
20 practice and health. Disruptions, we argue, and methodological tools that enable them to
21 come to the fore, are vital for apprehending more fully the situated realities of health as
22 socially, physically and structurally determined.

23

24 **5 Declaration of Conflicting Interests**

1 The authors declare that there are no conflicts of interest.

2

3 **6 References**

4 Andrews, G. J., S. Chen & S. Myers (2014) The 'taking place' of health and wellbeing:

5 Towards non-representational theory. *Social Science and Medicine*, 108, 210-222.

6 Bell, S. L., C. Phoenix, R. Lovell & B. W. Wheeler (2015) Using GPS and geo-narratives: a

7 methodological approach for understanding and situating everyday green space

8 encounters. *Area*, 47, 88-96.

9 Brown, L. & K. Durrheim (2009) Different Kinds of Knowing: generating qualitative data

10 through mobile interviewing. *Qualitative Inquiry*, 15, 911-930.

11 Carpiano, R. M. (2009) Come take a walk with me: The "Go-Along" interview as a novel

12 method for studying the implications of place for health and well-being. *Health and*

13 *Place*, 15, 263-272.

14 Cattell, V., N. Dines, W. Gesler & S. Curtis (2008) Mingling, observing, and lingering:

15 Everyday public spaces and their implications for well-being and social relations.

16 *Health and Place*, 14, 544-561.

17 Colley, K., C. Brown & A. Montarzino (2016) Restorative wildscapes at work: an

18 investigation of the wellbeing benefits of greenspace at urban fringe business sites

19 using 'go-along' interviews. *Landscape Research*, 41, 598-615.

20 Cubbin, C. & M. A. Winkleby (2005) Protective and harmful effects of neighborhood-level

21 deprivation on individual-level health knowledge, behavior changes, and risk of

22 coronary heart disease. *American Journal of Epidemiology*, 162, 559-568.

23 Cummins, S., S. Curtis, A. V. Diez-Roux & S. Macintyre (2007) Understanding and

24 representing 'place' in health research: a relational approach. *Social Science and*

25 *Medicine*, 65, 1825-38.

26 Curtis, S. 2004. *Health and Inequality: geographical perspectives*. London: Sage.

27 Dinnie, E., K. M. Brown & S. Morris (2012) Community, cooperation and conflict:

28 Negotiating the social well-being benefits of urban greenspace experiences.

29 *Landscape and Urban Planning*, 112, 1-9.

- 1 Edensor, T. 2010. Introduction: Thinking about Rhythm and Space. In *Geographies of*
2 *Rhythm. Nature, Place, Mobilities and Bodies.*, ed. T. Edensor, 1-18. London:
3 Routledge.
- 4 Ettema, D. & I. Smajic (2015) Walking, places and wellbeing. *The Geographic Journal*, 181,
5 102-109.
- 6 Evans, J. & S. Hall. 1999. What is visual culture? In *Visual Culture: the reader*, eds. J. Evans
7 & S. Hall. London: Sage in association with The Open University.
- 8 Evans, J. & P. Jones (2011) The walking interview: methodology, mobility and place.
9 *Applied Geography*, 31, 849-858.
- 10 Finlay, J., T. Franke, H. McKay & J. Sims-Gould (2015) Therapeutic landscapes and
11 wellbeing in later life: Impacts of blue and green spaces for older adults. *Health &*
12 *Place*, 34, 97-106.
- 13 Garcia, C. M., M. E. Eisenberg, E. A. Frerich, K. E. Lechner & K. Lust (2012) Conducting
14 Go-Along Interviews to Understand Context and Promote Health. *Qualitative Health*
15 *Research*, 22, 1395-1403.
- 16 Gram, M. (2010) Self-reporting vs. observation: some cautionary examples from parent/child
17 food shopping behaviour. *International Journal of Consumer Studies*, 34, 394-399.
- 18 Horsfall, D. & A. Titchen (2009) Disrupting edges - opening spaces: pursuing democracy and
19 human flourishing through creative methodologies. *International Journal of Social*
20 *Research Methodology*, 12, 147-160.
- 21 Howard, E. (2007) New shopping centres: is leisure the answer? *International Journal of*
22 *Retail and Distribution Management*, 35, 661-672.
- 23 Jones, P., G. Bunce, J. Evans, H. Gibbs & J. Ricketts Hein (2008) Exploring Space and Place
24 with Walking Interviews. *Journal of Research Practice*, 4, D2.
- 25 Kearns, R. & G. Moon (2002) From medical to health geography: novelty, place and theory
26 after a decade of change. *Progress in Human Geography*, 26, 605-625.
- 27 Kumanyika, S. K., L. Van Horn, D. Bowen, M. G. Perri, B. J. Rolls, S. M. Czajkowski & E.
28 Schron (2000) Maintenance of dietary behavior change. *Health Psychology*, 19, 42-
29 56.
- 30 Kusenbach, M. (2003) Street Phenomenology: the go-along as ethnographic research tool.
31 *Ethnography*, 4, 455-485.
- 32 Latour, B. 2005. *Reassembling the Social*. Oxford, UK: Oxford University Press.

- 1 Laurier, E. & H. Lorimer (2007) Other ways: landscapes of commuting. *Institute of*
2 *Geography - University of Edinburgh, Geographical and Earth Sciences - University*
3 *of Glasgow.*
- 4 MacDonald, K. (2008) Dealing with chaos and complexity: the reality of interviewing
5 children and families in their own homes. *Journal of Clinical Nursing*, 17, 3123-3130.
- 6 MacLure, M. (2006) The bone in the throat: some uncertain thoughts on baroque method.
7 *International Journal of Qualitative Studies in Education*, 19, 729-745.
- 8 McCoy, K. (2012) Toward a Methodology of Encounters: Opening to Complexity in
9 Qualitative Research. *Qualitative Inquiry*, 18, 762-772.
- 10 Mol, A. 2002. *The Body Multiple: Ontology in Medical Practice*. Durham, NC: Duke
11 University Press.
- 12 Myers, G. & S. Lampropoulou (2016) Laughter, non-seriousness and transitions in social
13 research interview transcripts. *Qualitative Research*, 16, 78-94.
- 14 Pinsky, D. (2015) The sustained snapshot: Incidental ethnographic encounters in qualitative
15 interview studies. *Qualitative Research*, 15, 281-295.
- 16 Raby, R. (2010) Public Selves, Inequality, and Interruptions: The Creation of Meaning in
17 Focus Groups with Teens. *International Journal of Qualitative Methods*, 9, 1-15.
- 18 Reynolds, J. (2016) 'Missing out': Reflections on the positioning of ethnographic research
19 within an evaluative framing. *Ethnography*, Online first: August 17, 2016
- 20 Reynolds, J. (2017) Boundary work: understanding enactments of 'community' in an area-
21 based, empowerment initiative. *Critical Public Health*, **Online first: September 4th,**
22 **2017.**
- 23 Rock, P. 2001. Symbolic Interactionism and Ethnography. In *Handbook of Ethnography*, ed.
24 P. Atkinson. London: Sage.
- 25 Seremetakis, N. 1994. *The Senses Still: Perception and Memory as Material Culture in*
26 *Modernity*. Chicago: Chicago University Press.
- 27 Sheller, M. & J. Urry (2006) The new mobilities paradigm. *Environment and Planning A*, 38,
28 207-226.
- 29 Simpson, P. 2010. *Ecologies of Street Performances: Bodies, Affects, Politics* (Unpublished
30 PhD Thesis). 7-10. Bristol: University of Bristol.
- 31 Thompson, C., S. Cummins, T. Brown & R. Kyle (2013) Understanding interactions with the
32 food environment: An exploration of supermarket food shopping routines in deprived
33 neighbourhoods. *Health and Place*, 19, 116-123.

- 1 Thompson, C., D. J. Lewis, T. Greenhalgh, N. R. Smith, A. E. Fahy & S. Cummins (2015)
2 "Everyone was looking at you smiling": East London residents' experiences of the
3 2012 Olympics and its legacy on the social determinants of health. *Health and Place*,
4 36, 18-24.
- 5 Thrift, N. (2000) Afterwords. *Environment and Planning D: Society and Space*, 18, 213-255.
- 6 Thrift, N. (2006) Space. *Theory, Culture and Society*, 23, 139-155.
- 7 Thrift, N. (2007). *Non-Representational Theory: Space, Politics, Affect*. London: Routledge.
- 8 Weden, M. M., R. M. Carpiano & S. A. Robert (2008) Subjective and objective
9 neighborhood characteristics and adult health. *Social Science and Medicine*, 66, 1256-
10 1270.
- 11 Wiles, R., H. Pain & G. Crow. 2010. Innovation in qualitative research methods: a narrative
12 review. In *NCRM Working Paper Series*. Southampton: ESRC National Centre for
13 Research Methods (NCRM).
- 14 Williams, G. 2004. Narratives of Health Inequality. In *Narrative Research in Health and*
15 *Illness*, eds. B. Hurwitz, T. Greenhalgh & V. Skultans. Oxford: Blackwell BMJ
16 Books.
- 17 Williams, G. H. (2003) The determinants of health: structure, context and agency. *Sociology*
18 *of Health and Illness*, 25, 131-154.

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1 **Photographs**

2



3 **Photograph 1: 'The clearing' facing the main road.**

4



1 **Photograph 2: 'The clearing', facing the fence.**

2

3