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# Get out! A Narrative Inquiry with Four Therapist who Practice Walk and Talk Therapy

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UNIVERSITY OF CALGARY

Get Out! A Narrative Inquiry with Four Therapists Who Practice Walk and Talk Therapy

by

Tyla Charbonneau

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES  
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### **Abstract**

There is a traditional idea that therapeutic conversations are best suited for office environments. Therapists are reconsidering this practice by taking clients outside into nature to reconnect with the world around them, get some exercise, and reflect on life problems in natural spaces. This study is a narrative inquiry into the experiences of four therapists who participate in walk and talk therapy as part of their therapeutic practice. Narrative inquirers attend to a three dimensional narrative inquiry space that includes temporality, sociality, and place located within stories of experience. Over a period of ten months, the therapists and I participated in conversations about their experiences with walk and talk therapy. This fieldwork resulted in four co-composed narrative accounts that represent each of their individual experiences. Across these four narrative accounts four narrative threads emerged: social complexities, connecting to a greater sense of the world, acknowledging the therapist, and innovation and creativity. Implications for practice, further conversations that are needed in the counselling profession about walk and talk therapy, and ideas for future research are also presented.

### **Acknowledgements**

I would like to begin with thanking the four amazing therapists who participated in this study. Clay, Stephanie, Megan, and Wendy you are incredible people who have inspired me greatly! I am forever grateful for the time you gave to explore the world of walk and talk with me. I look forward to continuing the conversation with all of you in the future. I would also like to thank my supervisor Dr. Mishka Lysack. Your guidance and advocacy for the environment was a constant inspiration. I also very much appreciated your patience and attention to detail. To Dr. Andrew Estefan your mentorship and continuous support through the “hard yards” is greatly appreciated. Thank you for giving me permission to have more wonderings than conclusions, and for working as hard as you did to keep me focused on experience. To Dr. Nancy Arthur thank you for keeping my writing on track and showing kindness in my tougher moments. Thank you to Eileen Eckert who edited this dissertation for APA formatting. I would like to thank my family and friends for standing behind me on this ten-year academic adventure, I can see the light at the end of the tunnel! To my amazing husband Chris, I am happy and baffled all at the same time that you walked along side me through all of the ups and downs of writing and graduate school. I love you very much and am looking forward to the next adventure in our life. Finally, to Mr. Alan Dyson, a beloved family member who passed away during the last month writing this dissertation, it is because of you that I embrace education and knowledge in the way that I do. You will be missed at my graduation but, as promised, I will tip my hat to you and smile, thank you for helping me to see what my mind was capable of.

### **Dedication**

I would like to dedicate this dissertation to my incredible husband Chris. I look forward to many more year of walking and talking (or riding) with you in the trees.

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## CHAPTER ONE: NARRATIVE BEGINNINGS

This dissertation begins with my own story of coming to the experience of walk and talk therapy (WTT) as a topic for this inquiry. Clandinin (2013) stated that “narrative inquirers begin with inquiring into their own stories of experience” (p. 55). My story serves to situate myself in the midst of coming to know myself as a therapist, of thinking about my practice in relation to others, and of seeking to build a balanced and authentic practice that reflects much of what I value in life and as a therapist.

My story involves developing my identity as a therapist through a connection to nature and a love of exercise. Like many kids, I spent as much time as I could playing outside with my friends in the neighbourhood. I grew up in a small town where I wandered the green spaces around my house until the streetlights came on to signal the end of my outdoor adventures for the day. I remember climbing trees, making bracelets out of forget-me-not flowers, and spending hours having snowball fights with my neighbours. I remember always being covered in dirt well into my teenage years.

At age 19, I was offered a job to teach at an outdoor educational program in the Alberta foothills. I moved into a log cabin staffhouse surrounded by lodgepole pines, was given the nature name “Gecko,” and spent 14 hours a day playing outside with students. I became characters such as “Hector the Connector Inspector” who had a German accent and wore a worn-out conductor's hat. Hector used climbing belts and webbing to connect kids to a web among the trees to show how we are all interconnected within the ecosystem. I played “Mama Munch,” the elderly lunch lady in a red apron who taught students how animal food chains worked. I have

fond memories of the smiles and laughter of students and teachers as we ran through the trees playing animal games and learning about which tree bark makes a natural sunscreen.

Every day after lunch, I would guide students out into the forest and ask them to find a solitude spot. A place where they would sit by a tree, in the grass, or by the pond to immerse themselves in personal reflection for a half hour. Looking back on these moments, I realize what an impact this solitude in nature had on me; I fell in love with nature. Sitting on the soft ground with my back against a tree, listening to the wind, I experienced first hand the restorative aspects of nature. I thought about who I was, who I wanted to be, and how I could spend as much of my life as possible outdoors. My experiences at outdoor school shaped who I am. I now surround myself with people who want to hike, bike, ski, and sit around campfires sharing the stories of our lives. I have lived in different cities around the world in order to explore the diversity of oceans, mountains, and forests our planet has to offer.

When I turned 30, I made a decision that surprised many of my outdoorsy friends. I went back to school to become a psychologist. My friends and family were supportive, but slightly skeptical of my choice to pursue a traditionally stationary indoor career. I was trading my ski instructor and remote first aid tickets for a career of office work. I told myself and everyone that while I loved my outdoor lifestyle, I needed a career that fulfilled me in order to find balance in my life.

To support this balance, I lived in a tiny cabin on a lake during my undergraduate career. By day, I sat inside classrooms listening to lectures, and by night, I sat studying with my textbooks on my front deck listening to the loons. When I had to move to a larger city to attend graduate school, I travelled to the mountains every chance I got. I even designed a master's

thesis that allowed me to take participants on hikes in the Rocky Mountains to reflect on their personal self-care.

Within this graduate career, my identity as a therapist began to take shape. I read about and practiced collaborative therapeutic modalities that aligned with how I understand relationships and helping professions. I focused on the aspects of mental health that mattered to me. In many of my papers, presentations, and discussions, I discovered a recurring theme, the importance of wellness. Wellness matters to me. Incorporating wellness into my own life and encouraging it in others seemed to always be at the forefront of developing my identity as a therapist. I began to consider how I could bring my love of nature and exercise into my therapeutic practice. I thought about how I could use the outdoors as a therapeutic space.

I talked to my friends who worked in youth adventure therapy programs and wondered why we were not exploring these ideas about connecting to nature with adults. I thought about how there is a growing disconnect from nature in lieu of technology and heavy workloads. I read books about how exercise affects our brains and about experiments that influence reflective behaviour through exposure to nature. I remember that I joked with friends about how I was going to become “the ski lift therapist,” while I also, quietly, thought to myself why not? What is stopping me from building a practice based on going for a walk, or providing counselling while sliding on a cross country ski?

Over time, I became the counselling psychology student who always asked, “Why does it have to be that way, why can we not do it differently?” I also possessed a healthy respect for rules and ethics. I pushed at the limits of therapeutic norms and ideas, but I also respected that how we engage with people needs to be supported in research in order to avoid doing harm. My

previous master's research about therapy in outdoor spaces introduced me to WTT. I wanted to inquire into the experiences of therapists who practice WTT as a way to attend to my desire to take clients outside in legitimate and sustainable ways.

There was an irony in sitting in a small office for eight hours a day writing about the benefits of being outside. I experienced a tension in knowing that I would rather be outside experiencing my life, instead of writing stories about it. In the year that it took to write this dissertation, I went outside every day. I had my schedule down pat: get up, write for a few hours, then take the dog for a run on my rural property before coming back to write, then take a late afternoon break by the creek. I visited the horses up the road, marveled at the changing seasons, watched a calf being born, and rejuvenated myself daily in order to maintain my own wellness during what has been one of the most difficult challenges I have taken on in my life.

Each time I went outside, I reinforced my belief that a connection to the nature world is an important aspect of personal wellness. I noticed how refreshed and ready to get back to work I was after each break. I found a natural rhythm of knowing when I needed to balance my intellectual work with physical activity and fresh air. It felt like going outside among the trees pressed a reset button in my mind. I knew that I wanted to share these experiences with others and find a way to explore WTT within the counselling profession.

### **Introduction**

Counselling and psychotherapy are multidisciplinary practices and therapists may come from fields such as psychology, social work, psychiatric nursing, or religious studies. This diversity has led to many theoretical orientations, diverse perspectives on the therapeutic relationship, and a range of services that are available to people who are seeking help for issues

and concerns in their lives. Prior to the Industrial Revolution, personal issues and concerns were addressed mostly within religious institutions (McNeill, 1951). As ideas about science overtook religion during the Industrial Revolution, fundamental changes in social structure such as emotional and psychological needs became important and traditional formats of counselling emerged (McLeod, 2013). In the twentieth century, counselling became an aspect of wellness and traditional offices inside hospitals, community agencies, and private practices developed (McLeod, 2013). Over time, the psychological needs of people have changed. Counselling approaches, too, have changed, a shift that is evident through a brief reading of any history of counselling textbook that describes Freud's psychoanalysis, Skinner's behaviourism, and Beck's cognitive behavioral therapy. More recent texts may even include new therapies such as ecotherapy wherein clients are encouraged to reconnect to nature and the natural world (Chalquist, 2009).

There is an increase in need among people for therapy (National Institute of Mental Health, 2008) and current services are not reaching all of the individuals who need help (Wild, Wolfe, Wang, & Ohinmaa, 2014). In my experience as a counselling psychology student and an early career therapist, I see that the client population is changing. Counselling is not just for people who require a medical model, diagnosis, and strict treatment plan. People are now seeking therapy to address all kinds of concerns from relationships to work-life balance to more serious psychological diagnoses. The field of counselling is growing; it is no longer the case that only doctoral level clinical psychologists can offer counselling services. Unregulated providers such as life coaches are reaching out to people in creative and less formal ways. I believe that the discipline of psychology needs to embrace new ways of looking at counselling and find ways

to offer services to people who are looking for less traditional and formal avenues to access help and explore personal wellness. Walk and talk therapy is one aspect of a growing field of ecopsychology. Many therapists are taking walks with their clients in outdoor spaces, and yet very little is written about walking from an academic perspective.

In this doctoral research, I wanted to know about the experiences of therapists who engage in non-traditional practices such as WTT. I wanted to spend time alongside the experiences of therapists who were in the midst of practicing WTT amid traditional stories of therapy. I wanted to learn what their experiences could offer the discipline of counselling to generate alternative ways of knowing about what it means to be a therapist and what therapists do. I chose narrative inquiry as the methodology for this study because of its focus on experience as it is lived and told through story (Clandinin & Connelly, 2000). An emphasis on experience through story was a good fit in a discipline that engages with stories of life on a day-to-day basis. Narrative inquiry also allowed me to develop relationships with the participants that extended beyond a single research interview. This longer and more in-depth engagement, characteristic of narrative inquiry, facilitated a deeper understanding and respectful representation of their work and ideas within WTT and the counselling profession.

Narrative inquiry methodology requires social, practical, and personal justifications from researchers for their research (Clandinin, 2013). These justifications are an expression of why the research matters. Throughout this dissertation, I make statements and arguments that justify the research according to these three criteria. As an orientation to the research, the social justification for this work is driven by my understanding that counselling is a social good. Counsellors are socially embedded practitioners, engaging with people whose needs require a



responsive and informed practice. Counselling as a profession cannot sit still; there is an ongoing need to add new knowledge to the multi-disciplinary profession of counselling, to present new ideas about traditional ways of doing therapy, and to generate further conversation about how the profession is changing and growing. The practical justification for this study arises from the need for counselling to continually develop, expand, and inquire into approaches that are helpful to clients and evidence-based. To develop an evidence-base for WTT, it is important to know more about how this work is unfolding, the various complexities and tensions that exist within the practice of WTT therapists, and to inquire deeply into these experiences. Finally, my personal justification lies in my interest in the promotion of well-being through exposure to nature and physical activity. My narrative beginnings also reveal a further aspect of my personal justification: to work, practice, live, and research in ways that are authentic to my own story of who I am and what I do as a person in the world who practices as a therapist with diverse others.

### **A Brief Word About Writing at the Boundaries of Academic Language**

In Chapter Three, I describe narrative inquiry in detail. I also introduce many important narrative terms that will appear throughout the narrative accounts. There are some methodological terms embedded in this writing that precede the methodology chapter: I mention them briefly here for clarity. Clandinin and Connelly (2000) said, “It is in the construction of research texts and the associated dialogue, imagined and desired, with an audience that one’s narrative terms rub up against reductionist and formalistic terms” (p. 140). As I wrote this dissertation, I bumped up against the formalistic nature of writing in psychology. I had to retrain myself to write in a more tentative narrative way, keeping curiosity and wonder in the forefront.

I fought against my desire to make concrete statements or to look for evidence of the ideas the therapists presented.

As I developed a comfort with narrative inquiry I also gained a comfort with narrative language. I use words such as “wonder,” “wondering,” “sat with,” and “living alongside” as a way to describe and show how I thought alongside the stories and experiences of the participants. I use words such as “bumped up against,” “bumping places,” and “tensions” as ways of highlighting ideas that may be at odds with traditional ways of thinking in counselling and academia.

### **Overview of the Dissertation**

Chapter One has set the scene for this study through an account of my narrative beginnings and a summary of the social, practical, and personal justifications for this work. I return to my narrative beginning as well as these justifications throughout the dissertation. Chapter Two is a literature review about nature as a therapeutic entity, explorations of the restorative factors of nature, and previous research about WTT. Chapter Two sets the stage for an inquiry into the experiences of therapists who engage in WTT. In Chapter Three, I describe and defend narrative inquiry as the methodology and method used to inquire into the experiences of therapists. Chapter Four presents four narrative accounts, the stories of each therapist I inquired alongside over a period of nine months. In Chapter Five, I describe and substantiate four narrative threads that resonated across the narrative accounts. Chapter Six concludes the dissertation. In Chapter Six, I make recommendations for therapists who may want to engage in WTT. This chapter also contains recommendations for conversations that need to continue about

WTT and innovation within the counselling profession. Chapter Six also contains recommendations for future research and discusses the strengths and limitations of this inquiry.

## CHAPTER TWO: LITERATURE REVIEW

In Chapter One I presented my narrative beginnings and a brief introduction to this inquiry. In Chapter Two, I will outline current research about connecting to nature, therapeutic worldviews, therapeutic landscapes, nature and mental health, and an overview of the previous research directly related to WTT.

The peacefulness of nature has long been a place where humans go to relax and unwind from the stress of daily life. A drive in the mountains, a walk through the forest, or time spent contemplating life by a river are all ways in which people may choose to engage in the benefits of nature (Gelser, 2003). Nature writers and environmentalists have advocated the physical and psychological benefits of exposure to nature for over two decades (Mayer, Frantz, Bruelman-Senecal, & Dolliver, 2008). Some nature researchers studied a variety of landscapes that may have therapeutic or healing benefits in terms of urban planning (e.g., Giles-Corti et al., 2005; Park et al., 2011), while others have explored the ways that nature can influence psychological well-being (e.g., Thompson & Aspinall, 2011; Zhang, Howell, & Iyer, 2014).

Therapeutically, much of the research to date focused on adventure-based therapy or wilderness therapy for youth from a client perspective (see Neill, 2003, for a meta-analysis). Beringer and Martin (2003) advocated for the recognition of the healing powers of nature to be included in the discussion of the effectiveness of adventure therapy. They suggested it is important to go beyond the human factors of challenging oneself physically in order to explore the influence that nature itself may have on people (Beringer & Martin, 2003).

This interest in the psychological aspects of the environment led to the creation of a new field of psychology called ecopsychology. Ecopsychology is built on the idea that we can grow

psychologically and emotionally through our connection to the natural world (Kahn & Hasback, 2012). Studies within ecopsychology are motivated by the idea that people who are exposed to nature experience increased well-being and life satisfaction (Gatersleben, 2008; Mayer & Frantz, 2004). However, despite positive findings regarding the benefits of exposure to nature, the challenge of how to therapeutically engage individuals in healing aspects of the natural environment remains (Milton, 2009).

To address this challenge, a branch of ecopsychology called ecotherapy was developed (Buzzell & Chalquist, 2009). Ecotherapy encompasses treatment modalities that utilize the natural world including nature therapy, animal assisted therapy, and horticultural therapy. The applied nature of ecotherapy addresses the relationships between the earth and healing in humans (Chalquist, 2009). Ronen Berger, a researcher and practicing therapist in Israel, developed a framework for one form of ecotherapy called nature therapy. His intent was to increase the variety of therapeutic modalities that professionals can offer to diverse clients in healthcare settings (Berger, 2005).

The National Institute of Mental Health (2008) reported an increase in the rate of people seeking therapy in North America. This increasing need for therapy, alongside increased awareness of the need for diversification of therapeutic modalities, opens up the possibility for extending therapy outside of traditional therapeutic formats. The following literature review shows the need for research that challenges the idea that therapeutic relationships and outcomes are best developed indoors in office spaces. This will be achieved through an exploration of traditional worldviews, a review of the current literature about ecotherapy, and the influence of

the restorative aspects of nature and mental health. I will also present a comprehensive review of the only published dissertation, to date, written from the therapist perspective about WTT.

This literature review also serves as a rationale for research that gathers information about therapists' experiences of ecotherapy. This research is beneficial for professionals who may want to engage in ecotherapy by examining nature in therapy, the notion of place, restorative aspects of therapy, and the limited amount of previous research. This review begins with an examination of the traditional Western view of counselling and psychology.

### **Therapeutic Worldviews**

Professional practices and competencies within counselling psychology focus on aspects such as theoretical orientation, building counselling relationships, change orientated processes, and therapeutic interventions. However, there is little focus on the organizational behaviour within agencies, physical environments, or the influence of space within these relationships and therapeutic outcomes. For the most part, therapy in Canada is based on traditional Western views of counselling. This includes a reliance on scientific ways of knowing, absolutist beliefs about best practices within psychology, power and competition as ideal factors in relationships, and a view that the natural world is inferior to human life and therefore must be controlled (Collins & Arthur, 2005).

Furthermore, research from a traditional worldview often privileges White heterosexuals with a higher education, limiting applicability to other understandings of gender, sexuality, and/or culture (Collins & Arthur, 2005). This worldview also values client-counsellor relationships that are hierarchal, and the change orientated focus is privileged (Collins & Arthur, 2005). It is of interest for counselling professionals to consider if these ideals within counselling

relationships may benefit from alternative viewpoints. The contextual worldview challenges the traditional Western worldview by postulating that counselling is a process that is in constant interaction between individuals and their environment (Patton & McMahon, 2006). This worldview takes a turn away from absolutist thinking, and towards the consideration of contextual factors within the counselling relationship. Collins and Arthur (2010) defined the contextual factors of counselling to include historical, social, economic, political, and environmental aspects of counselling as it relates to values and personal experiences.

McLeod and Machin (1998) wrote that contextual factors such as the physical environment, emotional climate, and agency climate are neglected from the conversations about counselling relationships. They explored issues such as office décor that include straight-backed chairs promoting a business atmosphere, institutionalization of the check-in desk and waiting rooms, and company policies as barriers to the counselling relationship. McLeod and Machin argued that while there is a considerable amount of research focusing on the relational experience of counselling, very little attention in research is paid to location of services or client's experience of agency organization.

In these writings, place and experience are overlooked within these contextual factors from a professional development standpoint. There is room in the profession of psychology to challenge traditional worldviews by breaking down the barriers that dictate specific organization of the physical places in which therapy is conducted. There is also room to expand contextual perspectives to generate discussions about place and nature within therapy possible.

### **Therapeutic Landscapes and the Importance of Place**

... when individuals step back from the flow of everyday experience and attend self-consciously to places- when, we may say, they pause to actively sense them- that their relationships to geographical space are most richly lived and surely felt. (Basso, 1996, p. 107)

Keith Basso is an anthropologist who studied the meaning and connection to landscapes through language in the American Western Apache First Nations from a narrative perspective. In his book *Wisdom Sits in Places*, Basso (1996) wrote about how our connection to landscapes leads to self-reflection, which in turn leads to contemplation about other aspects of our lives including relationships, problems, and experiences. In writing about a sense of place, Basso wrote that what is missing is the knowledge that humans can gain from an understanding and connecting to landscape. He explored the healing nature of place and landscape, suggesting that, "... relationships to places are lived most often in the company of other people, and it is on these communal occasions- when places are sensed *together*- that the native views of the physical world become accessible to strangers" (Basso, 1996, p. 109). It is this accessibility that promotes an interest in how to explore the therapeutic relationships developed in nature, in order to make a contribution to counselling professions in non-traditional ways.

**Explorations of therapeutic landscapes.** Wilbert Gesler (1992) was one of the first researchers to explore the healing aspects of what he called therapeutic landscapes. Therapeutic landscapes are connected with treatment and healing. Gesler wrote about how the restorative power of mountains and trees spawned healing retreats across many professions including business, psychology, social work, and medicine (Gesler, 1992). For example, Gesler reported



the medicinal aspects of herbs, roots, and water have a long tradition within our healthcare system and religion. He also described the business world of eco-spas and eco-travel as a way to generate employment, and create spaces for inspiration and aesthetic experiences of the environment. Finally, Gesler discussed how the psychological “sense of place connotes the meaning, intention, felt value, and significance that individuals and groups give to places” (p. 738).

This significance that Gesler (1992) allots to therapeutic landscapes invites the following question: Where is it written that the therapeutic alliance must be developed and sustained in a square room with comfortable chairs? Barkan (2002) argued that this traditional room creates a power imbalance because the space is “owned” by the therapist and client is invited into the space. Berger (2007b) believed that this creates a perception of expertise, and does not facilitate collaboration with clients. Research suggests that the outcome of therapy is improved when both client and therapist agree on the goals of therapy, and seek to attain these goals through a collaborative process (see Tryon & Winograd, 2002, for a review).

It is possible that nearby nature, which is defined as parks and treed areas within the city (Kaplan & Kaplan, 1989), may encourage collaborative spaces as they are shared spaces (Berger, 2006). Berger (2007b) called these mutually owned spaces “live and dynamic” (p. 42). Through his work in nature therapy, Berger noticed that the experience individuals had in nature directly impacted feelings, sensations, and memories, therefore enhancing the therapeutic process.

In an exploration of therapeutic spaces and process, Miwa and Hanyu (2006) examined the interior design of counselling offices. They found that the aesthetics of an environment, such as lighting and decorations could improve emotions and stress levels in individuals (Miwa &

Hanyu, 2006). Experientially, Kaplan (2001) found that even looking out at nature through a window positively influenced reported well-being. Similarly, Chang and Chen (2005) recorded the physical responses of workers in Taiwan, including pulse, electroencephalography, and state anxiety of individuals who sat in offices with pictures of either views of a city, views of a city and indoor plants, views of nature, nature and indoor plants, or no view. They found higher levels of tension and anxiety in participants who did not have a view of nature or indoor plants (Chang & Chen, 2005).

Not only do office spaces with views of trees rent faster, and at higher rates than those that do not (Laverne & Winson-Geideman, 2003), but the seminal work of Ulrich (2004) found that patients recovering from surgery recovered faster when they had a view of trees from their hospital rooms. This study has been replicated many times, and in many locations since 1984 with similar results (Ulrich, 2004). One such example is Raanas, Patil, and Hartig (2012) who explored the benefits of window view of trees for patients in residential rehabilitations programs recovering from coronary and pulmonary issues. They also found gender differences in that, for women, a blocked view of nature had a negative influence in physical health, whereas for men the blocked view negatively influenced mental health. Patients with pulmonary concerns who had a full view of nature showed more improvement in mental health than those with coronary concerns (Raanas et al., 2012).

These research studies provide a rationale for exploring the experience of being on the other side of that window in order to explore alternative understandings of place within health care and therapeutic settings. In the following section of this chapter I offer insight into how professionals have incorporated nature in their work via an introduction to utilizing nature in

therapy, an outline of a framework for nature therapy, and a consideration of nature as a third party within the therapeutic relationship.

### **Nature as Therapy**

Ecopsychologists have researched the human connection to the environment in both quantitative and qualitative formats. For example, Mayer and Frantz (2004) quantitatively developed the Connectedness to Nature Scale (CNS) in order to gauge a person's affective and experiential connection to nature. This scale, and others like it, are used to measure human connection to nature in relation to pro-environmental internal characteristics and action (Frantz, Mayer, Norton, & Rock, 2005) as well as conservation efforts (Gosling & Williams, 2010). None of these scales have been used to address a connection to nature in a therapeutic manner. Perrin and Benassi (2009) conducted different five studies that challenged the notion that CNS actually measures affect, a major component of therapy, in relation to nature.

Practitioners and researchers who endorse and practice ecotherapy from a qualitative perspective do not suggest that it is a "cure-all" for the growing difficulties in society, but rather a hopeful alternative and/or supplement to traditional therapeutic practice (Chalquist, 2009). One applied therapeutic approach within the discipline is nature therapy (Berger, 2007a). Nature therapy encompasses the use of healing elements in the environment in order to support the therapeutic process (Berger, 2005). Nature therapy is similar to the ideas presented in Wilson's (1984) *Biophilia*. This theory proposed that human psychological health is directly connected with our relationship to nature.

He goes alone into a field or woodland and closes his mind to everything  
but that time and place, so that life around him presses in on all the senses

and small details grow in significance. He begins the scanning search for which cognition was engineered. His mind becomes unfocused, it focuses on everything, no longer directed towards any ordinary task or social pleasantries. (Wilson, 1987, p. 103)

Nature therapy attempts to reconnect individuals to nature, while constantly challenging the notion of the therapist as the expert (Berger, 2005, 2007a). Therapists who are interested in, or who have worked within ecotherapy have begun to create frameworks for therapy. They have also begun to write philosophical papers using case studies to ignite the conversations about therapy in outdoor environments.

### **A Framework for Nature Therapy**

Berger and McLeod (2006) developed a framework for nature therapy practice encompassing theory, concepts, and methods. The foundation of the framework is based on nature as a therapeutic setting. This framework contains ideas about choosing and maintaining therapeutic spaces that endorse collaboration and mutually owned spaces. Essentially, nature is an integral, and nonverbal aspect of the therapeutic process within this framework.

Through the exploration of case studies with several individuals, Berger and McLeod (2006) suggested that engaging in nature as a therapeutic intervention is qualitatively different from many other aspects of an individual's life. This difference may be due to the emphasis on mutually owned spaces, collaboration, and the ability to reflect on the meaning of different spaces in one's life (Berger & McLeod, 2006). For example, they wrote about Linda, a woman in her forties, who engaged in a three-day nature therapy program. They provided a narrative in which she created a sculpture in nature with flowers and earth. Each day she witnessed the change to this sculpture, and was able to create metaphors and meaning in her own life about her

own relationships through this dynamic relationship with nature over a short period of time (Berger & McLeod, 2006). In this time, it became evident that it was nature that was assisting Linda to explore meaning in her life, not a therapist.

A second key principle of the framework is expanding the alliance in order to include nature in the relationship (Berger & McLeod, 2006). This idea looks at nature as a co-therapist and a partner in the therapeutic alliance (Berger, 2007a), and will be reviewed in greater detail in the following section. Staats and Hartig (2004) conducted a study that examined individual preference for being alone or with others in urban and natural environments. The study found that while the participants preferred company in urban environments (possibly for safety reasons), the restorative factors of the natural environment, and the relationship with others were seen as equally preferred when in natural environments (Staats & Hartig, 2004). This research may support the alliance principle of nature therapy by highlighting the relationship and restorative influence of being in nature with others as a preference.

The third key principle of the framework includes incorporation of nature in the creation of rituals. This principle relates to the past when most human communities were in rural areas. Berger and McLeod (2006) believed that in those times individuals were connected to nature on physical, social, and spiritual levels. As the world continues to grow in a scientific and urban fashion, there may be a decrease in human connections to nature (Berger & McLeod, 2006). Richard Louv (2011) described what he calls “Nature Deficit Disorder” in adults as not a medical diagnosis, but as an illustration of the growing breach between humans and nature. He created the nature principle based on the increased amount of empirical research, theory, and anecdotal information about humans and a lost connection to nature. This philosophy speaks to

the restorative power of nature in terms of our physical, psychological, and spiritual health, through our connection to others in our surroundings (Louv, 2011).

The framework for nature therapy was developed as a practical guide for practitioners interested in engaging in therapy outside. Aside from case studies and anecdotal stories in much of Berger's writings, I was unable to locate any qualitative or quantitative research that specifically looked at the effectiveness or personal experience of engaging in nature therapy from a therapist perspective. I was, however, able to find literary support for including nature in the therapeutic alliance.

### **Nature as the Third Party in a Therapeutic Relationship**

Howell, Dopko, Passmore and Buro (2011) said, "nature connectedness involves a sense of meaningful involvement in something larger than oneself" (p. 166). The benefits of exposure to natural environments are well documented (see Bowler, Buyung-Ali, Knight, & Pullin, 2010, for a systematic review). The nature therapy framework proposed that nature is an integral aspect of the therapeutic relationship, and may be seen as a creative medium and nonverbal co-therapist with the potential to speak in many ways (Berger, 2007a). Berger suggested that a therapist who engages in nature therapy is encouraged to flow between directly working with a client with nature in the background, and then taking a backseat while the client interacts directly with nature (Berger, 2007a).

The impact of nature as a silent medium in psychological well-being and positive outcomes has been explored in research. For example, Hartig, Evans, Jamner, Davis, and Garling (2003) found that actual exposure to, or images of, natural spaces helped reduce blood pressure and stress levels in young adults aged 20-27. Other examples have shown the benefits

of exposure to nature, including recovery from stress, the possibility of increased social contact, and opportunities for a sense of purpose (Mayer et al., 2008). When participants were exposed to pictures or films of natural environments, they reported feelings of enjoyment and wonder (Saraglou, Buxant, & Tilquin, 2008). Other immersion studies showed that when participants viewed slides and actual natural environments, they reported an increased value of intrinsic aspirations such as intimacy, personal growth, and connection to community in comparison to participants who were exposed to man-made environments (Weinstein, Przybyliski, & Ryan, 2009).

In efforts to draw attention to therapeutic benefits of nature, Conradson (2005) explored the interaction between therapeutic landscapes and the relational self within an environmental context. He thought it was important to consider not only the therapeutic properties of nature, but also how individuals interact with their environment from a healing perspective. Conradson argued that the individual experience of therapeutic landscapes is relational due to “a complex set of transactions between a person and their broader socio-environmental setting” (Conradson, 2005, p. 338).

A few studies have investigated this interaction with nature via exploring the impact of walking in nature and mental health. A recent study explored the impact of walking in nature for individuals with major depressive disorders (Berman et al., 2012). These researchers asked 20 people diagnosed with depression to think about an unresolved negative personal event, prior to taking a 50-minute walk through either an urban or nature setting. The following week the groups traded settings. Pre- and post-baseline statistics regarding mood and short-term memory span were recorded for each walk. These researchers found that participant memory span and

mood significantly increased after the nature walk in comparison to the urban setting (Berman et al., 2012). Likewise, Berke, Gottlieb, Moudon, and Larsen (2007) found that men over 65 who engaged in regular outdoor walking reported a decrease in perceived symptoms of depression.

In summary, there is support for including nature in therapeutic relationships.

Researchers have developed measurement tools, professionals have created frameworks, and past studies have shown the positive outcomes of exploring the impact of the exposure to nature on physical and psychological aspects of stress and mental health. The quantitative research to date is important; it provides cause and effect evidence that promotes connections to nature and further explorations of the benefits. What is missing is an understanding of the actual experience of therapeutic relationships in nature. Particularly, the stories of therapists and clients, and what they know about nature, and the meanings created within the exposure are yet to be explored. In the next section I examine mental health in Canada more broadly. Particularly, I attend to elements of mental health care that seem to be missing, and how the restorative aspects of nature have the potential to bridge some of these gaps.

### **Nature and Mental Health**

In 2012, approximately 4.9 million Canadians reported the need for mental health services (Statistics Canada, 2012). Of this group, 12% stated that their needs went unmet, while 21% said their needs were partially met. The majority of these individuals (73%) stated that issues such as “being too busy” as a personal reason for why their needs were not met. Nineteen percent, however, said that help was not readily available to them, or that the services offered did not meet their needs (Statistics Canada, 2012). This may suggest that there is a need for more and/or alternative treatments for mental health in Canada.



As technology increases in the world, so does the amount of time people spend indoors. Statistics Canada (2010) found that Canadians who work spend an average of eight hours a day indoors and partake in, on average, a one-hour commute. Research is beginning to look at the impact of this increased time indoors. For example, studies have shown that overpopulation, poor lighting, increased noise, and indoor air can negatively impact mental health (Evans, 2003; Lepore, Evans, & Schneider, 1992).

Unpaid work takes up an average of four hours a day and social activities have declined from 66% (1998) to 59% in 2010 (Statistics Canada, 2010). In addition, average Canadians watch three hours of television a day and use a computer for 24% of their waking hours (Statistics Canada, 2010). Nisbet, Zelenski, and Murphy (2011) suggested that as humans increasingly disconnect from nature in favour of technology, there may be a harmful effect on happiness and psychological health. The good news is that because this is a relatively new occurrence in our lives, it is quite possible that the therapeutic value of nature is biologically entrenched in our genes (Kellert & Wilson, 1993).

### **Previous Research**

Early research in mental health regarding the therapeutic benefits of nature involved inpatients reporting a preference for pictures of nature as opposed to urban settings in their healthcare environments (Baron & Greene, 1984). More recently, healthcare professions are beginning to look at ecotherapeutic interventions within counselling sessions. As previously mentioned, at present, much of this work in literature is theoretical as opposed to empirical research (e.g., Berger & Tiry, 2012; Norton, 2012).

The small amount of research that looks directly at the interaction between mental health disorders and therapy in nature is optimistic. For example, Nisbet et al. (2011) found that personal growth and feelings of a purpose in life may be associated with nature connectedness. These two concepts are often a goal of individual therapy. Berger and Tiry (2012) presented an article about the benefits of nature and working with individuals who experience a variety of mental health disorders, including schizophrenia and obsessive compulsive disorder therapy, who partook in a nature therapy session in the rain. The authors illustrated how therapeutic interactions can be enhanced through exposure to nature, even in what may be seen as unpleasant weather conditions (Berger & Tiry, 2012). They also highlighted the connection between nature and connecting to the self and others. Feedback from the clients about the session included feelings of freedom, connection to others under a shared umbrella or tree, the beauty of the flowers, feelings of security, and increased mood towards the rainy weather (Berger & Tiry, 2012).

van den Berg, Koole, and van der Wulp (2003) found that individuals who were exposed to nature indicated increased mood and performance on concentration tasks compared with those exposed to concrete settings, suggesting that there are restorative effects of nature on mental health. Other studies have found that being outdoors was associated with a greater sense of vitality (Ryan et al., 2010), allowed people to feel more engaged with the world (Kaplan & Talbot, 1983), helped avoid feelings of exhaustion (Stilgoe, 2001), and increased positive affect and health (Tarrant, 1996). All of these studies suggest that interactions in nature may have a benefit on mental health and well-being, potentially for the client and the therapist via simple exposure.

Recent research has also found a correlation between connectedness to nature, and both psychological and social well-being (Howell et al., 2011). These researchers suggested that a connection to nature may be associated with how well individuals are flourishing in their private lives (Howell et al., 2011). They also focused on the impact of social well-being and connection to nature, suggesting that “feeling good” or “functioning well” (Howell et al., 2011, p. 170) with others in nature may impact well-being and overall mental health.

In consideration of the direct impact of this research in therapeutic settings, there is only one published study to date that directly examined conducting therapy sessions outdoors. The study used a WTT as an intervention with middle school students (Doucette, 2004). This study was guided by four principles of attachment theory:

1. All behaviour has meaning and is best understood through understanding the inner workings of the individual.
2. Repeated experiences can help create a foundation for understanding this behaviour, a principle similar to Berger and McLeod’s (2006) framework for NT involving rituals.
3. Cognition, emotion, and physical capabilities are important aspects of experience, and contribute to both behaviour and inner workings.
4. Attending to how we relate to others and understand each other (see also Moore, Moretti, & Holland, 1998).

After eight weeks of participating in the WTT program, the students reported feeling increased self-efficacy and well-being. Their teachers also reported that the students were also making more pro-social choices in their interactions with others (Doucette, 2004). Doucette’s research explored relational theories that could align with the postmodern framework of nature

therapy. It would be of interest to know if similar results would be found with adult participants who engaged in the same type of therapy. While it is currently unknown how adult clients would benefit from WTT, a qualitative study in Australia did explore the impact participation in a community garden had on adult urban dwellers (Kingsley, Townsend, & Henderson-Wilson, 2009).

The participants in the garden study said the work they did in the garden increased personal well-being through improving self-worth and involvement in outdoor activities. Specific to the nature aspect of the garden, the participants called the experience “spiritual,” because it provided a sense of connection to nature, and a sense of spirituality in their lives via direct contact with the earth and plants they grew (Kingsley et al., 2009). This previous research may provide motivation for therapists to consider the restorative influences of nature in sessions with clients.

### **Restorative Influence of Nature on Mental Health**

Many therapists consider personal reflection an important aspect of the therapeutic process (e.g., Keevers & Treleaven, 2011). Studies have suggested that individuals prefer nature for personal reflection (Herzog, Black, Fountaine, & Knotts, 1997), and that office noise can decrease problem-solving capabilities (Evans & Johnson, 2000). Kaplan and Kaplan (1989) reported that exposure to nature has the ability to restore cognitive resources after continuous exposure to multiple stimuli in our urban worlds, which can deplete mental resources, resulting in mental fatigue. These researchers proposed the attention restoration theory, which postulates that when individuals direct their attention to one aspect of life in a similar setting for too long, mental fatigue occurs. The study also suggests that we can vary the quality of our attention in different environments, which can lead to a decrease in concentration and problem-solving skills,

increased irritability, and less attention to detail, leading to mistakes and accidents (Kaplan & Kaplan, 1998).

Recovery from this fatigue involves engaging the mind in a restorative environment (Kaplan & Kaplan, 1989). They suggested four key elements of engaging in reflective practice in a restorative environment: (a) the practice needs to be away from the individual's regular daily environment; (b) a rich environment can recharge mental capacities; (c) narratives may be induced via the fascination of the surroundings including animals, water, and other aspects of nature; and (d) nature was congruent with one's purpose of reflection (Kaplan & Kaplan, 1989). These elements are in line with the framework of nature therapy, and have the potential to be incorporated into therapeutic work.

To further understand the importance of nature in reflective practice, Mayer et al. (2008) conducted a study that explored the impact of exposure to nature on the ability to reflect on a problem in life. They took 76 introductory psychology students to either an urban centre or nature reserve. Both groups were asked to complete the CNS (Mayer & Frantz, 2004), memory tasks, and positive and negative affect scales. They were also asked to reflect on a life problem and complete a corresponding questionnaire around their ability to reflect on this life problem. These researchers found that the nature group reported increased positive affect and a significantly greater ability to reflect on the problem compared with the urban group. Additionally, the study found that the nature group reported a greater capacity for attention. Mayer and Frantz suggested that because exposure to nature utilizes our cognitive and emotional processes involved in reflection on our lives, the ability to reflect on a problem in life might increase when submerged in nature (Mayer et al., 2008).

## **Therapist Perspectives on Ecotherapy**

Reflecting on problems in life is a fundamental aspect of counselling promoted by therapists. Kaplan and Kaplan's (1998) four key elements of engaging in reflective practice in a restorative environment provided a background for therapists to contemplate the facilitation of restorative practices through exposure to nature. Doucette (2004) provided the first study to explore WTT with youth. Building on this work, Bridget McKinney (2011) completed the only published dissertation in the area of WTT from a therapist's perspective. Through conversations with and observations of 11 therapists, she studied process, evolution, key aspects, obstacles, strategies, and outcomes of the therapy in order to create a framework for WTT and address the lack of research in this area (McKinney, 2011).

McKinney (2011) organized her findings into four categories: characteristics, evolution, limitation, and outcomes. Walk and talk therapy characteristics included a description of where WTT usually takes place including parks, forests, near lakes, or near rivers. McKinney also explored safety of the location in terms of confidentiality, the use of interventions, and any extra roles the therapist or client took on during the therapy. Central components of WTT included the use of physical activity, nature, casual aspects of therapy, and frequency of usage. The components also included a discussion about weather concerns and how to address individual needs such as physical capability in sessions. The study also found that clients told the therapists that the decreased amount of eye contact was less threatening (McKinney, 2011).

McKinney's theme of evolution explored how WTT came to be through examining roots in nature therapy, outward bound, and adventure therapy roots (McKinney, 2011). She also discussed evolution from the perspective of the need for alternative therapeutic options, physical

activity, and connectedness to nature. Limitations to the use of WTT included difficulties in attaining interested clientele, lack of professional support and training for the therapist, and a finding that WTT was best used with individual clients as opposed to families and couples. The study also questioned the effectiveness of WTT with clients who have experienced trauma in their lives due to the sensitivity of exploring specific instances in potentially public spaces (McKinney, 2011).

Finally, McKinney (2011) briefly discussed outcomes and therapeutic benefits for both the client and the therapist. These benefits included a perceived faster pace of problem solving and creation of a positive therapeutic relationship. The therapists in the study also felt that they were able to work with clients from alternative perspectives via viewing client behaviours in the real world versus an office setting. Clients reported better sleep habits, a reduction in blood pressure, a decrease in anxiety and depressive symptoms, and general overall mood improvement. Both the clients and the therapists talked about the overall benefits of increased physical activity, self-care, and well-being (McKinney, 2011).

McKinney's (2011) dissertation outlined a general background for therapists in the field who may have wanted to know more about the practice of WTT. The grounded theory study provided a framework for the history, limitations, and key elements of WTT. The framework also included a general understanding of a few benefits of participating in the therapy for both the client and therapist. While it briefly touched on the concept of physical space in therapy and therapeutic outcomes, the author suggested that more research is required in these areas. In particular, McKinney (2011) highlighted areas she identified requiring more research into the

effectiveness of the therapy, populations best suited, job satisfaction of the therapists, and implications for supervision (McKinney, 2011).

Most importantly, McKinney's (2011) study provided the groundwork for further investigation in this area, and highlighted the need for specific research that explores therapist experiences of WTT, client therapeutic outcomes in terms of well-being, and the effectiveness of engaging in this alternative therapy.

### **Current Study**

In this literature review, I have highlighted how reconnecting with the natural world may contribute to a reduction in anxiety, depression, and other life frustrations. Connecting to nature may also increase an individual's capacity for overall mental health and well-being (Chalquist, 2009). Nature therapy and other forms of ecotherapy may provide a therapeutic alternative to traditional therapies based on the restorative influences of nature. Ecotherapy may also help to develop collaborative relationships in mutually owned spaces (Berger, 2007b).

Through an exploration of different forms of ecotherapy, including challenging traditional therapeutic spaces and inviting nature into the therapeutic relationship, I have presented the rationale for using nature as a therapeutic intervention and the positive impacts it may have on mental health and psychological well-being. Benefits that include restorative factors (Kaplan & Kaplan, 1989; Gesler, 1982), increased sense of well-being (Howell et al., 2001), and improved mood (van den Berg et al., 2003). While very little is written about the negative aspects of ecotherapy, it is also possible that conversations about experience with therapists may invite wonderings about what aspects do not work well. For example, it may be of interest to know if there are clients who may not benefit from this therapy and what



circumstances such as weather or immediate crisis situations may have on the experience of the client and the therapist.

Many researchers in laboratories and university classrooms have drawn attention to the benefits of exposure to nature through slides and movies. Very few researchers have used this knowledge to immerse participants in actual natural environments. Even fewer have investigated this phenomenon through understanding the experience of the clients who seek these therapies, or the therapists who conduct therapy outdoors. The healing aspects of nature are known: what is not known is if professionals can effectively engage in collaborative treatment outside of the traditional physical spaces, or what the limits and challenges of conducting WTT are.

There is a need for research that challenges the current experience of physical spaces wherein therapy is conducted. Laying the groundwork in this area may create further research into the outcomes, benefits, and challenges of conducting therapy sessions in alternative spaces. It is possible that the combination of exposure to the outdoors and talk therapy may allow for faster recovery times. In turn, more people may be able to access services at a faster rate, thus decreasing the cost of providing long-term mental health services. Overall, research in this area has the potential to present alternate physical therapeutic spaces allowing for professionals to expand their services, and for clients to seek therapy to fit individual needs.

Further inquiry is needed in this area in order to support the case for ecotherapy research. For example, in this chapter, I briefly addressed the seminal work of Gesler (1992) regarding therapeutic landscapes. Gesler's work generated an abundance of research in the area of therapeutic spaces that could further support the need for ecotherapy research. Within this exploration of therapeutic landscapes, more information is also needed on the topic of

therapeutic relationships, collaboration, and power in relationships as it relates to therapeutic spaces. To address this need, I talked to four therapists across North America about their experiences with WTT. In the following chapter I discuss narrative inquiry as the methodology I used to inquire into these experiences.

### CHAPTER THREE: NARRATIVE INQUIRY

In Chapter Two I presented a literature review that shows a need for inquiry into the experiences of walk and talk therapists. In this chapter, I will describe and explain narrative inquiry as a methodology to inquire into the experiences of walk and talk therapists as they are lived and told in stories of those experiences.

Stories are universal, enlightening, challenging, and wondrous (Bruner, 1990). People live amid storied landscapes and communicate experience and sense of self through stories. Stories encourage people to wonder about the world and how it is experienced by others. Engaging with stories in research is one way to explore experiences more deeply (Clandinin & Connelly, 2000), to be able to inquire into familiar landscapes and think about them differently (Clandinin et al., 2015), and to learn about experiences that may be unfamiliar (Lugones, 1987). The individual and contingent nature of stories, lived upon rich narrative landscapes, creates a narrative space wherein stories of identity and experience can be told, entertained, shared, modified, and eventually retold in new configurations of the self.

I first witnessed this configuration when I worked as an outdoor education teacher, sharing stories about the ecological world with children in the forest of the Rocky Mountains. In this setting, outdoor educators adopted nature names and created characters with funny accents to teach children about ecosystems and connection in nature. It was within this place that I learned important lessons about who I am and what is important to me. I learned about restorative aspects of nature, I bonded with people whose narratives were similar to yet challenging of my own, and I became aware of the need for people generally to reconnect with nature.

John Muir (n.d.) once said, “In every walk with nature one receives more than he seeks.” When I first read this statement, I was inspired to seek knowledge about what humans “receive” in nature. Muir’s words tell me that experiences in nature can be known, explored, talked about, and even perhaps developed as an approach to therapeutic working. In Chapters One and Two, I offered the perspective that therapy needs to be accessible, and that mental health services are not meeting the needs of people in varied contexts. Walk and talk therapy is a new approach to conducting therapy that may hold promise for the discipline of counselling; however, more needs to be known about the experiences of those who currently engage in this practice.

This objective does not call for an experimental design, in which variables are considered in relation to each other. Currently, little is known about how WTT happens, what different therapists consider important in the practice of WTT, and how therapists integrate WTT into their counselling practice and sense of self as therapist. The wonders that arise for me are open and exploratory, they are more focused on experiences and grounded in an awareness that opening up the landscape of WTT is important in order to understand how therapists are living and practicing it with clients.

### **The Research Puzzle That Guides This Inquiry**

The openness that characterizes a narrative inquiry is reflected in the questions that narrative inquirers ask in research, as well as the way that they ask them. Whereas many research methods begin from a defined and focused question, narrative inquiries, generally, do not (Clandinin, 2013; Clandinin & Connelly, 2000). Instead, narrative inquirers enter into the field sensitive to the idea that there is a puzzle about experience that needs inquiry. For this study, the research puzzle grows from my own experience as a therapist, as well as from the

limited existing inquiry into WTT practice. Walk and talk therapy occurs in practice, and yet little is known about what happens, how it happens, the various complexities and tensions associated with it, and what it is that therapists do to practice WTT and sustain its relevance.

Thinking about research questions as research puzzles acknowledges the complexity of research landscapes that cannot be easily reduced to a single question. For the narrative inquirer, confined research questions limit inquiry to the scope and diversity of experiences in context (Clandinin & Connelly, 2000). A narrative inquiry is understood as a puzzle with “a sense of continual reformation” (Clandinin & Connelly, 2000, p. 124) in which the researcher is embedded and active. This active process is not as simple as posing a straightforward question and seeking an answer. It is an emergent puzzle with relational and reflexive qualities that position the researcher as inquirer in the midst, as narrator and narrated (Clandinin & Connelly, 2000). Even though this study addresses a research puzzle, a broad question is helpful to create a starting point and to focus entry into the research field. In order to achieve this as well as stay open to experiences of participants, I framed my research puzzle as: What are the experiences of therapists who engage in WTT? What stories of practice shape their identities and practice as walk and talk therapists?

My initial wonderings were shaped by my own experiences of therapy, and I went into the field with questions about therapeutic outcomes and well-being as a result of WTT, about populations who may benefit from the experience of WTT, and about common experiences in therapy such as confidentiality and job satisfaction. My own narrative of therapeutic practice, my beliefs about WTT, and my curiosity as an early career therapist influenced, but did not

strictly form, the experience of this research. Rather, my stories were told alongside the participants as we negotiated the stories of WTT.

### **Narrative Inquiry**

Narrative inquiry is a way of inquiring into and understanding human experience through stories (Clandinin & Connelly, 2000). It is a form of qualitative research developed by Clandinin and Connelly (2000) and is one of many types of narrative research. Riessman (2007) outlined different approaches to narrative research, each of which comes from different ontological and epistemological positions. Riessman identified four approaches to narrative research: thematic analysis, structural analysis, visual analysis, and dialogic performance analysis.

Riessman (2007) used narrative analysis to emphasize that story is a meaningful way of communicating information. Her approach involved using thematic analysis to present themes across participants' narratives. Structural analysis works differently, in that it involves considering the structure of narrative, plot, characterization, and so on in order to analyze the meaning of a story (Riessman, 2007). Visual narrative research involves the collection, analysis, and interpretation of visual or performed texts. Visual narrative research draws upon a variety of perspectives on the epistemological status of image in order to bring image and story together in meaningful ways (Bach, 1998, 2007; Riessman, 2007). For Riessman, dialogic performance analysis attends more closely to context, to what happens between people, with the multivocal and co-constructed nature of stories.

It is with dialogic performance analysis that narrative inquiry is most closely aligned. Narrative inquirers maintain a focus on experience as it is lived and told through story (Clandinin

& Connelly, 2000). This means that narrative inquirers do not attempt to reduce or analyze story into themes. Instead, narrative inquirers attempt to evoke the substance of experience, to speak about life as it is lived. For the narrative inquirer, thematizing or other forms of analytic reductionist practice tends to obscure rather than show experience (Caine, Estefan, & Clandinin, 2013).

Narrative inquirers think *with* rather than *about* stories in an analytic and reductionist fashion (Clandinin, 2013; Morris, 2002). Thinking with stories reflects a more open orientation to experience, holding the experiences of others alongside our own as we ask questions, wonder together, and negotiate understandings. Thinking with stories is a more narrative practice, in which a researcher suspends analysis and interpretation of narrative, and, instead of acting upon the story, ask how it is that a story may be able to act upon us (Morris, 2002). In this narrative inquiry I often use “think with” in the narrative accounts to describe my immersion and engagement with participants’ experiences. I also use the term as a way of highlighting my processes of thinking about how participants’ stories of experience influence and work upon me and within the broader narrative landscape of counselling practice.

Clandinin (2013) emphasized the relational nature of the process of thinking with participants’ stories within a narrative inquiry. She encouraged inquirers to keep experience at the forefront of the story, and to think about how participants’ stories influence who they are and how they see the world. Clandinin also encouraged narrative inquirers to think of stories “in multiple ways, toward our stories, toward the other’s stories, toward all the narratives in which we are embedded...” (Clandinin, 2013, p. 30). Carr (1986) explained that most people can relate to, and thus engage with, a story without being the author. It is through practices of negotiation,

co-composing, and resisting structural conventions of storytelling that narrative inquirers seem to resist claiming authorship of the experiences of others. Instead, they evoke a more open and tentative landscape that permits stories to be read, interpreted, and extended in different, complementary, and sometimes competing ways. Narrative inquiry is, in some respects, a departure from some of the common or dominant methodology of social research.

Narrative inquiry challenges traditional understandings of knowledge, expertise, and what constitutes research participation and researcher practice (Clandinin, 2013) in ways that are important for this study. Narrative inquiry's emphasis on particular and local knowledge, the role of the participant-researcher relationship, and attention to how experience constitutes knowledge for practice provides a methodological framework.

In Chapter Four, I will present four narrative accounts that are the stories of participants' experiences of WTT. The narrative accounts are also stories of the conduct of the research, foregrounding context, relationship between participant and researcher, and the intersecting identities and interests that influenced how the narrative accounts took shape. The stories presented in the final texts of narrative inquiry were co-composed with each of the therapists.

### **The Philosophical Underpinnings of Narrative Inquiry**

Narrative inquirers cite a relational ontology (Caine et al., 2013; Clandinin, 2013) and have an ontological commitment to experience (Clandinin & Connelly, 2000). Following the work of American Pragmatist philosopher and educational theorist John Dewey (1938), narrative inquirers consider that experience is understood as the starting and ending point of an inquiry. That is to say, inquiries begin in the midst of experience as it is being lived and they end similarly, they are always aware that the endpoint of a narrative inquiry is only an interruption or



punctuation mark in the ongoing stream of experience. Participants' experiences, rather than a topic, are taken to be the phenomenon under investigation. This ontological commitment to experience (Caine et al., 2013; Clandinin, 2013) means that the direction of a narrative inquiry is not always clear in advance. As an inquiry proceeds, experience can take inquirers in interesting and unanticipated directions. This view of narrative inquiry as both the phenomenon under investigation and the method of investigating it (Clandinin & Connelly, 2000) is one of the ways that narrative inquirers are able to sustain a commitment and practice that reflects narrative knowing (Clandinin & Rosiek, 2007).

This narrative perspective of experience reflects Dewey's pragmatic view of knowledge as transactional rather than transcendental. This way of inquiring into experience does not separate representations of reality from the knower (Clandinin & Rosiek, 2007). Similarly, narrative inquiry research does not seek to theorize in a way that extracts knowledge from its broader field of experience. Rather, narrative inquirers acknowledge that there is a relationship between people and all aspects of their environment. This means that knowledge, both experienced and conveyed, through story as a social process allows individuals to compose who they are, what they know, and how meaning is made (Dewey, 1981).

**The centrality of experience in narrative inquiry.** While experience is fundamental to nearly all qualitative research (Dewey, 1976), it has particular significance in narrative inquiry. Dewey (1981) wrote, "In an experience, things and events belonging to the world, physical and social, are transformed through the human context they enter, while the live creature is changed and developed through its intercourse with things previously external to it" (p. 251). For

narrative inquirers, it is within experience that knowledge is located (Dewey, 1981). Experience is able to tell us about meaningful aspects of life, living, identity, and practice.

Dewey (1938) described two main criteria of experience: continuity and interaction. Dewey's theory of experience takes continuity to mean experiences that are related to each other, although not necessarily in clearly delineated, sensible, or problem-free ways. However, continuity should not be viewed as synonymous with continuous. Dewey argued that current experiences are derived from, or happen in light of, previous experiences. He also thought that current experiences lead to future experience or at least happen in light of an anticipated future.

Attending to continuity in experience helps to explore understandings of experiences that have meaning and those that do not (Dewey, 1938). McIntyre (1981) explored continuity as a way to explore the connection between life and the narratives we tell. Mary Bateson (1994) furthered this insight by adding, "Adaptation comes out of encounters with novelty that may seem chaotic" (p. 8), suggesting that, through change and human agency, continuity develops out of the process of learning and growing (Clandinin & Connelly, 2000).

Interaction, Dewey's (1938) second criterion for experience, refers to subjective and objective conditions of experience. Subjective conditions of experience are those that belong to the person who experiences; in the case of this research that person is the participant (Dewey, 1938). Examples of subjective conditions are feeling states, relationships between internal dialogue (self-talk) and social encounters, perceptions of others, and perceptions of place.

Objective aspects of experience are not dependent upon individual perception. For example, the features of place do not change in response to who occupies the space. However, the objective aspects of experience do change and interact with subjective experience. For

narrative inquirers this interaction emerges and is lived, told, retold, and relived in stories of experience.

Experience is fostered through all of our senses (Dewey, 1934); language is what we use to narrate this experience, and language “does function to organize human life into meaningful wholes” (Polkinghorne, 1988, p. 31). These meaningful wholes, however, are not constant and can never be final. Bruner (1991) stated, “For there are no causes to be grasped with certainty where the act of creating meaning is concerned, only acts, expressions, and contexts to be interpreted” (p. 118). Narrative inquirers attend to experiences in order to think about them in ways that foster growth and knowledge (Dewey, 1938). They recognize that growth and knowledge always imply a forward-looking story; research findings are never final and no experience is ever definitively captured.

### **Theoretical Contributions to Narrative Inquiry**

Although John Dewey’s work is the most often cited philosophical foundation for narrative inquiry, narrative inquiry shares “borderlands” with different theoretical positions (Clandinin & Rosiek, 2007). Bruner and Polkinghorne are two important figures in psychology, and their theories are important to researchers engaging in narrative inquiry in this field. In particular, Bruner’s (1990, 1991) views on meaning in narratives and Polkinghorne’s (1988, 2005) insistence on the “narrative turn” as a reaction to positivist stance of research in psychology merit further exploration.

**Jerome Bruner, meaning, and narrative.** Bruner (1991) described narratives as “how humans come to construct the social world and the things that transpire therein” (p. 6). He also emphasized the importance of constructing meaning, instead of processing language for

computational and organizational value. Bruner believed methods of order reduced alternative options of understanding individual behaviour and knowledge. Instead, he proposed folk psychology as “culture’s account of what makes human beings tick” (Bruner, 1990, p. 13). Folk psychology can also be understood as the conversational aspect of our everyday interactions to communicate and connect with others (Bruner, 1990).

Through engaging with stories of experience, researchers have the opportunity to wonder about and interpret the meaning behind the stories in order to understand something about these human experiences (Clandinin & Connelly, 2000). Humans have a natural tendency to tell and listen to stories (Bruner, 1990). Stories are interesting sites for research because they represent personal values, beliefs, theories, and desires (Squire, 2008). Sarbin (1986) wrote about the “storied nature of human action” (p. vii) as a practical alternative to the positivist paradigm of empirical research, noting that behaviour is not always measured by cause and effect. This suggests that there needs to be a place in research for meaning in experiences as understood through the stories we tell (Sarbin, 1986).

**Polkinghorne, psychology, and the study of narrative.** Donald Polkinghorne (1988) argued that research techniques used in psychology do not always reflect practical issues in the field. He explained that while psychology has roots in exploring narratives of human experience, emphasis on behaviour and the generation of data took precedence in the 1950s when most psychologists took up a positivist stance (Polkinghorne, 1988). In narrative research, the traditional aspects of positivist research (validity, reliability, and objectivity) are replaced with the subjectivity of experience as the main criterion for analysis (Garfinkel, 1967; Zimmerman & Pollner, 1970). The conservative stance of positivist stability as the foundation of knowing in

scientific inquiry often excludes that which is not always considered stable, such as the exploration of emotions such as love and hate, personal meanings ascribed to experience, and the aesthetics of personality and our environment (Clandinin & Rosiek, 2007).

More recently, the field of psychology has begun to embrace the knowledge of human experiences as it is told through story. Pinnegar and Daynes (2007) proposed that the need to embrace human experiences came partially out of narrative inquirers questioning how the collection of numbers in a controlled manner can speak to genuine human interaction. Furthermore, holding aspects of an individual's experience constant through controlled measures does not allow for the many processes people use to make sense of their experiences and environment within multiple contexts, an integral aspect of narrative inquiry (Clandinin & Rosiek, 2007).

Polkinghorne (2005, 2015) agreed that human experience is complex, arguing that the study of it is also complicated. He argued that human experience is not ordered, and therefore is not conducive to mathematical calculations and the assignment of numbers in order to explain phenomena. The conduct of narrative inquiry is, then, necessarily fluid and responsive to experience. This responsiveness does not include a striving for certainty but, rather, a practice that seeks to offer fair representations and interpretations of stories lived and told by people in relation to the phenomenon under study (Clandinin & Connelly, 2000).

Polkinghorne (1988) believed that the study of narratives could be very influential in the understanding of human behaviour, suggesting that we need to focus on research strategies that are harmonious with the narratives individuals use to make sense of their lives and the world. One such way in which humans make sense of their lives is through thinking. In this inquiry I

often write “I thought...” or “his words made me think...” Polkinghorne (2015) explained that “thinking is noting relationships between items” (p. 156). He said that thinking connects people, items, and relationships through enhancing what we see and know through our awareness of causal, sequential, and similar patterns in narratives (Polkinghorne, 2015). Polkinghorne’s ideas invite me to see how the stories and experiences of walk and talk therapists connect to each other through the use of research techniques that both are useful in clinical practice and lead to the further creation of knowledge within the field (Polkinghorne, 1988).

**A personal reflection alongside Polkinghorne and Bruner.** Clandinin et al. (2015) wrote that one of the important practices of narrative inquirers is to “bump up” against dominant institutional plotlines, especially in how we position ourselves as researchers. Narrative inquirers think about how this bumping up is both an internal and an external experience. This means that inquiring narratively creates and reveals internal bumping places in the stories we each live and tell. It also means there are external bumping places between our stories and the broader cultural, social, and institutional narratives that serve to influence, organize, or otherwise shape experience (Clandinin et al., 2015).

The notion of bumping up against dominant institutional stories has very much been my experience. At the beginning of this dissertation process, I did not believe that my wonders about the world and human experiences would be challenged in the ways they have been. Within the discipline of psychology, there remains an insistence on particular versions of validity and truth that limits alternative ways of knowing and understanding the world. This inquiry represents one way to think differently about counselling practice.

### **The Three-Dimensional Narrative Inquiry Space**

Clandinin and Connelly (2000) conceptualize the personal and social aspects of knowing as the need for inquirers to continually move back and forth between social and individual experiences within stories, while considering past, current, and future implications. My previous personal reflection reveals three key aspects to my experience as a researcher within the counselling field and the discipline of psychology. In the paragraphs above, I have reflected on my experiences, and my sense of being located amid broader relationships in the counselling field as well as located in a place of practice.

For Clandinin and Connelly (2000), all experiences take place over time, within a place, and have a social context (Clandinin & Connelly, 2000). Building on Dewey's (1934, 1938, 1981) theory of experience, Clandinin and Connelly (2000) described a three-dimensional narrative inquiry space wherein temporality, sociality, and place are used to attend to and inquire into experience. This metaphorical construct is an important foundation of narrative inquiry, and one to which I attended throughout the entire process of this inquiry. For a narrative inquirer, experiences happen within this three-dimensional narrative inquiry space and, as such, attention to the relationships between commonplaces of temporality, sociality, and place (Clandinin, 2013) within stories reveals insights into experience.

Bamberg (2012) elaborated on and clarified this point, saying:

Narratives are about people (characters), who act (events) in space and time; typically across a sequence of events (temporality). The narrative form (structure) is said to hold the content together (what the story is about—its plot) and sequentially arrange the story

units (orientation, complication, resolution, closure) into a more or less coherent whole.  
(p. 203)

Temporality, sociality, and place have specific defining characteristics and are thought about in particular ways by narrative inquirers. In order to understand more fully the features and implications of attending to these three dimensions, I introduce each one here. Later, in the Method section of this chapter, I also provide more specifics of how I attended to each one with the participants.

### **Temporality**

Temporality orientates researchers to the past, present, and future of people and events (Clandinin, 2013). Temporality can be thought about as a series of moments in time (one thing after another), multiple experiences in a given time (things that happen now and not at some other time), and time spoken about within narrative (the participant invokes a sense of time as relevant to their experience) (Clandinin & Connelly, 2000).

Bruner (1991) referred to time as durative in that we give meaning to the events we encounter throughout our lives. Although the relationship between experiences over time is not always straightforward, stories are sequential; the author selects the events, organizes the information, and evaluates the meaningfulness of the story (Clandinin & Connelly, 2000). Furthermore, attending to temporality helps researchers to notice the ways that people “make sequences of events in their lives or organization meaningful” (Polkinghorne, 1988, pp. 161-162). In this inquiry I explored what led therapists to try WTT. In addition, I was curious about where WTT practice may lead for the participants. Carr (1986) described this as being located



within time, noting that existing in the present requires a fundamental look at the past and an intriguing look towards the future.

### **Sociality**

Sociality addresses how narrative inquirers attend to personal conditions such as morals, emotions, ethics, and hopes, while at the same time attending to social conditions such as culture, institutional and familial life, as well as language and expression (Clandinin, 2013). The sociality commonplace in narrative inquiry is a recognition that experiences are shaped, challenged, shifted, and built always in relation to social interaction, and particular constraints and freedoms (Clandinin, 2013).

The commonplace of sociality also draws researchers' attention back to the relational ontological commitments of a narrative inquirer; researchers cannot separate themselves from the relationship with participants (Clandinin & Connelly, 2000). In light of this insight, I wanted to build a relationship with each participant that created space for reflection upon and inquiry into their personal and professional ideas about practice. To emphasize the social nature of this endeavour, it is important to mention that this is not a one-way relationship in which researchers listen to and consume participants' stories of experience. Instead, researcher and participant "live alongside" (Clandinin, 2013, p. 43) each other.

The narrative inquiry practice of *living alongside* is not a literal expression; researcher and participant do not live with each other during the course of an inquiry. Living alongside is a term used to recognize that both participant and researcher come together in an inquiry, alongside each other, in the midst of their respective living of their lives, each bringing aspects of themselves to the research relationship (Clandinin, 2013). For my part, embedded within my

own stories of therapy, resistance, academia, and nature, I hoped to explore how unconventional ideas about the practice of WTT challenge the foundations upon which the counselling profession was built. I also wanted to be able to hear stories of experiences that inspired others to take up the practice of WTT.

### **Place**

Clandinin and Connelly (2000) wrote that all events take place somewhere and, as a result, encouraged narrative inquirers to explore the topography, features, and boundaries of spaces in which experiences occur. People live and interact within spaces; therefore researchers need to be open to enigma, complexity, and contradiction within these spaces (Clandinin & Rosiek, 2007). Originally the three-dimensional narrative inquiry space only addressed temporality and sociality (Clandinin, 2013). Through working with participants, Clandinin and Connelly came to understand that place is also an integral aspect of how we make sense of ourselves in the world. This understanding leads in turn to conversations and writings about how place interacts with experience (Clandinin, 2013).

Dewey (1934) wrote about the aesthetics of the environment as an influence on our experiences. He said, “Life itself consists of phases in which the organism falls out of step with the march of surrounding things and then recovers unison with it, either through effort or by some happy chance” (Dewey, 1934, p. 12). Dewey lived by the ethic of promoting growth and wanting people to live healthier and more engaged lives in which they respond to others and the environment in responsive ways (Fesmire, 2003). He also believed inquiry was a natural function of this process because it promoted a consideration of the utility we find within story

(Fesmire, 2003). Given that this dissertation explores WTT, the relationship between experience and place seems important.

In summary, all three of the dimensions, or commonplaces, of narrative inquiry sustain an ontology of experience. Attending to the three-dimensional narrative inquiry space situates story as an interesting place for inquiry, analysis, and imaginative thinking (Clandinin & Connelly, 2000). This type of research is needed in contexts where little may be known (or much may be assumed) about the ways people live and practice. Lugones (1987) suggested that being in relation to others allows for what she called “world travelling” as a way to avoid arrogant perceptions of others. Stories are one of the ways that people are able to travel to the worlds of others, enter and spend time within their experiences rather than view or scrutinize them from a detached position. This practice is as much a study of self as it is a study of others. As we visit the stories of others, we construct an understanding of who we are in relation to others in our world (Lugones, 1987).

With attention on the philosophical and methodological aspects of narrative inquiry, narrative inquiry researchers enter into the field to develop negotiated and sustained research relationships in which stories of experience are lived and told. In the following section, I describe the method for conducting this narrative inquiry. In this section, I include a discussion of data collection, analysis, interpretation, the relational responsibilities within narrative inquiry, the transition stages from field work to final research texts, research ethics, and rigour. Narrative inquirers use particular terms for some of these practices, and I will define and clarify these terms as they are presented.

## **Methods**

In this section of the chapter, I will explore the specifics of my narrative inquiry, including the recruitment of participants, the collection and dissemination of field texts, and a discussion about how I will represent the narrative accounts of therapists who engage in WTT. Because of the relational and co-composed nature of narrative inquiry fieldwork, there is no one way in which to conduct narrative inquiry (Clandinin, 2013; Clandinin & Connelly, 2000). To guide my fieldwork I attended to the three-dimensional narrative inquiry space and sought to sustain a commitment to experience and respect for relational ontology. When I attended to these features of narrative inquiry I allowed for the relational, negotiated, and emergent characteristics of narrative inquiry to shape the stories that were told.

### **The Participants: Relationships and Co-composition of Narratives**

In narrative inquiry, researchers and participants enter a relationship in the midst of life as it is being lived for both people. This position is reflected in the research relationship and fieldwork conduct (Clandinin, 2013; Clandinin & Caine, 2013). Clandinin (2013) emphasized that it is important for inquirers to acknowledge being in the midst, and this is intrinsic to the unfolding of the inquiry. In relation to this current study I considered how I “negotiate the relational living alongside the spaces of storytelling, as well as the implication for negotiating research texts, and eventually negotiating exit” (Clandinin & Caine, 2013, p. 170) with each of the participants.

In order to negotiate the collection of data and the stages of development of findings, descriptions and interpretations, I paid attention to personal, professional, and institutional narratives through social, political, cultural, and linguistic lenses (Clandinin & Caine, 2013). For

example, I was guided by academic commitments, ethics, and guidelines, while also living life as a wife, daughter, sister, therapist, and lover of nature. I acknowledged that my ways of coming alongside each participant were guided by my therapeutic orientation and my thoughts on therapeutic relationships. In addition, each therapist was also in the midst of his or her own life and the roles within it, guided by institutional understandings of their work, their employers, and/or their personal ethics or life. As such, all of these aspects of life influenced the narratives. Each therapist was involved in the co-composition of his or her story, which required openness, mutual vulnerability, reciprocity, and care (Clandinin & Caine, 2013). The relationship between the therapists and myself was the context for coming to know what needed to be told about WTT.

**Recruitment.** Narrative inquiry is a deep engagement with the experiences and stories of individual people (Pinnegar & Daynes, 2007). The richness of the inquiry comes from the depth of engagement with participants and storytelling (Clandinin & Connelly, 2000). As a result, a large participant sample is neither necessary nor desirable. For narrative inquirers, a story does not take on a more truthful quality because it is repeated. In previous narrative inquiries (see Caine & Estefan, 2011; Estefan & Roughley, 2013; Genoway, Caine, Singh, & Estefan, 2016, for examples), researchers have recruited smaller numbers of participants in order to cultivate and develop in-depth research relationships from which compelling stories of experience can be told.

Upon approval from the University of Calgary Conjoint Faculties Research Ethics Board (CFREB), I searched in two ways for therapists with a regulated professional license who engage in WTT in North America. First, I did a Google search and invited, by email (see Appendix A),

therapists who advertised WTT on their websites to participate in my inquiry. Second, I placed an advertisement in the *Canadian Journal of Counselling and Psychotherapy* (see Appendix B) also asking for therapists who use WTT in their therapy practice. Therapists who responded to the initial advertisement or email invitation received a CFREB approved consent form (see Appendix C), which described the purpose of the study, what was required of the therapists, and an explanation of the narrative nature of the study.

I recruited four participants in total: two from Canada and two from the United States, one male and three females. Clay is a registered clinical social worker from New York who has been practicing WTT for more than 10 years. Stephanie is a certified clinical counsellor and provisionally registered psychologist who has practiced WTT with groups of women and individually for more than 5 years. Wendy is also a certified clinical counsellor and provisionally registered psychologist who practices WTT in Ontario and Quebec. Finally, Megan is a certified marriage and family counsellor who has a part-time practice where she engages in WTT with clients in California. Each of the participants asked to use their real name in this study. A CFREB amendment was sought, and granted, to the ethics application to respect and accommodate this request.

### **Describing the Fieldwork**

Clandinin (2013) stated that narrative inquirers must “understand that people *live* out stories and *tell* stories of their living” (p. 34). There are many stories of therapy and therapists that counselling professionals live and tell. For example, when I practice with a client I live stories of what it means to be an accountable and ethical practitioner. I also tell stories of myself through which I further compose my understanding of myself and my practice, and of the

counselling field more generally. For Clandinin and Connelly (2000) and Clandinin (2013), this storying of self also involves processes of retelling and reliving. As people retell stories, they become modifications of experience, adjustments, and amendments, that serve to recompose self, to enable a new and different understanding and a different living (Clandinin, 2013).

I was curious about how each of the therapists was living, telling, and perhaps retelling and reliving his or her story of WTT. I was curious what this might tell me about what it is like for others to practice WTT. Throughout the interview process I reminded myself to stay with experience, to think about the stories in a diverse manner, and to pay attention to how my own story stood alongside each of the other therapists' stories.

**Generating field texts.** Clandinin and Caine (2013) discussed “negotiating entry into the field” (p. 167). This negotiation is about living alongside participants in an effort to come to know the spaces and places of experience (Clandinin & Caine, 2013). As I began to recruit participants I realized that there were very few therapists who practice WTT, and the few that do are situated in various places across North America. In addition to the problem of location, each of the therapists I spoke to had limited availability, and I had limited funding, so I was unable to travel and meet with each therapist in person. This may have caused me to miss some elements, such as what the therapist looks like, gestures that may have added to the experience, or firsthand knowledge of the places they practice that may have helped to tell this story differently.

I was, however, able to make myself available to each of the participants' preferred availabilities. Sometimes this meant a quick chat over the therapist's lunch, or longer chat while a child was taking an afternoon nap. This flexibility allowed for a relationship to emerge with each participant that best fit his or her life as a therapist, parent, partner, and individual. The

narrative accounts will make evident the ways in which we collaboratively generated information and how it varied with each participant. For example, some preferred less frequent and much longer phone conversations, while others preferred a combination of regular shorter video chats, phone calls, and emails. This flexibility allowed us to be in the midst of each other's lives in a respectful and productive manner.

Once each participant signed the informed consent, I engaged in an initial interview by phone or video. This initial conversation focused on questions that allowed participants to share their current and past experiences with WTT (see Appendix D for sample questions). This interaction helped me to begin to understand who they are, the types of clients they work with, their choice to engage in WTT, and any other aspects of the experience that they deemed meaningful. The conversation in this first interview became the foundation for subsequent conversations during the fieldwork.

Each of our conversations and email exchanges were kept in the form of "field texts," the narrative inquiry term for data (Clandinin & Connelly, 2000). Field texts "need to attend to the ways individual narratives of experience are embedded in social, cultural, familial, and institutional narratives" (Clandinin & Caine, 2013, p. 170). In other words, field texts attend to the ways participants' stories are embedded within a rich narrative landscape. The field texts in this study include transcripts of research interviews or conversations, my summaries of our conversations, and email exchanges. The field texts also include my written reflections on the conversations and stories that were told, as well as thoughts about further questions to ask therapists and prompts for personal reflection. I used all of these texts to navigate future conversations and the development of narrative accounts of participants' experiences.



It was important to me to personalize my interaction with each of the participants. Although I offered an open-ended invitation for the therapists to reflect on their experience through a format of their choice (e.g., phone, video, email, reflection journals), all of the therapists opted to speak by phone or internet only. Within these conversations, I adopted a conversational style to promote equal engagement (Clandinin & Caine, 2013). The freedom to follow the natural flow of conversation allowed for a deeper understanding of the experience (Clandinin & Connelly, 2000) because I found I was not interrupting or redirecting participants. I found that forgoing my prepared questions allowed for a richness in our conversations and the ability to be in the moment as we spoke.

Speedy (2008) suggested that researchers think about taken-for-granted assumptions and ask themselves if what is being explored and written about will make a difference. In a reflection journal, I noted what resonated with me on emotional, academic, and professional levels. I knew I was embedded within the three-dimensional research and topic landscape (Clandinin & Connelly, 2000) and therefore could not separate my experiences and research conduct from the process and findings of this inquiry.

Within the three-dimensional narrative inquiry space (Clandinin & Connelly, 2000) of the research, I attended to temporality by speaking to each of the therapists about the timeline of WTT in their lives. I asked questions that evoked narrative beginnings of WTT, inquired about early experiences, and addressed the potential for future knowledge. Thinking specifically about continuity, I also asked how events within their WTT timeline constructed future events and how they related to events in their lives. These questions prompted conversations about education,

business ventures, and relationships that all led to the introduction of WTT into their lives and practices.

Sociality quickly became a central piece of the interviews as WTT bumped up against several traditional concepts of therapy for participants. Each therapist and I talked about our personal understanding of what change meant in the counselling profession. I asked questions about interacting with nature, innovation, the ideals around self-care, and the benefits WTT had for the therapist. I also inquired about the social experience of WTT, how it is communicated to others, and its perception within their communities. These conversations led to discussions about what innovation and change in the counselling profession looks like, highlighting the challenges of ethics, training, and supervision in a potentially new modality of counselling.

As I talked with participants I also remained sensitive to exploring the importance of place. Clandinin et al. (2015) said that the places in which narrative thinking occurs are important when people come together to share stories about their lives. In my life, nature has always represented a narrative place, as many of the stories I tell about the meaning of my life involve the natural world. There is something about bringing people together to talk about the literal landscapes of their personal and professional lives that excites me. It sparks the possibility of finding stories that move people or motivate others to learn more about alternative practices, in order to challenge local knowledge about how and where professionals conduct therapy.

In the interviews, I often thought about Keith Basso (1996) and wisdom sitting in places and embraced the excitement of exploring this wisdom in a therapeutic context and place. I asked questions about nature and its influence on clients and therapists. I asked about shared

spaces versus owned spaces and the difference that this made in therapeutic relationships. I also inquired about how the change in space helps and/or hinders relationship and wellness. The therapists shared their experiences of place, developed their own wonderings about therapy and space, and contemplated the importance of place in their careers, their personal lives, and the lives of their clients.

Temporality, sociality, and place all played an important role in the generation of my field texts. As I moved from field texts to writing “interim texts” (the negotiated narrative accounts) and the “final text” (my dissertation) (Clandinin & Connelly, 2000), I also kept all three of these aspects in mind.

### **Retelling and Reliving: The Writing Process**

The terms *living* and *telling* in narrative inquiry tend to be easier for researchers to comprehend than *retelling* and *reliving* (Clandinin, 2013). Retelling and reliving occur within an inquiry process, just as they occur in individual experiences that narrative inquirers explore in research. Retelling involves unpacking stories in a way that looks at the story as more than a single entity (Clandinin, 2013). Reliving is a process that occurs for both researchers and participants within the retelling process (Clandinin, 2013). In this inquiry the reliving and retelling is illustrated in the four narrative accounts presented in Chapter Four.

**From field texts to interim texts.** Interim texts are where the stories are interpreted and continually shared and negotiated with participants (Clandinin & Caine, 2013). Narrative inquiry is not simply a description of one’s experience; it is both a description and an intervention of lived experience because it adds meaning, and therefore can alter characteristics of the experience (Clandinin & Rosiek, 2007).

To begin the process of developing field texts into interim texts, I listened to the interviews repeatedly, paying attention to possible alternatives to how I understood participants' stories. This process allowed for a shift in the way I understood the concepts, ideas, and experience from a different perspective than previously known (Estefan, 2008). I also read and reread the written transcripts, documenting my reflections, wonderings, and what I saw as key elements of each person's story. I began writing the individual narrative accounts as a way of organizing information, not by way of strict rules, but by understanding the significance of events (Polkinghorne, 1988), such as how each therapist began their WTT practice and how it has influenced their therapeutic identity. Exploring the experiences of the participants involved thinking with (Morris, 2002) and living alongside (Clandinin & Connelly, 2000) the stories of the participants while avoiding the desire to fall prey to the academic push towards reductionism and categorization (Clandinin et al., 2015).

As a way of avoiding categorization I focused on ideas shared in a meta-analysis of narrative inquiry research compiled by Riessman and Speedy (2007), who discovered an overabundance of reductionist techniques within the research. Riessman and Speedy indicated that the actual story of the participants was reduced to what they called the "statistics of qualitative research" (p. 435). I sought to sustain a narrative inquiry practice by representing the stories and the meaning behind these stories in detailed retellings that avoided summaries (Riessman & Speedy, 2007).

It was helpful in this process to be guided by many narrative thinkers. Sarbin (1986) described representations of narratives as a way of organizing thoughts and actions of our lives. Speedy (2008) stated that text should invite a multitude of interpretations while also avoiding

dull narratives, and should evoke creativity. Clandinin and Connelly (2000) cautioned narrative inquirers about their need to balance creativity with avoiding the “Hollywood plot” (p. 183), where only the positive or happy details of the story are presented. They suggested the use of wakefulness to combat this possibility and the reliance on “I, the critic” (p. 182). Wakefulness is one way that a narrative inquirer can resist invoking the “critic.” Being wakeful helps narrative inquirers to stay with “constant, alert awareness of risks of narcissism, of solipsism, and of simplistic plot scenarios, and unidimensional characters” (Clandinin & Connelly, 2000, p. 182).

Wakefulness allowed me to stay with participants’ experiences while I asked myself if what I was writing and the way I presented the information about WTT contributed to the understanding of what it means to be a therapist who engages in WTT practices (Speedy, 2008). It also required asking myself if what I present in my final text will have enduring value in the field of psychology and psychotherapy (Speedy, 2008). I shared each interim text with each participant several times as we negotiated what the final narrative accounts would contain. I believe this process was of comfort to some of the participants, who at times, worried about how their words and their stories would be represented.

**Presentation of the final research text.** Clandinin (2013) said that creating a final text is a complicated process. The methodologist on my committee likes to call it the “hard yards.” Creating the final narrative accounts and the narrative threads was a process that involved many drafts, a dedication to staying within the three-dimensional narrative inquiry space, and many consultations with my response community. Response communities are groups of people with similar interests and experiences, who can provide a means to reflect, to step outside of the research relationships, and to orientate the researcher to next steps (Clandinin, 2013). My

response community consisted of my PhD committee, including a narrative inquirer, and my fellow students.

As I wrote this dissertation, I sought “ways of enriching and transforming that experience for [myself] and others” (Clandinin & Rosiek, 2007, p. 42) through continual contact with my participants and an ongoing effort to keep experience at the forefront of my work in order to gain a deep understanding of the experience on multiple meaning levels (Clandinin, 2013). It was within this transformation that I began to develop an awareness of the impact that the narrative accounts and threads I present in the next two chapters may have within the counselling field. There is potential within these accounts and threads to educate others about WTT and to invite critical thinking through a deeper understanding of the practice.

I was also guided by Ely’s (2007) tenets of representing narratives in narrative inquiry (see p. 571), which include the following:

- There are many ways of coming to know something, and even then such knowing is partial.
- Language creates reality.
- Researchers are deeply interrelated with what and who are being studied. Research is culture-bound: so is writing.
- What is understood and reported as social reality is multifaceted, sometimes clashing, and often in flux.
- We cannot say that narrative reflects “the” reality. We can say that with the help of the reader, narrative creates a version of reality.

I also thought about the social justifications of this work: theoretical, a change to disciplinary knowledge, and social action via a consideration of what this inquiry may make viable to others (Clandinin, 2013). Theoretically, in changing knowledge within a discipline, my hope in this work was (a) to explore the psychological understanding of place, (b) to question the idea that therapy needs to be conducted only in small rooms indoors, (c) to present experiences that highlighted the benefits of going outside, and (d) to evoke the challenges and therapeutic outcomes of WTT. My hope was to explore an alternative way of knowing about how therapists practice, so that therapists who are interested in WTT will have some background knowledge of the stories of therapists who went before them. I also hoped to explore the implications for supervision for therapists who want to use this type of therapy in the future, as well as the regulation of its use within health organizations.

It is important to note that the final text does not contain specific answers about WTT. It does, however, contain stories of experience that invite readers to rethink and reimagine the ways in which therapy is practiced and how this practice influences therapeutic relationships (Clandinin, 2013).

### **Rigour and Ethics**

As with all research, this process of developing the final texts involved ethical considerations and attention to rigour. There are two important considerations about rigour in narrative inquiry: the ethics of long-term relationships and the 12 touchstones of narrative inquiry.

## **Ethics and Relational Research Conduct**

As a narrative inquirer I attended to the ethical considerations of the long-term responsibilities of relational research (Caine & Estefan, 2011). All relationships were developed following the guidelines set out by the CFREB, but it is important to note that long-term relationships contain an ambiguity and uncertainty that may not be fully addressed in a consent form (Caine & Estefan, 2011). The long-term, collaborative, and in-depth nature of narrative inquiry means that, at times, researchers develop relationships that contain attributes of friendliness as we interact within our own spaces (Clandinin & Connelly, 2000). For example, as a therapist myself, I found several moments in this inquiry where I could relate on a personal level with the participants and the stories they told. In addition, we all shared a similar age bracket, some life experiences, and in some cases theoretical orientations to therapy. The experiences did not make us friends in the traditional sense, but they did help to form a mutually respectful and collaborative venture.

I attended to ethics through my commitment to the relationships, ongoing negotiation of accounts at all stages of the inquiry, acknowledging being in the midst, and most importantly through deep listening and nonjudgmental behaviour (Clandinin, 2013). In addition, I consulted regularly with my response community. In a relational research context, response communities also offer a safety net to explore ethical dimensions of the research (Clandinin, 2013). My response community helped me to negotiate the complexities of relational landscapes. They assisted me in maintaining my commitment to accountability and ethical responsibilities within this research. Specifically, my response community helped me to reflect on each of the



relationships I developed in order to ensure that I did not lose my way or my focus within the research.

### **Touchstones of Narrative Inquiry**

Clandinin (2013) developed 12 touchstones to ensure that narrative inquirers are rigorous within their research. The touchstones reflect multiple commitments throughout the course of research projects and beyond (Clandinin & Caine, 2013). These multiple commitments include relational, methodological, and ethical considerations (Clandinin & Caine, 2013). I have addressed the aspects of the research in these touchstones (see Clandinin & Caine, 2013, pp. 169-176) in different chapters of this dissertation, and so I summarize them briefly here:

1. Attending to relational responsibilities. In this chapter I have outlined several ways I have addressed my relational responsibilities.
2. Acknowledging being in the midst of the therapist and researcher lives. I was respectful of the participants' work and personal responsibilities in life as well as my own. I have narrated various aspects of the experiences of living alongside participants in the midst of our stories.
3. Negotiation of relationships. I have outlined in this chapter the ways in which I negotiated relationships from the first email to the final written narrative account.
4. Narrative beginnings. The narrative beginning in Chapter One is an important piece of this research puzzle. Understanding who I am, and providing transparency about my beliefs, influenced the understanding of the stories I presented of other people's experiences of WTT.

5. Negotiating entry to the field. In this chapter I have described the measures I took to negotiate entry to the field, data collection methods, and ongoing collaboration and co-composition of the interim research texts.
6. Moving from field to field texts. I have outlined in this chapter how I moved from field to field texts.
7. Moving from field texts to interim and final research texts. I have outlined in this chapter how I moved from field texts to interim and final texts.
8. Representing narratives of experience in ways that show temporality, sociality, and place. Each section of this chapter and the following narrative accounts and threads attend to the three-dimensional narrative inquiry space.
9. Engaging relational response communities. I met regularly with members of my response community to share ideas and reflections about the fieldwork and inquiry.
10. Offering personal, practical, and social justifications. In my reflections and final text, I was transparent about the personal, practical, and social justifications of this inquiry.
11. Being attentive to multiple audiences. Throughout this inquiry I was attentive to social, familial, linguistic, institutional, and cultural narratives. I have written the dissertation in a way that acknowledges a professional, student, and lay audience.
12. Demonstrating commitment to understanding lives in motion. Walk and talk therapy is a forward-looking story. The accounts and the threads I will present are not a definitive story of WTT.

At each stage of this research, I reminded myself of these touchstones by asking how each one has taken shape within my conversations, writing, and reflections. I attended to these

touchstones to ensure that I was staying true to the foundations of narrative inquiry and that these foundations were reflected in the writings within this dissertation (Clandinin, 2013).

### **Conclusion**

Narrative inquiry methodology has been described by others as messy (Speedy, 2008), not definitive, and a work in progress (Clandinin & Connelly, 2000). Narrative inquiry has also been described as a way of living as much as it is a methodology (Clandinin & Caine, 2013). As such, narrative inquiry is a relational form of inquiry that is grounded in an ontology of experience, enacted through careful attention to a three-dimensional narrative inquiry space. As messy as a negotiated and relational form of research can be, narrative inquiry methodology becomes meaningful and useful as it engages in the evoking, describing, and interpreting of experience. In the following chapter, I present four narrative accounts of therapists who practice WTT. These accounts enliven the research methodology as well as the experiences of the therapists.

## CHAPTER FOUR: NARRATIVE ACCOUNTS

In Chapter Three, I outlined narrative inquiry as both the method and phenomenon under investigation. In the following chapter, I will present four individual narrative accounts, one for each of the participants. Before I present each of the accounts, I would like to begin with a brief snapshot of my own experience with WTT. Being in the midst of my own life during this study included working at a non-profit agency that provided counselling for women. On the day my ethics approval was granted, I received an unsolicited referral from a woman who was leaving an inpatient hospital program who wanted to try WTT<sup>1</sup>. I had gone for walks with clients in previous practicum settings, but this was my first official WTT client. I was amazed at the timing and excited at the opportunity to engage in WTT alongside conversations with therapists who had been practicing it for years.

As I reflect on the experience, I realize I was highly influenced by the participants in this study. In a way, aside from the research, my interviews were a form of consultation as I was able to share ideas and issues that arose in my own practice of WTT through questions. One of the things I noticed was how much *I* enjoyed walking with my client. There was delight when I saw my WTT client's name in my schedule, knowing that I would get to get out of the office for an hour. I also felt like my brain worked better outside, I asked better questions, I found an ease in reflecting ideas back to her, and I felt we built a connection quite quickly in the first few sessions.

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<sup>1</sup> This client has read my account of our interaction and has given permission for it to appear in this format.

I remember talking to my client about the risks to confidentiality and noticing that she did not seem to care about being overheard by others in public. It seemed all she cared about was getting outside and walking, even in the winter. I watched as we navigated the busy streets of downtown Calgary, I noticed that I paid more attention to the people around us than she did. Once or twice if we were at a corner and someone else was there she would take a step back, but not once did she stop talking about her concerns. She spoke about acute levels of anxiety, significant grief and loss in her life, parenting, and troubling experiences in her past all while walking around busy downtown streets.

I believe that when outside my client came to realize more about herself than she did in the office. I found her to be more relaxed and motivated to work. I remember asking her what drew her to WTT, and she said that she feels more productive with making plans and lists when she is outside walking. She also talked about wanting to get back in shape, and how this was a good way to address two important areas of her life at the same time.

I remember in January there was a brief period of time when we stayed inside the office. My client was going through an intense period of depression and walking was not an option for her, it was also minus 20 degrees outside. I really noticed a difference in these sessions, however I cannot say for sure if this was due to not walking or depression. We were quite productive once we got back outside, but the depression had also eased somewhat, allowing her to get back to what she enjoys in life. This experience allowed me to see that while I enjoy WTT, I would also like to have an office for times when clients would like an indoor therapy option.

I believe in meeting clients where they are at, which means sometimes they may need an office space when issues are overwhelming and they need a comfy place to sit. The woman I

met with had the confidence to say what was best for her each time we met. I would like to encourage all of my clients in the future to do the same. If they need a good walk one day, great! If they need a couch and walls another day, that is okay too. I think there are options within WTT to meet a client's needs in a fluid manner.

When I was out walking and in personal reflection after each session, I attended to the key ideas I discussed with the participants in this inquiry, such as confidentiality, client and personal benefits, my own identity as a therapist, and the influence of the space around me. I thought about my own self-care and how much I appreciated physical movement at work. I watched for what the client accessed in outdoor spaces that were not available to us inside. I also found myself thinking about how sedentary the counselling professions are. I began to see WTT as a way to balance my own wellness while promoting wellness with others. Like many of the narratives of the therapists that follow, I too believe that being outside in fresh air while blood pumps through my veins makes me a better therapist.

### **Carpe Diem: Clay's Narrative Account**

My relationship with Clay began long before we ever spoke face to face. I was introduced to Clay via the internet during my very first Google search about WTT, years before I had even conceptualized an inquiry about it. Exploring his website I learned that he is a registered social worker who does all of his therapy sessions in Central Park in New York City. I remember being fascinated by the notion of a therapist walking with clients in the middle of a park in one of the biggest and busiest cities in the world. The more I read about Clay, the more he helped to shape my need to make an academic contribution about WTT. I believed his experience was integral to understanding WTT because he was actively doing the work and

talking about it in the media and online. I later learned that Clay's story of coming to WTT is a shared starting place for many therapists who search WTT online.

I invited Clay to participate in my study by email and he agreed to talk to me in August 2015. Over the course of eight months we spoke five times on Skype, I extensively studied how he promoted WTT on the Internet, and we emailed several times back and forth. When he answered the first Skype call I noticed he looked exactly like his picture: blond, fit, and full of smiles as he sat in his office located across the street from Central Park. Clay was easy to talk to, and I sensed that my initial questions about WTT were the same as the media asked him, because his answers seemed to be well practiced and fine-tuned. Even though I suspected he had provided these answers several times I still noticed his passion and dedication to his work in WTT.

Two things immediately stood out to me about Clay: he is a storyteller and he has a desire to live life to the fullest. Early in our interactions with each other he said, "I can lose myself in a good story, and I like to tell stories. I love that idea of taking an audience by the hand and walking them through a really well told story." Clay pulled me into his stories every time we spoke. Whether he was talking about WTT, acting, his wife, or Central Park I was captivated. To set the stage for this narrative account and for our interactions I will share a moment that shaped my understanding of Clay.

Hanging on the walls of Clay's office are pictures of soldiers in training in the 1940s. When I asked him what meaning they held for him he said:

So many of these guys had no idea what their futures were going to be and less than 12 months from this picture Pearl Harbor happened and you wonder how many of these kids

lost their lives, what happened to them, and how short life can be. So I keep these pictures. It just kind of grounds me. I think that they each have interesting stories when I see all their different faces.

Over the course of our inquiry, I came to learn that Clay grounds himself in his wonders about the lives of others and their stories. When he looked at the photographs in his office, Clay wondered about the stories beneath their surfaces. Clay began to search for these pictures in antique stores after being moved by Robin Williams in the movie *Dead Poets' Society*. Clay said that the scene where Williams shows his class pictures of students who were likely dead and said, "Carpe Diem, seize the day" motivated him to live his life to the fullest. He lives a story of "seize the day" within his roles as therapist, husband, actor, and entrepreneur. Clay told me he believes that his clients are the heroes of their own lives in that they have the ability to find personal skills and abilities to change and grow as people.

Clay grew up in small town in eastern Kentucky, "that means mountain people," he explained. Very early on, Clay storied himself as someone who has an affinity with the outdoors. As he told me something of his past, Clay spoke of his father, describing him as an entrepreneur and how that helped him to become comfortable with the small business lifestyle from a young age. Clay attended University of Kentucky and obtained his master's degree in social work when he was 25. After graduation he worked with adolescents with substance abuse issues at a community mental health centre, before moving to New York with his wife to pursue acting careers in theatre. It was here that he decided that instead of bartending he could create a small therapy practice while developing a theatre company with his wife.



I was curious about his acting career and asked him how acting and therapy related for Clay. As we discussed this, Clay became enthusiastic and energized. He excitedly spoke of improvisation and how both in an acting role and as a therapist you have to “be on your toes” and use life and the people around you within your scene or within your session. Clay often talked about feeling alive while walking through the park and how he worked to incorporate the park into his sessions. He said:

I think that having a traditional practice is just very sedate, you know? You’re just sitting there all day. But WTT has brought so many opportunities to me and it just gets you thinking in a different way and that’s what I mean by alive, your mind is alive. So I think that by being outside and doing something different I am enlivened.

One of the major roles Clay took on in life was that of a businessman and entrepreneur. As we inquired alongside each other, I learned how these roles were woven into several aspects of Clay’s story of WTT. For example, in addition to the theatre company he owns with his wife, Clay has expanded his therapeutic practice to include WTT, online therapy, and he is working on developing an online directory for clients to find counsellors who offer online services. He shared that being an entrepreneur has its ups and downs in life, including failed ventures. One such venture was a pre-9-11 attempt to counsel people at their offices. This venture proved to be unsuccessful after 9-11 when office security tightened.

Where Clay did find success, however, was in offering WTT in Central Park. He explained that in a city full of therapists “it may have started out as a marketing gimmick, but it really developed into a process that I believe in.” This was such an interesting idea to me, therapy as a gimmick. This conversation created a wondering about the possibility of WTT as a

gimmick, a pop psychology idea, and I kept this in my back of my mind as I developed further questions for Clay. I sat with the idea of WTT as a gimmick and questioned if it was. I knew that it was a profitable business for Clay and that it created notoriety for him within the counselling profession and in the media, but did that make it a gimmick? I thought about how any therapy begins; I considered how they all start with an idea, a person who is willing to try it, talk about it, and explore the benefits and limitations. I understand this to be what Clay did, he came up with an idea and explored it. For Clay, the exploration of WTT began with a conversation with his “brilliant” wife. Clay’s wife is a strong influence in his life. He told me that everything he does in his therapeutic practice is in support of her and that she is his greatest inspiration in life. He said, “I am this great champion for her. You can frame me as this person who wants to stretch and grow, but really it comes down to I want to support her and this is how I do it.”

### **Walk and Talk: “We Just Don’t Do That, Oh Wait Maybe We Can”**

In our first interview I asked Clay how he developed WTT. He explained that he had a client who worked on Wall Street who was too busy to make it to his office for appointments. Clay’s wife suggested that he go to the client and do a therapy session in a park near where the man worked. Clay said his immediate reaction was, “Oh you can’t do that, people don’t do that.” The more he tried to explain to his wife “why you can’t, I couldn’t. Which was a signal to me that maybe you can.” This was the kind of statement that defined Clay for me because acting on his thought of “maybe you can” was an embodiment of his “seize the day” attitude and it revealed to me a creative and innovative mind. We returned to Clay’s first WTT story several times throughout our conversations. The story resonated with me because one of the lingering

questions in this inquiry for me has been: Are there any reasons why therapists should not engage in WTT? Several times when I would explain to other therapists the nature of my study they would say, “That’s a thing? I often walk with my clients but I didn’t know it was an actual aspect of therapy that needs discussion.”

After Clay’s initial, “we just don’t do that,” he tried a walking session with this client and stated that the man, “loved it!” He contacted his insurance company and his social work licensing board and neither said his license or insurance would be at risk for engaging in WTT. His insurance company explained they were insuring him and his practice, not the spaces in which he conducts therapy.

Walk and talk therapy quickly overtook Clay’s entire practice, though he does still offer in office counselling to couples and those who request it. He said, “People love it, they contact me just to do it.” It has reached the point that he sees it as a very simple aspect of therapy and often questions why so many people, including myself, want to analyze it. He said:

... so you have always done therapy and used a red couch in your office and all of the sudden you have a yellow couch. Now wait a minute, now we have to do special training because it is a different couch, a different color. Is it going to affect you differently?

That is essentially it. It is just the modality that is different. Sitting on a couch, sitting in a chair, versus walking.

As a practicing therapist, I understood what Clay was saying, but at the same time I was not sure that it felt to me as simple as changing a piece of furniture in an office. We were talking about occupying, using, and drawing upon the features of a different space and inviting people to talk about very real and at times very big problems out in the world, surrounded by other people. I

could not help but think about the vulnerability that might create for people, as well as its possibilities. As with all the therapists I asked Clay about confidentiality, he responded, “The great thing about New York is that nobody is watching. No one is paying any attention, we are all consumed with ourselves, so there isn’t an issue of confidentiality.” This seemed to me to be a good point but it also called forth the question, what if someone did hear? Drawing from my own experience with WTT I too, even in cities far smaller than New York, always come back to personal agency and the free will of adult clients to choose whether or not they engage in WTT once they know the risks to confidentiality that are involved. Clay too, makes a point of discussing all possible risks and having clients sign an informed consent form prior to WTT sessions, thus easing many issues with confidentiality.

When we talked about risk I considered potential issues of WTT such as the implications of therapists using WTT without training or guidelines. When I asked Clay about how he researched WTT he said the following:

I kind of created it as I went. I couldn’t find anyone else who was doing it and so it really was a matter of it is a therapy session walking instead of having a couch or two chairs. It is like any other type of therapy session; it is just that you are walking while you are doing it. There are a lot of things I learned kind of by the seat of my pants, I just went with it.

I wondered about whether WTT was simply therapy outside and not a specific therapeutic modality. This wonder remained with me as I explored how each therapist in this inquiry came to know about WTT and how they conceptualize it in their practice.

I shared with Clay that all three of the other therapists I spoke to mentioned him as an online resource when they first looked into WTT. It pleased him to hear that he was a helpful resource for others because he knew there was little information about WTT within academia. Clay's, and the other participants', assertions that there was very little information about WTT made me wonder whether therapists should engage in types of therapy that have never been done before? I thought about the big names in theoretical orientations like Carl Rogers and Aaron T. Beck. What were they first relying on to create their new person-centered and cognitive behavioral modalities? I wondered if these esteemed figures, too, were "learning by the seat of their pants" and what this might say about how therapists legitimately (and perhaps sometimes not) extend the boundaries of practice. Addressing this in a later interview Clay said:

Certainly some education is needed. And just what you were able to find on the Internet reading about me would be enough for a person to think about as they go out there, knowing your route, knowing safety issues, knowing how to navigate confidentiality, etc. Some people look at therapy as a sacred cow and it has to be done a certain way and if you don't do it that way you're not doing good work. But there are other people out here trying out different things and it's working. So is there a danger? I don't think so. Is there a danger in the lack of training, I'm not sure what training is available or what would be beneficial to a person other than you're going to do everything that you do in an office except you are putting one foot in front of the other while you are doing it?

Clay believes that education means a person should be trained and licensed to do therapy, but that WTT does not need formal education beyond consultation with someone who has done it previously. Clay's words about formal training made me wonder what it means to be a

therapist? What do therapists learn within their training that allows them to think about how to practice beyond choosing a therapeutic orientation?

Clay has a way of pronouncing work that stood out to me. He says it with a sharp k at the end. “Good work,” is also a phrase that has shaped how I think about Clay as well as how I think with his stories of practice and what it means to him to be a therapist. His thoughts about the “sacred cow” and defining what “good work” in therapy is were thought provoking for me. They made me reflect on how counselling professions are organized, as well as professional practices and values and how these come together to shape how therapists practice. At times in my career, the profession has felt starchy, constricting, and limiting. I have always felt like I wanted more creativity and more freedom to explore new ways of reaching people or meeting them where they are at in the course of their life-making. Perhaps this is why I am so drawn towards WTT.

I wanted to think a little more with Clay’s story of challenging the “sacred cow.” I asked Clay if he would consider giving lectures or training weekends with larger groups of people. He said he did not think he could fill up an entire weekend with information about WTT, though he would consider it. He said:

Essentially use your head, walk in safe places, and figure out where the bathrooms are.

Look at us, you have 60 pages of conversation here that I just think about is common sense, but it is common sense because I have been doing it for over ten years.

I wondered if there was more to it than that. Thinking about WTT from an academic perspective leads me to wonder about guidelines and the ethics of practicing something that has a limited evidence-base. Talking about ethics with Clay was always an interesting topic, in part because

his story of himself as an entrepreneur seemed to at times bump up against his story of being an ethical counselling practitioner. When I asked him about how we need to think about the ethics of WTT he was adamant:

When does ethics get in the way with actually helping people? It seems very elitist and not always a protective thing, just a stumbling block of getting in the way of actually being effective with people. I don't know the answer to that. But training is a very valuable thing and it could be helpful.

Clay shared stories of interviews he has done on a podcast for online counselling. Others have challenged him about the ethics of online counselling, something that gets him, "hot under the collar." Clay believes people around the world need help and in some cases have little access to it. He wants to help as many people as possible and questions the "red tape" that can get in the way of helping. Clay acknowledged that ethics is an important aspect of practice and demonstrated his ethical commitment through how he speaks about his clients and his due diligence in setting up his WTT and private practice. He also wonders about how an insistence about ethics unbalances the need to offer help to those who need it. He questions where the line is, who is making that line, and if there are ethical dimensions of practice that need to be revisited with the counselling profession.

On one hand, I found myself agreeing with Clay. In Alberta there is a great need for mental health services and many people in rural areas (for example) do not receive the help they need. On the other hand, I do believe that therapists need ethics and guidelines in order to ensure a quality of care, broaden dimensions of practice, and invite reflection about professional identity. I believe in ethics as a way to protect clients and I believe in education for professional

practice. I asked Clay if there is any harm in doing WTT, he firmly and quickly responded, “Never.” That is just it for me, in my ethics the first is do no harm.

As Clay and I were concluding our conversation about the development of WTT, education, and ethics Clay made the following statement about his master’s education, which has stayed with me throughout all of my interviews in this study:

I’m trained, I have extensive training, a lot of experience. I am fully licensed, my approach is grounded in academics and in training, so that is different I think than just a self-help book or pop psychology. This is real work; it’s just the setting is different.

In our conversations, the setting, Central Park, became a major character not only within Clay’s work with clients doing WTT, but also in shaping who he is as a therapist. I learned that when Frederick Law Olmsted designed Central Park he believed that walking in the park could be beneficial to well-being. Clay said:

Traditional therapy makes you focused on yourself. WTT broadens this, it puts you in context with your world. In the park I am completely focused on them and they are completely focused on themselves, but in the midst of their environment, not separated from their environment.

Reflecting on my own practice with WTT, I thought about a moment where a client of mine looked up at the downtown infrastructure that surrounded us and said, “there is always going to be something bigger than me to deal with.” We used this statement throughout the rest of our session to ground her anxiety about the world within a natural context.



### Central Park as a Third Party in the Therapeutic Relationship



*Figure 4.1* A photograph of Central Park from Clay's website.

Central Park, as seen in the picture above taken from Clay's website (with permission), and New York itself informed many of our conversations. It is the setting of Clay's WTT story and Clay's story of working in this space contrasts with how traditional therapy spaces are imagined and spoken about. Clay spoke about how walking in the park can remind clients that the world is bigger than they are and that they are not alone in it. I loved this thought. It made me think about how isolating my office can be and how effective actually placing myself in the midst of people can be to help me to feel connected. In Clay's experience, the park took on a special kind of role in his therapeutic practice. He sees walking around green spaces in New York City as a privilege because it promotes "possibility and change." Clay said:

It's almost like the park is a third party to the process. It kind of informs to a certain degree. You're affected by the environment. It changes throughout the day and from day to day and that can inform what we talk about.

I wondered about how place can influence change and the therapeutic relationship itself. Clay believes that the park is just as much a part of the relationship as he is. He told several stories about how he plans the route he takes around the park with clients. There are often movie sets or

closures for different events such as marathons, changes in the seasons, and unpredictable events that add unique and even unexpected elements to the counselling sessions. Clay said that he learned several important things about how to navigate the park. He learned how to avoid getting lost, how to find routes that are approximately 50 minutes in length so as to not look at his watch, and how to manage weather issues. He also learned to use rare mugging scenes to teach assertiveness skills to clients, and how to carve out space for the client's needs when passing others who are asking for help. For example, Clay told a story about watching a food vendor's cart toppling over and several people running over to help out. He used this as a metaphor for his client about prioritizing helping others and when there are times when you need to focus on yourself.

Clay's love of Central Park was evident. He explained, "I love seeing how things are changing and the different seasons. It is always different from dogs to squirrels to leaves, it's always changing and so I think it makes me more alert in the session." Clay's words made me think about how people sometimes seek to incorporate what they love into their careers. I think practicing what we love enriches us, and this belief has contributed to my wish to practice WTT. I wanted to know more about what Clay thought about the influence of the park on him as a therapist; he answered by describing himself in relation to his clients:

While I am walking I am very in tune with my clients, the rhythm of their steps, what their body is telling me, obviously what they are saying, but I am also thinking about time and what route I need to take. I am thinking about avoiding crowds, they are always doing something in Central Park so we have to take different routes and walk around the event and all that while listening. It prevents me from getting sedate.

Clay's answer led us to talk about levels of multitasking. His story of his practice was, for me, tension filled, in that it seemed to contrast with dominant stories of the "good" therapist who is present and attentive to the client. We explored how at any given time a therapist has to think about many different things: what the client is saying, what they are feeling, and/or what question or prompt might follow. I discovered that walking with clients generates several other tasks a therapist must take on.

Clay drew my attention to how the park also influenced what he learned about his clients' posture, eye contact, speed of walking, and gait. He explained this was all information about depression and anxiety, for example, that he could not get from in office sessions. He gained insights into client personality based on whether or not the client wanted to take the lead or to follow him. He also talked about eye contact and how not facing each other was helpful for some clients to relieve the pressure or intensity of the encounter especially, he noticed, in men.

I thought about the ways that clients express emotions in therapy with me and I remembered numerous expressions of powerful emotions that were safely contained within the walls of my office. I wondered about emotional regulation in the park, and what happened for Clay when clients expressed different and perhaps even confronting or powerful emotions in public. Clay had a casual approach to the topic:

It is individual. There are benches all over the park so often we will just pull off to the side and have a seat. I talk them through the emotions. Emotion is an important part of life and sometimes it gets overwhelming and in those moments it is important instead of pushing it away to let it be there for a little while staying in control. What I have noticed

a majority of the time is that we just keep walking, which I think is a metaphor, you just keep going and that prevents the emotion from becoming overwhelming.

I thought a lot about this metaphor of maintaining motion as a way to move through emotion. I thought about how each therapist I spoke to had a different approach to emotional regulation in public spaces. I wondered how much influence therapists have when it comes to creating comfort of emotions in public spaces and how much is generated from the client.

My interest was peaked about what else Clay noticed about clients outside that he may not see while inside. He explained, in general, things were much more relaxed and that people felt less stigmatized, “I am not going in to see the doctor. I don’t have a mental illness; I am just going into the park to walk.” He said in his experience clients feel better, are more motivated to problem solve, and achieve goals faster than his clients who elect to stay in the office. I remember struggling with these claimed benefits to the client and that I wanted proof. In this and other moments where I felt I needed proof, I reminded myself that, for a narrative inquirer, experience--what is happening for therapists who undertake WTT--becomes knowledge that can be taken to practice. I reminded myself that my desire for proof is part of a larger story about what knowledge is allowed to count for in practice. I remembered the words of Murphy (2004) who reminded narrative inquirers that it is difficult to stay with experience, to sustain immersion in people’s stories, to wonder, and to engage stories in ways that serve ongoing composition of self and other. At this point, I needed to recommit to experience as a site for understanding and to continue to live alongside Clay and his WTT practice as we inquired together his experiences.

It was clear to me that Clay’s composition of self as a walk and talk therapist happened alongside a personal relationship that he had with Central Park. I asked him if any of his clients

also had a similar relationship with it. He told a story of a male client who loves birds and had spent many hours bird watching in the park before he began therapy. He also spoke of a woman who believed her life would be better if she were married and how spring in the park meant “all things love.” Clay said, “It is fascinating to see people walk through a familiar space but with a different purpose.” Clay told stories about how some clients were not able to find beautiful spaces in the park on their own because they were so consumed by the session that they did not pay attention to how they got there. He thinks his clients see it like this, “I never really paid any attention of where we were going and that’s okay to be in the hands of someone else. I’m in good hands, I don’t have to think about that right now.” Spaces, it seems, act differently on people.

Clay talked a lot about how this ability to let someone else lead and just be in the moment of the walk can be a bit of a novelty for New Yorkers. Given the steady pace of life and the busy schedules of people who live there he thought, “It has to be a relief to not be thinking about anything else but where you are in that moment.” Clay told me that taking that lead in the park has allowed him to be a better leader. He said it has allowed him to feel confident about what he is doing and to trust in the process. “I mean I’m not leading the session; I’m leading the direction.”

We talked about times when this leadership in the park was not an option due to weather. In fact, during our interviews in January 2016 a major storm hit New York and he was unable to go into the park with clients. I was fascinated to learn that he believed staying inside had more of an influence on him than it did his clients. He said his sessions seemed longer and he was exhausted by the end of the week. His body was numb from sitting, and that without walking in

the park he was not “on my game. I was not thinking clearly, not focused and I became aware that I was not used to being inside all of the time.” He acknowledged that clients’ problems matter to them no matter what spaces they talk in, so a change in venue may have made less of an impact on them than it did on him. Remarkably, he said that the act of sitting all day was more physically demanding than walking after all the years of being outside.

Much of our conversation about the park made me think about shared spaces and what traditional messages offices convey to clients. We talked about his office and how everything in it is owned by him and not the client. He said that the park is a shared space and it makes him more equal and “on the same footing” as the client. He did however, caution that while the relaxed aspect of this relationship was helpful to the work, he always made it very clear to clients that he was a professional and that they were there to work, regardless of the setting.

In addition, the shared space was an environment that clients could come back to alone. Clay described situations wherein clients said that they go back to the park on their own, or stay after the session to continue to reflect. Clay’s clients tell him they learn so much in the park that they enjoy going back to do the work on their own. For Clay, he conceptualized it as a way of clients telling him they want more of what they get in sessions, that they feel good in the park, and want to continue the work they began in sessions within what they see is as therapeutic space.

Clay’s experience has shown him that there is a link between walking in the park and client motivation to participate in therapy. He said there is something about being outside and walking that actually makes people work harder. In his experience people who elect for in office therapy can stay “stuck” in their problems longer, take a longer time to begin to make changes in

their lives, and are more likely to sit and complain about their lives than those who do WTT. We both acknowledged that we cannot make a definite cause and effect association, there is something for both of us about being in motion while talking that complements goal achievement. Clay put it this way:

In therapy while walking you are in the act of change. You are changing your posture, you are changing your environment, you are moving, and doing something. You can make that association with the mental side of it and people think this isn't so scary I can do this.

Clay mentioned the people who chose WTT are generally fairly active in their lives. I wondered whether WTT would suit some people more than others, and who these people might be. It struck me that those who are goal orientated might feel more drawn to WTT because it seems to be a more active kind of therapy. Clay talked about how getting out of the office motivated him as well.

It's not that in the office I am bored, but there is a monotony, a visual monotony at looking at the same chair and the same painting behind the chair. It seems to numb some of my senses versus being in a vibrant, moving, ever changing environment when walking through the park. I think that the rhythm of walking and the movement and the fact that I am doing something with my body, the fact that my visual field is changing stimulates my mind as a therapist so that I am a little bit more on my game and it taps into the more creative parts of my brain. I think it makes me a better therapist.

Clay spoke to this idea of "becoming a better therapist" many times and it is located in his desire to be activated, to be awake, and to be stimulated in a way that benefits himself as well as his

clients. My impression was that for him, being a better therapist also meant thinking outside the box, being creative, perhaps taking a risk, and using these attributes to work in ways that reach as many people as possible. For me, Clay is something of a therapeutic entrepreneur.

**Out of the Box Thinking: “Innovation has to Come to Every Industry”**

Clay said:

I think innovation is inevitable, it happens with all industries. We need to embrace it and use some common sense with it, understand it is going to come and you can drag your feet and resist it or instead you can embrace it. Embracing is only energetically being more positive.

Clay stated that he has always been drawn to doing things differently. For him, WTT is not just about walking outside with clients as a form of therapy. It is his way of bringing innovation to the counselling profession. He shared:

Innovation has come to every industry. The internet, advances in technology and health care, we have to be able to embrace innovation and really ask the question: Why are we reluctant to change? We are working with our clients to change, to improve, to challenge them, why can't we do that to ourselves? It's fascinating.

I found myself drawn to this idea and used it as a foundation to ask Clay about the conversations he thinks we need to have within the profession regarding growth and challenging traditional ideas of therapy. I asked what therapists who want to try WTT need to know about themselves and reflect upon and he answered with a question he would ask therapists, “What is your tolerance level for thinking outside the box and getting uncomfortable?” He furthered this by saying:



Doing something different, changing your approach, stretching yourself, growing, how comfortable are you with this? Because this is going to stretch you. How is your ability to do your work in a different environment? And some of this you're not going to know until you try it. You may get out there and go wow, without that clock behind the patient's head and without my comfortable tissue box or whatever, I'm really a fish out of water here.

I began to wonder about when therapists should not consider trying WTT with clients. Clay said he believes everyone should try it. Although the answer was something of an absolute, I did not view it as uncritical acceptance of WTT, but rather as part of the motivational person Clay is and how he believes all therapists should expand themselves and try something new. He paused after saying everyone should try it and added, "but if it's just too uncomfortable and you are unable to help the client, like you are not doing good work then this is not for you." This statement stayed with me long after he said it. For me, it was another example of Clay's perspective on "good work." It also complemented my core beliefs about what therapy is: a focus on doing good work with clients. How a therapist gets there may vary: maybe by practicing cognitive therapies, narrative therapies, by specializing with adults or children. Maybe, for some therapists, good therapy is done outside.

Clay loosely compared innovation in therapy to the ongoing battle between Uber and Taxi companies in cities throughout North America. He noted that while Uber and WTT are very different, the metaphor of innovation in new and upcoming industries is an important consideration. In explanation, Clay told me about a time when he heard a council woman say, "Why should I protect an industry that has failed to innovate?" He stated that new professions

such as life coaches are “biting at our heels.” Life coaches can offer more relaxed services in a variety of places with less formal guidelines. Clay said, “If we do not innovate we are not going to be around in a while.” Coming back to WTT, he continued, “It works, it is convenient, and many of his clients believe it is a better form of therapy so why not embrace it?” As we talked, our conversation moved to the reality of graduate education programs focusing mostly on evidence-based practices with little room for creative thinking. I asked him if he thought there is danger in this kind of training. He said:

Yes, but there is also danger in forgetting your history, those who went before us did wonderful things and created an industry where there was not one. We need to stand on their shoulders and honor them. We need to understand what the rules were, what the boundaries were, and why they were there. Before we look outside the box, we need to know what the box is. We also need to remember a lot of the rules are there for very good reasons. However, some of the rules may no longer apply. Some of them do, but as long as we are asking questions and taking a close look at these rules as we move into the future of this profession that is really important.

Clay’s words about history, rules, and development of practice reminded me about the role time plays in shaping practice and practitioner identity. Counselling practice comes from a history, and counselling practice both reflects that history and reflects an imagining of what that practice can or might become. To illustrate, Clay and I briefly talked about how the populations accessing therapy are changing. Mental health, historically, has been very medicalized. In the past, clients required a diagnosis to access counselling, or sought diagnosis as a result of engaging with a qualified mental health expert. Although medicine remains a powerful character

in people's stories of mental health and illness, the therapy landscape is now shifting. People come for therapy to work with a non-biased third party to help make life decisions or simply to be able to talk about their experiences, to be heard. A diagnosis is no longer required to access (privately funded) therapy and yet many of the medically influenced models of therapy still exist.

Our mutual wonders about this issue led me to ask Clay about accessibility and privilege. He provided an example of people who need therapy around the world and do not have access to it. In a recent interview with a wellness program in India he learned that 50 million people are in need of counselling and they have less than 10,000 mental health providers in the country. He said access to mental health services is, "really important, we have a world in pain and I have a product here that can help that pain. Why would I want to make it a privileged thing when there is a massive amount of need?" Our conversation about this need brought us back to education. I asked:

We talked about the potential dangers of engaging in walk and talk therapy without training and you said "some people look at therapy as a sacred cow and it has to be done in a certain way and if you don't do it that way you are not doing good work." What are the dangers of therapy as this sacred cow and this idea that if you're not doing it a certain way you're not doing good work? If we stick to that idea, what are the dangers?

Clay answered:

The dangers are of getting stuck, of not growing and the world passes you by as an industry and then you die off. I think that the danger is really falling into fundamentalism, it's not going to be helpful. There is a massive amount of need, if you don't adjust to that I think the danger is you're not doing good work if you are too rigid

and not open to growth. Generally, people who are too rigid don't really believe in it themselves. They don't want to challenge themselves because the whole pyramid could fall apart.

Clay tells his story here in tension with dominant social and professional stories of psychology and counselling. In many ways, psychology has fought hard to be seen as a "hard science." This fight has created knowledge for practice that has developed and sustained psychology, but this knowledge also constrains the discipline and creates limits for the people within it.

### **An Entrepreneurial Therapist: Moving the Profession and Making a Living**

As I listened to our interviews I thought about the links between pushing at professional limits, innovation, entrepreneurialism, and making a living. Clay was very upfront about being a businessman and that while he enjoys working with people, this is a business for him. In our conversations I reflected about what it means to be a therapist and a business person at the same time. I uncomfortably sat with the notion that, other reasons aside, we do this for a pay cheque. I had to sit with this discomfort for a long time before I could figure out why I was uncomfortable with the idea of professional practice as a business.

I was able to recognize that I am in this profession to help people above all else. The "above all else" part was where my discomfort was located. I have a mortgage to pay, a dog to feed, and a passion for travel that I need to fuel. I also like helping people so it makes sense to make this my career, but I remained in conflict about profiting from people's problems. I talked to Clay about this conflict and he said:

My understanding is that so many therapists have a hard time in making money.

They get confused about, “am I selling friendship for dollars?” If you are really clear about this not being a friendship issue, you are providing a service and your service is incredibly valued, the more you value it and there is a price to it, then the clients will value it.

I asked more directly if he had a problem with taking money for his services and he replied:

I have never had a problem with that. I wanted to make money. I wanted to be successful. But so many therapists get this helper mentality that creates guilt for being a helper. I see the why but I think they are confused in why they got involved in this business.

We talked about the social stories of therapy and therapists. Part of the story, for us both, was about the stigma attached to making money from the distress of others. Clay noticed how people often do not question the cost of a physician (in the United States) or the amount of money they make “off of people who are sick.” He said that therapists provide a service that is as valuable as physicians. Clay’s story reveals something of an irony to me: that therapists, too, need to learn to value themselves. Clay also said:

I do not think we are very good business people. We are not trained on how to be business people and yet we are entrepreneurs. We are small business owners and that is okay, it is a good thing to create some kind of buzz, a niche, a marketing approach that feels good, that is okay. That’s where walk and talk came from for me. So in general I am seeing this is a lot about the therapist and not necessarily about the client, although the client benefits enormously, it is good. Everybody wins.

I agreed with him about this idea of what WTT is to the therapist. I thought once again about the choices therapists make that are representations of who we are, what we are interested in, and the ideas that feed and sustain us. It helped me to see that engaging in WTT is the same. WTT is something a therapist can choose to do because it feeds them and in turn we believe, like our other therapeutic choices, that it will be beneficial to the client. Clay explained it like this:

People talk about balance in life. That is lovely but it is a vague concept. I love instead of balance, to think more about harmony. Look at Jazz where at times the trumpet section will come out, while the other band is in the background, or the drum section will come out and they will be out in the front. Same thing with life, there are times when your family comes out and they have to be the focus for you or your medical issues have to become the focus while everything else takes a back seat. That is how I have chosen to approach WTT and everything else I do in my career.

Clay is now extending his WTT venture and has also begun offering online therapy around the world and is working on putting together a directory of therapists who offer services online. Clay is aware that “there are going to be people who do not like what you do” and he knows that with all of his ideas there might be some pushback in the profession. He said, “People are stuck in a certain way of doing it and that’s okay. I expect that there are going to be people who are not going to like what I do, but there’s nothing they can do to stop me, so I can let them be unhappy.” Clay shared that for the most part people are curious, supportive, and interested in the life he has created for himself. He said that when he comes across people who are not supportive he relies on his belief that there is nothing they can do to stop him and he

simply allows them to sit with their unhappiness, because he wants to help people and stay true to himself.

### **Walk and Talk Outcomes for the Therapist: Confidence, Authenticity, and Leadership**

In our last conversation I asked Clay how WTT has changed his life. He replied, “It has given me a great deal of confidence in who I am and to wonder about possibilities in life, you never know what can happen.” Thinking about my own challenges to find confidence within myself I asked how this self-acceptance was shaped within him. Clay immediately gave credit to the influence of incredible women in his life:

I learned so much from my wife watching her approach things with such a sense of excellence and perfectionism. I have a spirit of humor and confidence that came from my grandmother that has impacted me. My grandmother and her sisters had such confidence in themselves and an ability to laugh at themselves, they were so self-deprecating, they would tell stories about themselves and laugh harder than anyone else in the room. I have wonderful friends and lifelong experiences that have led me into being confident.

Clay said the confidence that WTT has created made spaces in his life to think “bigger.” Within this confidence he said the knowledge that he can do anything has become a dominant storyline in his life. He has been offered many opportunities to share the story of WTT with others, including an offer to do a reality show about WTT. Clay turned down this opportunity. He said that while there was temptation in the notoriety, he did not want to jeopardize his business or exploit his clients by putting them on television. As he shared this story with me I was reminded about a tension in my own story and identity as someone who practices WTT. Walk and talk therapy may be, or may be understood by others as, pop psychology or a gimmick.

Clay's refusal to jeopardize his clients revealed him to me as a person who cares about people and helping, not gimmicks. He sees promotion of WTT as an outlet for helping people gain access to mental health services as opposed to a pathway to promote himself. He said, "I like to help people, it does something for me. So it all starts there."

I asked Clay what he does to ensure that he is the person he wants to be in all contexts of his life, whether it is an entrepreneur, an advocate for WTT, or with clients. He responded:

I think that it's a couple of things I think about. I want to be authentic, I want to approach it with integrity of this is who I am and that I'm proud of who I am. And if I'm proud of it then I'm okay. You can be upset with it or not like it, that's okay. I like it and I'm proud of what I do and I believe in it. Otherwise it would be just too hard if I didn't believe in it. I just feel lucky. So I try to be authentic and open, I'm always thinking about that.

What resonated greatly with me about Clay was how he personified all of the ideas that he hoped others learned and embraced in therapy. He had this incredible acceptance of knowing that working on who you are as a therapist is an integral part of working with people. I could not help but admire his ability to be so open about challenging the key concepts of traditional therapy. Clay is a client-centered therapist who knows that he needs to embrace confidence in who he is a therapist in order to promote change and growth within WTT. I was able to recognize the ways in which he turned the therapeutic gaze inward and looked at how the choices he made about therapy promoted his own self-worth and self-care.



When I asked if Clay thinks it is possible that WTT could be storied as more for the therapist than the client he agreed and said, “We do not do a lot of self-care in our industry.”

After a brief pause he continued:

It is okay to take care of me and to go in the direction of energy and what feels good for me. To go in that direction, be it Skype or face to face, or walking, or something else we have not thought about, as long as it is ethical and it is effective and you are helping people, go in that direction. Explore it, see what the possibilities are, but take care of you as you are doing this. That has to be a priority, because otherwise, how many books are out there on burnout, therapy burnout? I have never felt burnout. I just never have.

I thought about Clay’s words and how he created and marketed a type of therapy that has the potential to not only help people but that also promotes self-worth and productivity in therapists.

I asked him what he sees for the future of WTT. In a moment of what I interpreted as pure vulnerability, he had mixed feelings. On one hand he thinks it is wonderful and is happy to help other therapists begin a WTT practice for a consultation fee. Clay said he has sent other therapists notes when he learns they are doing WTT to say that he hopes they do well. On the other hand, he “privately” thinks, “I don’t want you to run away with it. I wish I had patented it or trademarked it. You can’t go and do this, this is my thing.” Balancing the two thoughts out he summed it up like this:

Wanting it to just be mine is a limited mentality. That is a zero sum mentality, meaning there is a limited amount to go around, versus a mentality of abundance. There are billions of people on the planet, I am not going to reach all of them. I do not feel I am in

competition with another therapist that is doing this. Let everyone go and do it and have a wonderful time with it.

As I reflected on Clay's interviews, his story of WTT, and the relationship we had developed I found myself reading the following words over and over. For me, they storied my understanding of Clay:

Walk and talk is an incredibly positive thing that I believe in. It has made me confident in what I do. I have helped numerous people through very difficult situations. I am a cheerleader for this and I think that more people need to be exposed to it. I did one little thing, I thought of something differently, and I wasn't the first or the last person to think about something differently in this way. We need more people in our profession to look at things differently. To apply interesting ideas to complex problems. So maybe I can be an inspiration for other people to do that.

Clay said that while he will constantly be an entrepreneur and seek out other ways of bringing innovation to therapy he will always do WTT because, "I like it." The only way he would stop is if he felt it was no longer "having an impact on my client's lives." He quickly followed this up with stating that so far this has not been the case and we joked about him walking around the park with clients as an old man. He said:

Why not? It doesn't require a lot of physical exertion. It's endlessly fascinating. So this idea of retirement doesn't resonate with me because I like what I'm doing, so yes this is something I could continue to do into my 90s.

I asked Clay what he hopes happens when other therapists and academics read his narrative. He took a long pause before he said:

I hope they see it as legitimate, they see it as effective. That they challenge some of their preconceived notions of how their work is done. That they get a sense of my energy. An energy of why not, an energy of what if, an energy of risk and let's have fun. Let's maybe take ourselves a little less seriously. That they get a sense of the energy that this is important work and that we can do it in different ways. That ultimately the client needs to be the focus, how are they best going to be served? And that you also need to understand you the therapist. Why you are doing it, how you are doing it so you can therefore help others? If you do not have yourself in order you are not going to help anybody. You are just going to get in the way.

### **Integrating Mind and Body in Therapy: Wendy's Narrative Account**

Wendy was the first participant that I interviewed in this inquiry. I had been looking forward to starting my fieldwork for some time and I did not expect my excitement to manifest as nervousness when I sat down to call Wendy in August 2015. I recall being anxious about my own performance as a "researcher," and that I would ask "good questions." I was also nervous that I was venturing into a study in which I wanted to address important "so what?" questions about WTT. Our conversation began slowly; I remember feeling my nervousness continue as we talked, I think perhaps because of the importance of the conversation. When I listened to the first interview recording, I heard the interaction differently. It was an early conversation between people during which comfort levels increased as we found our rhythm.

Wendy had a very calm and even tone to her voice. Even though I could not see her, I constructed an image of her in my mind. I used this image to sustain my interaction with her over the phone; somehow, that felt more personal to me. After our initial hellos, Wendy let me

know that she only had 25 minutes to talk because she was expecting a client. I agreed with her that once she had to leave I could email any follow up questions that she could respond to later.

My research relationship with Wendy was the shortest of all the participants. After one interview and a written questionnaire she indicated that she had nothing more to offer to my study, even though we had spoken about the degree of involvement I was seeking from her. As we negotiated her narrative account, more insights into her experiences emerged, but we were able to achieve less depth than I did with the other participants. Upon reflection I realized that while Wendy may have provided the least amount of direct information about her experience of WTT, in many ways, she provoked the greatest amount of wonders for me. It was my conversations with Wendy that helped shape many of the questions and curiosities I had for the other therapists about the role of self-care in a profession where burnout is high, emotional regulation in the outdoors, and the importance of wellness in the lives of people generally, and therapists more specifically.

One of the first things that resonated with me about Wendy was her passion for integrating mind and body in her personal and professional life. She talked about the importance of physical activity and how she incorporates all of who she is in therapy. It was this mind/body connection that drew me further into her WTT experiences. Wendy uses WTT as a way to integrate her love of nature, her belief in holistic wellness, and passion for exercise into a career she genuinely enjoys. She said, “I see myself as an educator, I help people learn how to be physically, mentally, and emotionally healthy.”

I came to know Wendy as an active person who makes healthy living a priority in her own life. When we first spoke, she shared with me how she engages with the natural

environment. Wendy told me how she enjoys canoeing, kayaking, stand-up paddle boarding, snowshoeing, skating, and skiing. For Wendy, her personal wellness also involves growing a large garden and a dedication to a healthy organic diet. She told me how she believes in promoting healthy lifestyles with her clients and is motivated to engage in WTT in order to be physically and mentally healthy herself while setting a good example for her clients.

Wendy's story of wellness is one that I saw as similar to my own. We both have a background in teaching and both infuse what we know from our experiences as teachers into our therapeutic work. I appreciated her dedication to a healthy lifestyle and her desire to bring wellness perspectives to the counselling profession because it mirrored my own desire to do the same. As this inquiry unfolded and I pondered the need for WTT in the counselling profession, I found her approach refreshingly simple.

### **Learning About the Dimensions of Wendy's Practice**

As our contact time was limited, I found myself drawn to Wendy's online presence as a way to continue to think with the stories she had shared. I found two personal websites advertising Wendy's WTT and ecotherapy practice. The first site showed pictures of people walking in nature and in city landscapes. It also presented the question: "Need some counselling or life coaching but want to get exercise at the same time?" The introduction addressed how exercise promotes the release of endorphins, creativity, problem solving, and productivity. I read about her, her approach to counselling, typical issues she attended to, and saw important forms and policies. I also found links to several articles about ecotherapy.

What stood out to me as I perused Wendy's website was its simplicity and straightforwardness. The website was in many respects, a reflection of Wendy, who I

experienced as straightforward and direct. I remember thinking that the website was a good introduction to who she is, what she offers, and why it may be helpful for others. It was a glimpse of what clients and therapists alike would find when searching out WTT. This online introduction was important to me as all of the participants, Wendy included, relied on the Internet as their starting place for researching WTT. I wanted firsthand knowledge of what that would have been like. My experience was similar to the other stories I heard, there is not a lot about WTT online outside of the websites of therapists who offer it. After spending time online, I reflected on how inviting this was for clients and also how a WTT curious therapist might be left feeling a little lost.

Wendy's second site contained pictures of nature scenes, and I could not help but be drawn to Wendy's pictures of canoeing at sunset (image reproduced with permission).



*Figure 4.2.* A photograph from Wendy's website.

I remember thinking how easily nature lovers could be drawn to either of Wendy's sites. The pictures were enticing; they offered an invitation for peaceful therapy in natural settings, while potentially getting some exercise at the same time. Wendy's pictures also brought to life for me her words, "I believe it is important to be outside and in harmony with nature and so I integrate nature into my therapy as much as I can." There was something about her choice of the word harmony that resonated with me. I thought about Wendy in harmony with nature and how

this harmony could perhaps serve as an invitation to others to explore nature as a therapeutic space alongside her.

When clients work with Wendy they have the opportunity to benefit from her extensive experience in teaching, counselling, and naturopathy. She is a counsellor certified with the Canadian Psychotherapy and Counselling Association, she also has a Master's degree in counselling, and a PhD in Education. Wendy works with adults, teens, and children. She shared, "I always had the desire to help people with mental health issues since anxiety and depression run in my family." I thought about how common this starting place is for many therapists and how we are often driven to explore job opportunities based on relational and situational experiences. Throughout much of this inquiry I sat with the wonderings about how we develop our identity as therapists. I was reminded of the words of Clandinin and Connelly (2000) who reminded me that "we are in the parade we presume to study" (p. 63). I considered how much of who we are as people contributes to the choices we make, such as theoretical orientation, how to develop relationships with people, the spaces we invite our clients into, and the inquiries to which we are drawn.

When I asked Wendy to describe her theoretical orientation to counselling she seemed hesitant to answer. She explained, "It's just that there are so many theories and I don't follow any one person. It's kind of an integration of all that I have learned and all that I am." Wendy's hesitation and what she said interested me. I was intrigued to know more about how she incorporates all of herself and her beliefs into her therapeutic identity in creative ways that may not fit into neat packages of traditional therapeutic ideals. Not fitting into neat packages meant something to me because I have never felt like I fit into a specific counselling framework. I

remember many occasions across my graduate school experience where I challenged professors and classmates about traditional notions of counselling, pleading for opportunities to think creatively and holistically.

As we moved through our inquiry together, Wendy expanded on her theoretical orientation by adding:

I am more present and future oriented instead of focusing on the past or psychoanalytically oriented. My tendency is to use more mindfulness techniques (focusing on present moment), and also use some goal setting (looking towards a positive future). I use positive psychology techniques as well, focusing on character strengths, gratitude, etc.

Wendy's reflection and further carving out of her theoretical orientation was a reminder to me about how, as therapists, we constantly reflect, grow, and reconsider who we are. For example, over time we might embrace different aspects of who we are, what we come to know, and what we value in life within our counselling relationships.

As we talked, Wendy thought about her past as a teacher and how she called forth aspects of this identity to inform her practice. Wendy's identity as a counsellor who is "attentive to a holistic mind body connection" began to take shape during her career as a physical education teacher. She said:

I believe that physical activity is really important and of course the body is linked to the mind so I integrate a lot of mindfulness exercises. I also believe it is important to be outside and in harmony with nature and so I integrate nature into my therapy as much as I can.



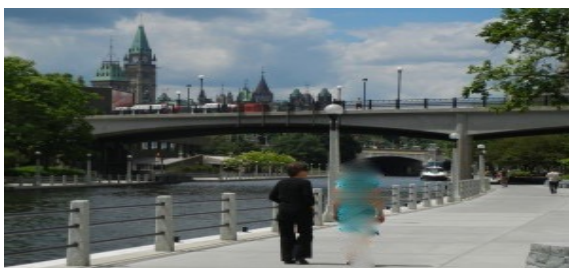
Wendy remembered how, as a teacher, she wanted to help people to “achieve and maintain health.” Wendy spoke of how easy it is for people “to fall out of shape and get into poor habits and routines that are unhealthy. Regular physical activity is important for a healthy body and mind.” It was in these moments that I related the most to Wendy. I have a teaching background in outdoor education programs and recognize the importance of these experiences in my own life and therapeutic practice. I thought about both of our histories and how our past has brought us to a place of wanting to work at the intersections of nature and therapeutic practice. For Wendy, carrying over the value of physical health from her teaching career to her counselling practice was a way to sustain and practice her belief in mind body integration. For me it is a way to promote personal wellness in all aspects of life.

Walk and talk therapy is only one aspect of Wendy’s practice. She also offers in office counselling and ecotherapy, which includes mostly walks in nature, but can also involve canoeing, hiking, and snowshoeing. Wendy told me that most of her clients opt for a walk in the woods, allowing for discussion of their presenting issues. Wendy helps clients to “pay attention to nature’s messages” and practice being in the present moment, noticing sights, sounds, smells, and bodily sensations. Mindfulness also plays an important role in my own therapeutic practice. I often find myself guiding clients to “check in” with the world around them and think about how they connect to it. I think this practice was born out of my knowledge of how I connect to the world through nature. I asked Wendy how she first knew nature was important to her. She said:

Nature has always been important to me. There was a woods at the end of my street when I was growing up and I enjoyed walking in these woods, spending quiet time observing nature. Being in nature has always refreshed me.

Wendy's words brought me back to my own love of nature and all the natural places that draw me in and remind me why I want to share my love of nature with others. I thought back to teaching outdoor school and watching kids in grade six learn about nature, laugh, and enjoy themselves. I was reminded of teachers who were amazed to see students who struggled in the classroom flourish when active in nature. I wondered if these students flourished because of the opportunities for growth that outdoor spaces offer that cannot be found indoors, such as freedom to run and make noise as a way of expression. I also thought about the importance of place and how many institutions, such as schools and professional offices, do not allow for opportunities for individuals to explore alternative spaces beyond the four walls.

Wendy addressed this need to explore alternative spaces for therapy by offering walks near her office in the city, out of her home in Quebec, and on her private land near the Ottawa River. She wanted to do WTT on her 56 acres of private land, but it was difficult to get people to come out of the city. When I shared that I would also like to do something similar on my own land she cautioned that the clientele is in the city and "it's nice to have that idea. I tried to market it for a long time but it didn't really pan out." She explained that people want convenience and are often "too stressed to drive out of their way to get to therapy." As an alternative she felt offering the option of green spaces in the city in "mutually convenient locations" worked well. This is a picture of Wendy and a client (also used with permission) walking along one of those spaces, the Rideau Canal. In reference to this photo she said, "This is typical of the work I do."



*Figure 4.3* A photograph of Wendy with a client along the Rideau Canal

This picture shows Wendy conducting WTT. Even though a picture cannot reveal what the women are saying, it evokes something of the experience of WTT. When I look at this picture I see a therapist and client engaged in conversation in a context that is no less therapeutic, no less professional than other, perhaps more conventional indoor spaces.

I asked Wendy how she first learned about WTT. She said that because physical activity was so important to her she began to think about walking with clients. She explained that she did not know of anyone else in her area that offered “this type of therapy. I thought it would be a nice niche for me to get into.” To learn more about WTT she conducted a Google search and came across someone in New York City who wrote about and advertised WTT. She explained that outside of a few sites and articles on the Internet there was very little written about WTT. Wendy relied on her previous knowledge of environmental studies, naturopathy, life coaching, meditative walks, and being an “outdoorsy type” for inspiration as she worked to compose herself and her practice in the context of WTT.

Wendy started practicing WTT because she wanted to be physically and mentally healthy. Wendy said, “This is key” to her practice. It was here that I began to first think about self-care dimensions of WTT. My husband and I both work in health care and we often talk about how we live contradictory and tension-filled stories of self-care. The need for self-care in

our professions is talked about, but not really rewarded. In the counselling profession I thought about the balance between taking care of others and taking care of self. It struck me in this conversation with Wendy that WTT could be mutually beneficial.

Wendy talked about the personal benefits of WTT. She said, “Oh I love it, it is great for me as a therapist. I love getting out in nature and getting the exercise.” When Wendy shared her personal love for WTT I began to wonder about the cultural and institutional rules of the therapy professions where the client is the forefront and therapists often neglect or defer their own self-care. My first reaction to Wendy was, “so you are doing this for you?” This thought caught me off guard as it was the first time in the inquiry that I considered the personal benefits of WTT for therapists. I began this study with an underlying notion that WTT was all for the client. I had not considered that the participants would focus in on themselves and how it was “good” for them. There was a tension for me in thinking about therapeutic practice as being something other than client-centered. The more I thought with Wendy’s story, the more I realized I was bumping up against a stigma about how therapists take care of themselves within a therapeutic relationship. I began to consider how important the plotline of therapist self-care within WTT is to Wendy’s story and perhaps to the stories of other therapists. Wendy strengthened the need for acknowledging the therapist within practice when she said, “I am a better listener and more able to help my clients when I am feeling well. I am also modeling healthy behaviour.”

Wendy also shared that there are professional and personal challenges to address when practicing WTT. These challenges included the need for a good memory because she cannot take notes when walking. She also drew attention to the extra time it takes to engage in WTT including transportation to and from the meeting place. Wendy often goes out to meet the client,

a practice that differs from traditional office therapy where the client comes to the therapist. She also mentioned issues such as paying for parking, unpaid travel, and note taking time.

In our conversation Wendy contemplated whether she should charge extra for WTT sessions in order to make up for this time lost from a business perspective. She followed up on this thought quickly by remembering the personal benefits of WTT, “I’m getting a walk, I’m getting paid to walk right so I figure oh well then I will take that kind of decrease in pay because I am getting the benefit of fresh air and walking outside for myself.” She said, “It’s not a great business model, but I am healthier and happier for doing some WTT.” I contemplated this idea about wellness over business, and found myself wondering once again about the choices we make and how it influences our priorities within our identity as therapists.

### **Attending to the Social and Relational Dimensions of Walk and Talk Therapy**

Wendy’s experiences of WTT contained complexities such as confidentiality, building relationships, and the potential challenges of WTT. We began exploring these complexities in a conversation about confidentiality. Therapists are taught that confidentiality is a core foundation of the therapeutic relationship. In the context of WTT, Wendy shared with me how she addresses confidentiality respectfully and professionally with clients through conversations about the risks of WTT and the possibility of being overheard. She asks for written and verbal consent prior to engaging in WTT. Wendy’s written consent says:

Please note that ‘Walk & Talk’ therapy in a public location has a risk of breach of confidentiality in that people walking by might hear what you say. If you choose ‘Walk & Talk’ as a form of therapy, you agree to accept this risk.

When I read Wendy's consent form I thought about how when I talk to other professionals about WTT the main concern is almost always protecting confidentiality. I viewed Wendy's consent form as a reminder that adult clients always have a choice whether or not to engage in WTT. I think choosing to voluntarily speak about personal issues in public is an act of personal agency. Wendy was in agreement about personal agency, adding, "as long as they are aware of the risks." I wonder if the persistent worry about confidentiality among professionals speaks to the formal and informal rules of public versus private spaces, what should happen where, and why?

When Wendy explains the risks of WTT to her clients she asks them how comfortable they are showing emotion in public. While the expression of powerful emotion may represent a risk to confidentiality, it also contravenes informal social rules that contain expression of emotions to spaces that are shielded from the public gaze. Wendy offers her clients an option to have the first session inside and most clients take her up on this offer. She also mentioned that she does not require her clients to commit to going outside all the time, letting them know they can return to the office at any time. Wendy allows clients the freedom to choose the spaces in which they feel comfortable to express emotions at any given time.

Wendy shared that in her experience most clients are not comfortable "breaking down" in busy public places. She said clients prefer to talk in public spaces about more superficial issues such as work-life balance or goal setting. Wendy explained that there are times when clients do talk about more complex issues such as trauma, anxiety, and depression. However, these topics are usually reserved for quieter outdoor spaces or within her office. Wendy shared that while she has a high comfort level sitting with client emotions in general, she shares the discomfort of personally breaking down in public. I came to know that each therapist I spoke to in this inquiry

has a different perspective on how to navigate emotions in WTT. I shared some of these different perspectives and comfort levels with emotions in public spaces with Wendy when we negotiated her narrative account and she responded:

It's fine if it's in a private location such as my 56 acres. However, when you are in the city and there are others in the green space and a chance of running into co-workers or acquaintances, people feel less comfortable with this. I'm sure you'd agree that it would be uncomfortable breaking down in tears in a public place.

Wendy's statement, "I'm sure you'd agree that it would be uncomfortable breaking down in tears in a public space," provoked a great deal of personal reflection for me. I had to admit that while I respected Wendy's position I personally did not agree. I was pulled towards thinking about my own experience of emotions in nature. For me, trees are a source of comfort and a reminder that I am only one small aspect of nature. I took a moment and pictured myself in a busy park and thought about my comfort level expressing emotions. In my experience most people would walk by too involved in their own world to even notice. When I shared this thought with Wendy, she seemed surprised and said:

Wow, in my experience if someone sees someone crying they want to reach out and help. Most clients in Ottawa feel uncomfortable with this. It is a government town. A lot of public servants go for walks at lunch time along the Rideau Canal or Ottawa River. It is not unreasonable to expect to run into someone you might know. Clients have expressed feeling discomfort with potentially having a colleague see them cry.

It felt as though Wendy's words were pushing me towards a new insight, expanding my understanding of therapeutic place as more than just offices versus outdoor spaces. I considered

the vastness of rural versus urban spaces, and different cities as well as different countries. I marveled at how expansive the influence of space can be and how fortunate I was to be talking to four people with varying perspectives about place and what it means to them and their clients. It seemed to me that different spaces act differently upon different people.

Our conversation about emotions, confidentiality, and space generated so many wonderings for me. One of which was if some clients are not comfortable with expressing emotions in outdoor spaces, is this then a potential contradiction to the benefits of WTT? If indoor spaces are, as Wendy described, “safer” does this have the potential to limit the topics that can be approached in WTT? Wendy respectfully disagreed with my wondering. She said she looks at it from a positive psychology lens and feels that being outside allows clients to “look for and talk about positives.” She also said:

Trauma and other upsetting things about the past don't need to be talked about all the time during therapy. Sometimes clients prefer to keep it more focused on the present and the future. I actually find that to be a benefit of WTT to be more focused on the present and future.

I share Wendy's belief in a forward looking practice but I could not ignore the tension I felt when considering some potentially limiting aspects of WTT within Wendy's narrative. In particular, I wondered if we have to wait to be in different places to ask questions, what, if any, impact could this have on the therapeutic process and relationship?

An aspect of Wendy's story that increased this tension for me was when she said she was unable to practice specific strategies such as progressive muscle relaxation in WTT. I wondered about how WTT creates access to many new strategies in outdoor spaces while limiting the use



of others we have learned in our graduate programs and personal research. I reflected on my own therapeutic skills and strategies and considered that walking outside with a client makes some therapeutic practices impractical. It is here that I resonate more strongly with Wendy's idea that WTT may not be a good fit for all clients. Her in depth conversations with clients prior to going outside helped her navigate potential limitations, and left me wondering about ways other WTT therapists may navigate others.

Despite her sense of some limitations to WTT, Wendy said that she had found WTT to be good for people who are slightly anxious "because they don't feel so nervous or put on the spot." She explained that sitting in an office with someone staring at you waiting for a response can be anxiety provoking. "Walk and talk therapy is good because they are burning off steam when they are walking and have the opportunity to look away and to look at other things in nature as well." She touched on her belief of the importance of eye contact when you want to make a deep connection with someone in order to show empathy. However, for issues like goal setting and problem solving eye contact is not necessary. To further this she said, "I don't feel like you need to have that eye contact all the time, like solid eye contact, you can come back and forth with it."

Wendy noticed that directing attention to aspects of nature, such as ducks and trees, brings out joy in people. She said that clients will often mention the beauty of nature and how calming it is. Wendy explained:

Sometimes clients feel pressure to talk continuously in an office setting, i.e., they feel uncomfortable with silence. However, in nature, if they run out of things to talk about or want to change the subject, they can simply point to something they are observing in nature. I also use nature as a way to bring people back to the moment, to be in the

present instead of dwelling in the past or worrying about the future. This is an important coping technique for people to practice, mindfulness.

Wendy believes the most important benefit of WTT is physical activity. She said this applies to both herself and clients, “some people have a hard time fitting in exercise during the week. Meeting once a week to walk and talk keeps them on track.”

Thinking back to Wendy’s awareness of how WTT is beneficial to her, I asked her how she hoped other therapists might benefit from reading her WTT narrative. She attended to the importance of building in fresh air and exercise into our daily lives and schedules and that we need to “encourage our clients to do the same.” Turning the conversations to clients Wendy said the greatest benefit she sees with clients is that they seem happy, relaxed, and when they ask for more sessions that is when she knows WTT is making a difference.

Wendy said that weight loss is another benefit for some clients. She shared stories about clients who walked for several weeks in a row and how they were able to get exercise and talk about their weight issues at the same time. She said it was a healthy combination of “talking and doing” at the same time:

People like the idea of it, but it’s just like exercising, we all like the idea, we all want to exercise but do we find the time for it, do we actually push ourselves to go out? We usually do what’s more comfortable. It has worked best with clients who have told me right from the start, “I want to get exercise once a week and I have issues to discuss.”

I began to see how Wendy embraces and teaches wellness within her practice. Her ideas about modeling healthy behaviour and gently guiding clients to build action into conversations through motion helped to shape my understanding of why she is so drawn to WTT.

### **Standards of Practice: “There are None that I Know of”**

A clinical psychologist currently supervises Wendy so that she can provide receipts that clients can submit to their insurance companies for reimbursement. She also uses this opportunity as a way to improve her psychotherapeutic skills by discussing issues with a more experienced psychotherapist. Wendy shared that her supervisor does not do WTT but she is supportive of it and they discuss it as needed. Wendy said that direct WTT supervision is not an option because there is no one in her area that specializes in it. I noticed this was a common theme among all of the participants and thought about the impact of practicing WTT with very little research and training behind it. I thought of supervision in WTT as a chicken or egg dilemma. How do we offer supervision on something we have not received supervision in? How do we get supervision when there is no one to offer it? Someone has to do it, so how do we start?

I asked Wendy what she would talk about if there were WTT supervision opportunities available. She told me that confidentiality, client perspective, and potential contraindications of doing WTT with a client would be important topics. Specifically, she mentioned exploring ways to be attuned to knowing if WTT is meeting a client's needs and how to have conversations with clients about which therapeutic spaces are the best fit for them. Wendy said that WTT fits within her personal ethical framework and that “I believe it is more helpful than harmful to others.” When I asked if she knew of any standards of practice for WTT she answered, “There are none that I know of.” Wendy’s answer left me wondering what more is needed in the area of research and training in WTT. I questioned if anything more is needed than the skills we develop in

graduate programs and a solid understanding of our values in life, or if therapists could benefit from training programs and further research.

### **Finding Simplicity**

In the email Wendy sent me explaining that she had nothing more to offer my study she wrote:

To me, it's simply a matter of getting exercise at the same time as counselling. There is a lot of research on how important exercise is for the body and mind. It is evident to me that it is beneficial to both therapist and clients. We are part of nature and should be treated as such.

Wendy's story left me with the impression that she loves WTT and that she feels it makes her a better therapist. This resonated with me because self-care is often neglected in the counselling profession. At different times while I have been writing and negotiating this narrative account with Wendy, I was left with the feeling that I wanted to know more about her experience with WTT. Perhaps this wanting was due to the depth of conversation and connections I had with the other participants and their stories of WTT. I respected that Wendy took time out of her schedule to share her knowledge about WTT while also honouring her own professional and personal commitments in life. It seems to me that honouring yourself is what Wendy's story is about; it is a story of a therapist taking care of herself and doing things personally and professionally that are the best fit for who she is.

As Wendy and I were finalizing her narrative account, she told me that many of the questions I asked were ones that she had not thought of before. This made sense to me because inquiry about WTT at this level is relatively new. I have come to think about the important part

that Wendy's story plays in understanding WTT because it speaks to the simplicity of WTT on many levels. In a note Wendy wrote to me she said, "try not to make it more complicated than it is." This was perhaps the one piece of information that stayed with me the longest from our conversations. Upon sharing this with Wendy she said, "Yes, I still believe this. I think it's very simple really. If it's healthy and a good fit for your client, do it, if not, don't."

### **Into the Wild: Stephanie's Narrative Account**

I knew Stephanie prior to this inquiry. She is a peer reviewer for an academic journal that I also work for. Almost serendipitously at the end of my candidacy exams Stephanie sent me an email sharing that she read a profile of me posted on my undergraduate university's website. She explained that she was intrigued by my interest in researching nature and was hoping we could talk about it sometime. Stephanie also shared that she had done some nature research during her master's work in Counselling Psychology. I eagerly responded with the official email invite to participate in my inquiry. Stephanie accepted and also offered to send me names of other therapists she knew who might also be interested. We first spoke by phone in August 2015. Over the course of nine months we had three fairly intense phone conversations. Stephanie also completed a detailed questionnaire with beautifully written answers prior to our work on her written narrative.

Stephanie and I have never met in person and throughout this inquiry we always spoke on the phone. Over time, I have come to think of Stephanie as someone who embodies what it means to be connected to nature, so I imagine her as an outdoorsy-looking woman with a kind smile and eyes that welcomed me into her world. As with all of the participants, I have not been able to see Stephanie interact with clients, but in our first interview I witnessed a kindness and

softness in how she spoke to her young son who was at home with her that day. She offered him choices and eased back and forth between talking to him, wiping yogurt hands, and talking to me about WTT with a grace that I imagine transferred to her therapeutic work. I also experienced this grace firsthand in the beginning of every interview as we shared our appreciation for each other and the work that we are doing.

In our first conversation I learned that Stephanie is a Certified Clinical Counsellor in Northern Alberta and a provisionally registered psychologist (this means she works under a supervisor in efforts to become a fully registered psychologist). She is a mother, a wife, and an advocate for people who have experienced trauma in their lives. Stephanie is also a runner who often immerses herself in nature to enhance her own personal wellness. I came to know her as a deeply reflective person who empathizes with the struggles many women have with body image, abilities, and exercise. I noticed how she carefully observes and thinks about the small intricacies of the world around her and the people within it. Stephanie's awareness of the world allows her to pay attention to the nuances of human interaction with the natural world. She uses this insider knowledge to connect with clients. For me, Stephanie's story of WTT begins with her dedication to developing her identity as a therapist in a way that fosters relationships with clients, while always growing and learning about who she is as a person and a therapist. She said:

I think that being able to be more fully myself and all of myself, all of who I am, all of what teaches me in life about how to be a good therapist and how to be present with someone, when I'm outside I can access that.

To me, Stephanie seemed to be a calm, appreciative, and inquisitive person who grounds herself by always wanting to know more and continually taking the opportunity to try new ideas in therapy. She has been fortunate to work in several environments that encouraged her to “do what works” with clients. Working within these supportive spaces shaped Stephanie’s desire to help clients, and herself connect with nature in a therapeutic manner. She also believes in the healing aspects of nature. When she shared her beliefs about nature, wellness, and trauma I was left with a sense of awe and wonder. I was inspired by the way she conveyed her knowledge, curiosity, and understanding of the need to reconnect others to nature. There were times when her words caused me to smile. I also noticed myself silently motioning a “yes!” cheer with my hand when we spoke, because what she said fit so well with my philosophy of counselling and the importance of nature within it.

Stephanie’s contribution to this inquiry is significant because she is the only therapist I spoke to who does not have a private practice. Instead, she has practiced WTT within several organizations. Stephanie has also had experience of practicing WTT with groups of women and her WTT practice goes beyond individual counselling. As Stephanie and I inquired alongside each other, I become more aware of how her experiences were able to tell me things about the places in which we engage in therapy and the benefits of nature as a therapeutic tool.

### **“If it Works, do it!” Getting to Know Stephanie**

Stephanie’s therapeutic focus is working with adults and children who have experienced traumas such as sexual abuse and domestic violence. Her master’s research included developing a group called Walking to the Wilds, wherein women walked and talked together in natural spaces, such as by the ocean or in green spaces in Victoria, British Columbia (BC). She has also

worked in rural Smithers, BC with Indigenous populations and currently engages in WTT at an organization called PACE (Providing Assistance, Counselling, and Education) in Peace River, Alberta. The Peace River office is a satellite office for a larger community agency based out of Grand Prairie, Alberta.

Stephanie practices from an approach that could be described as integrative as she uses narrative therapy, eye movement desensitization and reprocessing (EMDR), and neuropsychological approaches in her work. We laughed as she spoke of therapeutic orientations like candy, she said, “I can’t just have one because there are so many that are so great!” She explained that through “fantastic supervision” she was encouraged to “use whatever modality works” and to discover how each one worked for her clients and herself. She spoke fondly of mentors who influenced her life and how they encouraged her creativity in the therapeutic world. As Stephanie recounted her experiences with supervision I thought about the ways in which mentors in the counselling profession help shape who we are as therapists. I wondered about how the encouragement to explore new ideas may have helped form a foundation for Stephanie’s exploration of WTT. Many of her mentors encouraged her to connect to the natural world and explore her wonderings about “why it is so critical for moving forward” with clients.

When I asked Stephanie to tell a story about the first client she walked with, she paused and said she did not remember. Then, suddenly, she seemed to remember. She laughed and shared the following story:

I do remember the first client! She was an Aboriginal woman in Smithers, she said she was very anxious and asked ‘can we go outside?’ She said she feels better when she walks. I know for me that walking is a powerful relaxant and a reconnection so I think



having her invite me to walk with her just let me know that this is an option and something that I can offer to clients.

A client first sparked the connection between therapeutic conversation and nature for Stephanie. I noted in Stephanie's story that she allowed herself to be guided by a client's preference to be outside and she followed the client's lead. This, for me, says something about practice, about how therapists might learn from clients about what helps them. It allows therapists to think about practice that is both collaborative but also client led.

Stephanie showed how this learning happened for her. She explained that at the time she mostly worked with Indigenous clients and began to ask them, "Is it useful to you to go for a walk?" As a skilled and responsive therapist, Stephanie was able to work therapeutically with clients alongside their preference for outdoor therapy if they chose it. Stephanie described this practice being supported by a "permissive environment" within the agency she worked for. Her managers not only supported her outdoor endeavours, but encouraged her curiosity about WTT as she was told, "if it works do it!"

With the permission of "if it works do it," Stephanie sought to research outdoor walking therapies further. She explained:

There was nothing. I could find stuff on adventure therapy, which was mostly focused on working with youth, that was in the late 90's/early 2000's, so there was really very little access to the internet and resources weren't nearly as good. I wasn't in school at the time so I didn't have access to them. My experience was there was very little out there.

Because there was little research to support Stephanie's work she turned to conversations with other professionals about WTT and read anything that involved nature or therapy in different

settings. Later in her career Stephanie came across EMDR and heard Shapiro's story of walking in the redwoods. Stephanie explained that Shapiro believed the anxiety felt as a result of disturbing thoughts could be alleviated when she shifted her eyes around the trees in her surroundings. Even though Shapiro developed EMDR and took eye movement indoors to use with clients, Stephanie hangs on to the beginning of EMDR in the trees as a way of grounding herself in nature. Stephanie said:

I regret for our profession that Dr. Shapiro didn't explore the aspect of being in the natural world as a core part of the effectiveness of eye movements! EMDR is pretty darn big, what if her original experience of moving her eyes in the redwoods had focused on the redwoods?

Stephanie often returned to Shapiro and the redwoods in our conversation and I wondered about what it meant to her that someone began a therapeutic modality in nature and moved it into an office space. I thought about the ways in which Stephanie seems to pick up where Shapiro left off in her own work with WTT. It seemed to me that Stephanie metaphorically returns to Shapiro's unfinished exploration of the redwoods each time she asks her clients to share stories about being outside and how they are connected and comforted by the land. Stephanie said that asking clients to tell stories about nature, "was a way for clients to be in the space that was their own and wasn't just my therapy space. It takes a long time to develop a sense of shared space when they walk into your office."

**"The Space was Defined by a Dynamic of Connection Rather than the Physical Walls"**

As I listened to Stephanie, I learned how creating shared spaces and respecting the knowledge that clients bring to a therapeutic relationship was very important to her. Stephanie

enthusiastically shared, “space is critical to experience!” She explained that light, objects, proximity to others, colours, “everything influences our experience of being somewhere.” Stephanie shared that trauma survivors are very attuned to their sense of self in the spaces they are in and Stephanie could relate, she said, “I am also wholly influenced by the space I’m in, it colours my mood, my attention, and my sense of physical and emotional comfort.”

As we discussed how space influences who we are as people, Stephanie told me that when she was in Victoria creating the Walking to the Wilds group she developed a heightened awareness of the green spaces and natural elements of the city around her. She shared stories of watching the ocean roll in and out, giggling with surprise to see otters running up and down the sidewalks, and observing owls tormenting her cat. In these moments she did not feel a “sense of urban separation” from nature because she was still in contact with the natural world.” Stephanie said this feeling was integral to conceptualizing the group. She wanted to create spaces within the city that helped women to get outside and connect through stories about the natural world in order to have a “resourcing experience.” Stephanie used this term “resourcing experience” often in our conversations. I asked her what it meant to her and she replied, “anything that would contribute to a person’s memories and skills that they could access when triggered or suffering with post-traumatic effects.”

Stephanie’s words about resourcing experiences through connecting with nature reminded me about my desire to redefine the spaces in which we cultivate therapeutic relationships. There is a history of thinking about therapeutic spaces as offices. Thinking with Stephanie’s story of resourcing experiences led me to wonder about what resources might be inaccessible within these office walls. To illustrate, Stephanie and I talked about how the

women in the group were able to explore their fears about nature, bears, cougars and so on while in green spaces shared where animals may live. She learned that “those are transferrable experiences of how to regulate yourself when you’re experiencing fear.”

Stephanie said for some of the women “being in nature was a total revelation.” She watched the women develop an appreciation and a connection to the ocean through talking about “how rhythms of nature echo the rhythms of women’s lives.” For example, she said they would sit and watch the ocean and then use it as a metaphor for relationships to their bodies, “which is a big thing for a lot of trauma survivors” to be able to reconnect to their bodies. She said there was something about being in the environment, to be able to reach out and touch it, that was incredibly different than sitting on a couch and talking about these places. Some of the women even found a reconnection to their childhood and to a place untouched by the trauma they had experienced as they reclaimed places they had not been to in years. Others took on teaching roles to share what they knew about plants and berries, building confidence through connecting to others.

Stephanie has experience of working with clients who had a well-established relationship to nature as well. In Smithers, BC she worked within an Indigenous community and found that people connected to nature as a way of saying “this is the place I belong, this is my space.” Sharing stories about experiences with the land was a way of “locating themselves within the physical environment.” In these moments of our conversations Stephanie guided me through the neurobiological aspect of trauma and the re-mapping of spaces through a direct relationship to the natural world. She helped me to understand this concept by explaining that our brain maps physical space and our body’s location in the temporal lobe and the temporal lobe is influenced

by experiences of trauma. This knowledge has shaped Stephanie's understanding of posttraumatic stress and connections to nature because "engaging in activities which 're-map' and focus on strengthening a sense of location in the landscape and our bodies in the physical environment is reparative."

Stephanie said, "I think there's something deeply reassuring to people, well there is to me anyways, about my relationship to the natural world and knowing where I am in this physical natural environment." As we unpacked these ideas, we came to a mutual understanding that not only is locating oneself within the natural environment an important aspect of healing, it is also something that clients can access on their own, outside of counselling sessions. Stephanie explained:

Outdoor spaces are accessible to clients at any time; it doesn't exist within a private contained space, it belongs to everyone, so if that client needs to go back for a walk in that same area where you've walked together it is available to them at all times, whereas your office is not.

Stephanie broadened this perspective to include teaching women to reclaim public spaces in a safe way through creating good memories of group and individual work within the space. She said many of the women in her Walking into the Wilds group revisited the places they went in order to "re-access what felt so good when we were there as a group."

Stephanie believes taking the body outside "lends itself to having conversations about memories and values that may be unavailable in indoor spaces." To highlight this idea, she shared a story of how walking by a yoga studio prompted a discussion with a client about life goals. Stephanie said, "there is more stimuli outside that you have access to." Reflecting on the

access to stimuli outside, I thought about how WTT has the potential to bring innovative ideas to therapy, such as how visual stimuli can help us to access parts of our brains and memories that may not be accessible indoors.

### **“We are Looking Down the Same Path Together”**

As Stephanie shared her experiences and ideas about space I learned that she believes changing the place of therapy is, “often as simple as shifting out of an analytical, somewhat confrontational space and into a more collaborative, we’re looking down the same path, together” kind of space. She explained that people experience authority differently when outside the office:

Just getting out of the office that has my degree on the wall, a desk, and a client chair.

That’s part of what we do as therapists either fortunately or unfortunately, we set it up to make ourselves look professional and to look organized and all of those things that are reassuring to clients in many ways. They want to know what our education is and want to know that it’s a clean, organized space, and all of that, but I think it was more potent for some clients to just get away from all of that and be in shared space.

Stephanie spoke about her joy of exploring shared spaces with clients and being able to witness the client’s relationship to the same places through a different lens. “There are some experiences that are very difficult for a client to convey to a therapist, but being with a client as they have an experience outside invites us into their world in a much richer way.” When I asked her to expand on these experiences of richness she said:

Being outside completely shifted the experience of a shared space. The ‘space’ was something we moved through, our route and destination something we would discuss and

most often, the client chose for themselves. The containment of the therapeutic space was created in a much more transient and ethereal way, as we were in public and there were often other people in the same area. It became a dynamic of connection that defined the space rather than the physical walls.

Intrigued by the “connection that defined the space rather than physical walls” I asked Stephanie what this definition means to her, she said, “it’s about the difference between being in the office that is contained kind of artificially versus walking.” I considered the impact of artificiality on therapeutic relationships and how it relates to the ways in which therapists create the spaces that we invite clients into. I thought about the potential messages this can send to clients that might create tension within the relationship. I thought about how Stephanie’s experience working within First Nations communities as a non-Indigenous therapist perhaps best demonstrates this tension and her insight into relationships, spaces, and authority outside of physical walls. She explained that developing relationships within this community could be difficult, and that simply going outside was an effective strategy to build a connection because “moving out of an analytical space leads to a collaboration.” Stephanie shared how many of the people she worked with were struggling to keep their kids in their own homes and to feed them, “huge life struggles.” She said that going outside and inviting clients to access their own authority in shared spaces encouraged them to tap into their own “inner sense of direction” in order to heal. Stephanie said:

They feel like everything is going poorly and yet here in this moment they know incredible value about plants and landscapes, what they are used for and what history the space around them holds. Suddenly they have a role of teacher with me and sharing

knowledge with me about the places we are in. It is a beautiful, incredible shift not only for resourcing, but also for reminding clients of the power and potency that they hold in their knowledge and experience about relationships that allows them to balance the difficulties that they are there to talk about. These strength-based conversations are all about deconstructing that authority expert role.

I sat with these ideas of shared spaces and balancing out the expert roles within WTT for a long time after my conversations with Stephanie ended. She reminded me that the way therapists think about a relationship has a direct impact on its success, no matter what kind of therapy is practiced. I thought a lot about what she, and the other participants shared about mutually owned spaces, collaboration, WTT, and how relational aspects play an important role alongside space.

### **“Falling from the Expert Grace”: The Relational Aspects of Walk and Talk Therapy**

In each of our conversations, I found myself asking Stephanie questions about social stories of therapy. We located ourselves within a shared stance about the therapist’s position in therapy. A stance that reminds me of what in narrative therapy Michael White (2005) would describe as “decentered and influential” where the client is centered in experience and the therapist is influential in guiding the client through the experience. Stephanie said, “I like the phrase my dear friend uses when talking about losing this expert status, and hopefully it transfers to the client themselves, she calls it the ‘wobbly pedestal.’” This “wobbly pedestal” is part of a belief that Stephanie and I shared about clients being the experts of their own lives. I wondered whether this expert stance plays into Stephanie’s experience of WTT, allowing for client empowerment, and the ability to co-author therapeutic stories. She said:



A huge piece of what makes therapy truly work for me from my perspective is that shift when clients don't see me as an expert. I fall from grace a little bit in their eyes, which is great when they realize that we really are actually co-authors of the process. We are walking through it together and eventually they are doing it on their own; I am just walking with them at that point. The more quickly we can get to that place, the more quickly therapy and true lasting change happens. The more quickly they get to the place of recognizing their own authority, the more quickly they are able to shift the trauma responses and maintain changes and practices that support their wellness.

I related to Stephanie's ideas about how walking can facilitate growth and I too, saw myself as a co-author of therapy. I wondered if using WTT could be a way to speak back to some of the traditional stories of the therapist holding all of the knowledge in therapy. I remember feeling shivers and a warmth in my body when Stephanie said:

I want to gently shake free people's assumptions about ownership or expertise of the therapy process. I always think of myself as the outer shell of a very tender inner shell right at the beginning of therapy. It is like I am helping them build some protection and resources so that they don't feel as raw in the world, but I want their own outer shell to be there as quickly as possible, so when the therapy space can be co-owned in some way it really aids that process.

In this conversation I was brought back to how Stephanie talked about "resourcing experiences" and I thought about how these experiences directly relate to the therapeutic relationship. I wondered about how WTT supports certain complexities of the therapeutic relationships such as

emotional regulation and confidentiality. I asked Stephanie to share how she navigates these aspects. She said:

People have memories of natural spaces that quickly connect them to more positive experiences. Being in an office can sometimes elicit frightening memories of 'being in trouble' from old things like being sent to the principal's office, to doctor's offices, or to see 'the boss.' Hopefully we overcome this in conventional therapy, but being outside just shifts these often unconscious influences without any effort at all.

Stephanie suggested that walking outside allows for clients to notice and practice helpful emotional regulation skills earlier in the therapeutic process and that there is something settling about connection to the natural world. She told me she believes that being in spaces that physically, spiritually, and psychologically connect clients to personal experience allows them to feel empowered to access their own skills and abilities in order to heal and grow.

Consistent with my experience of speaking with the other participants, my conversation with Stephanie turned towards perceptions of confidentiality within the therapeutic relationship. Stephanie's experience was that regardless of working in a small town or big city, she felt that the issue of confidentiality was a bigger concern to her than to her clients. She said, "as counsellors or therapists, we are always monitoring confidentiality but I would say I was much more worried about it than the clients were." She remembered being amazed at the depth of conversations the women in Victoria engaged in as they walked down a busy street. She said, "sure they glanced around a little" but it seemed they were more involved in connecting with each other and sharing their stories than being concerned about strangers overhearing their conversations. She went on to say, "I would hear snippets of pretty private conversations, but we

were just in a bubble.” She was also surprised that even in the small towns she worked in, such as Smithers, not once did they bump into someone they knew so it “wasn’t as intrusive as I thought it would be.”

Stephanie’s story of confidentiality within WTT was similar to my own. Thinking back on my experiences I realized the issue often rests more with the therapist than the client. I thought of all the times I had intimate conversations with friends or family while walking in public spaces and how I have never even thought twice about someone overhearing. Our conversations about co-authoring therapy and how WTT contributes to relationships wherein the client is the expert left me wondering about how WTT pushes at the professional limits of more traditional therapeutic ideas. I wondered about how over time engaging in new practices within the therapeutic field might push further at these limits in order to initiate new conversations about how we participate in therapy.

Stephanie’s candor about nature and outdoor spaces as helping to define the therapeutic relationship created a wonder for me about how she conceptualized progress within WTT. Stephanie thinks she can develop a relationship “much quicker” outdoors. She explained:

When we’re walking, there’s this very natural experience that is walking shoulder to shoulder and walking down the same path but not directly facing each other and I found clients began talking so much faster. They talked about things that were stimulated by the environment where we were walking, or it could just simply be that they were just able to talk about what they were struggling with. That was a huge thing. It was like pressing a fast-forward button for developing that relationship and being able to actually get talking.

Stephanie reflected on “pressing a fast forward button” several times during our inquiry together. The idea made me wonder about how we understand time in therapy. In my graduate career I was often faced with the question, “are you practicing change orientated practices?” and, “how quickly is the client progressing?” There seems to be something important about how we use time within therapeutic relationships. Stephanie’s fast forward button applied to building rapport and creating spaces to invite clients to begin their stories. Within our conversations, I came to understand that Stephanie views nature as space that helps to fast forward personal connections. This seemed to be followed by the opportunity to slow down and be present once a connection to nature is established. This process of connecting and slowing down was a way that Stephanie and clients could see the benefits of WTT. The way Stephanie attends to relationships across time, place, and situations resonated with me because I learned that she positions her relationship with clients at the core of her work. I wondered about how she positioned herself and her own identity as a therapist as well.

### **“Connecting with a Larger Sense of Myself”**

I noticed that a story about the interconnectedness of personal and professional identity was woven throughout my conversations with Stephanie. She often linked the role WTT played in shaping her own identity and wellness to therapeutic outcomes. Stephanie said:

The wellness of the counsellor has such a far-reaching effect on the effectiveness of therapy from a clients’ experience of being ‘heard,’ the sense of presence by the therapist, to the consistency of sessions (i.e. the number of sessions needing to be re-scheduled due to therapist illness) or the clients’ perception of therapist availability to hear and hold

their process, and on and on. Being as resourced and ‘well’ in sessions as possible is so important.

I asked her how WTT specifically helps her to be well and she replied:

I think it is just doing the work that we do, physically moving my body makes me a lot more effective. Getting outside really helps clear the air and my mind. It helps me settle things from one client to the next. A huge part of my practice is to get outside as much as I can. It feels inevitable that it is also helpful for clients.

This was another moment in our interactions that spoke to me because I embody these beliefs in my own life and therapeutic practice as well. I have spent a lot of time contemplating how my presence and what I bring to each therapy day influences the work I do together with clients. I have also noticed that the better I feel and the more I take care of my own wellness, the more productive I perceive the therapeutic sessions to be. I could not help but be drawn towards the idea that walking outside would only increase the wellness I feel.

Stephanie has considered these curiosities as well. She also shared with me a time in her life when she wondered if walking with clients was a distraction from the therapeutic process. She attributed the question to her own uncertainty and reminded herself of the importance of personal reflection when doubts arise. She returned to the questions she believes therapists should ask themselves often, regardless of their modalities or theoretical orientations: “Am I doing enough? Am I keeping this on track? Am I moving this person forward at the best pace for them?” I related to this experience of personal reflection and wonder about my effectiveness with clients and there are times when I feel like I am strongly in tune with my insecurities. In these moments I take comfort in the kinds of questions Stephanie suggested we ask ourselves

because it helps me feel like I am keeping myself on track and working on who I am as a therapist.

I wanted to know more about what it was like for Stephanie to question WTT, a practice she seemed so passionate about. She reflected on her academic ventures and personal process of developing an identity as a therapist. She said:

There was a time when I was moving away from WTT a bit in favour of what felt like these more tangible, more evidence-based practices and then I realized that they were not actually doing me any good. They weren't necessarily taking clients further, not that I am abandoning any of those evidenced-based practices, but that I needed to bring myself back into my practice. I needed to acknowledge that at the heart of therapy is the people, both the client AND the therapist. It's not simply an application of theories and practices. Who I am, how well I am, how balanced, settled, and attuned I am, has a huge impact on the work. This is all at once relieving and a weight but ultimately, it gives me permission to bring my whole self to the work, with appropriate boundaries and focus, of course.

As an early career therapist still searching for my roots, I located some of my own experiences within this part of Stephanie's story. Her words spoke to me about the substance in knowing who I am as a therapist as I constantly grow and change. Stephanie reminded me that even when we try out new ideas or therapies we need to come back to the core of who we are. She said that being outside in nature is one of the ways that brings her back to connecting with herself.

Building on these ideas of connecting to ourselves, Stephanie and I explored how the core of our work can be found in how, as Stephanie said, "we ourselves are the tools of our

trade.” In my academic career I often found myself disconnected from myself as tool of my trade as I waded through technique, evidence, philosophy, and skills. It often felt like I needed to detach myself from the work. Stephanie reminded me that it is not only okay, but important to reconnect to ourselves. We talked about experiences such as going through difficult events in our own lives one day and then working to be very present with client emotions the next day. It is what we considered to be an important aspect of our profession. Within these discussions I stated my concerns about how drawing attention to oneself in the midst of a therapeutic relationship can be a difficult topic to talk about in this profession. Stephanie eloquently replied:

I think it is true and it is totally taboo to talk about in a sense. As therapists we accuse ourselves and are accused of being navel gazers. We need to guard against that. We say, ‘no we are professional scientists’ rather than allowing ourselves to acknowledge that the truth of who you are and how you show up in the room is what makes the difference. There is a reason why relationship is the number one factor in change and it is persistent regardless of whatever techniques we all use. It is still the central thing. I am the tool of my work, therefore everything I experience, how I am feeling, and my self-regulation is actually critical to the quality of work.

I remember Stephanie being hesitant in the way she spoke about the centrality of the therapeutic relationship and the role a therapist plays within it. I related to this hesitancy and shared that it had also been my experience that we need to be cautious about how we talk about ourselves in order to appear client focused. I asked her where she thinks the concern about thinking about ourselves in the relationship is coming from. Relating it to her work in trauma Stephanie explained:

In trauma work there is a disproportionate number of people who are trauma survivors themselves so I think our own healing is a lifelong journey. So I think our own woundedness shows up in the work that we do whether it be in the choice we made to become therapists or in our firm desire for our clients to get better. There is a lot of transference potential there. I think that is one piece that we are working hard to hide at some level, our own pain, trauma, our own stuff.

Stephanie continued to say that if we find a level of transparency of our own needs and abilities we can be more effective in our working relationships and in our personal lives. I added my wondering about how if we ignore these integral pieces of ourselves there is a potential to jeopardize our work. We shared our experiences of feeling like the psychology world, in its efforts to qualify as a science, sometimes bumps up against effective ideas about how to foster a therapist's identity such as wellness and personal reflection. Stephanie said:

The whole field of psychology has moved in that direction out of a desire for legitimacy and consistency. These are reasonable goals for our profession in that we want to do our work well and see a change in our clients. In some ways by jumping on the professionalism boat, we haven't fully brought along the self as one of the key aspects of this work. We are always afraid of looking hokey in developing new therapies. Why we are in therapy and what we bring, that's what really matters.

Stephanie's words resonated with me and I wanted to know more. I asked her if she could tell me more about how she envisions the self, identity as a therapist, and science. She said:

Therapy is this wonderful and strange dance. We call it the client-therapist relationship, yet we are often so guarded in discussing the therapist side of that relationship. Placing



psychology within the context of science is rich with possibilities, both to further understand what works and to develop practices that can be validated and trusted, but also to get right into the murky and subtle world of the interpersonal. I think we could get even further in if we let ourselves explore and be curious without requiring external validation.

I reflected on the possibilities that could arise if we did evoke a curiosity without external validation, and challenged the sociality of exploring ourselves within therapy. What impact would this have on the work we do with clients? Would it allow for permission to openly acknowledge who we are in efforts to promote wellness and growth? Would this transparency launch the counselling profession in new directions that embrace new ideas such as WTT? Thinking with Stephanie's story of how we consciously or unconsciously bring who we are into therapeutic spaces, reminded me of times where I have taken a stand against solely using CBT with clients. I remembered when I was a practicum student and a woman told me that her therapy was in writing her story not in a prescribed workbook. I will never forget how this client encouraged me to stand up and fight for what I believed in and how she helped to shape who I am as a therapist by standing against traditional notions of therapy in order to meet clients where they are at.

Stephanie introduced me to the idea of "tuning the tools, tuning ourselves" through WTT. She said:

When we go outside there is an expansiveness and I notice that I reconnect with the very core reasons that I became a therapist in the first place. Being outside I get to reconnect with that larger sense of myself in the context of doing the work with clients.

Stephanie explained that outside she feels better and “there’s more of me available to that relationship.” She believes this nurturing environment impacts clients and herself equally. “Walking with clients and simply thinking about my well-being, just getting out of my office, getting fresh air, being in a space that really nurtures, really supports me and allows me to do my best work.” Stephanie said once we stop analyzing WTT from a clinical perspective we can see that it is “just about being human within the therapeutic experiences and it allows us our humanness I think a little bit more because it’s engaging our whole body, it’s moving us through the spaces that we actually live in.”

As we navigated our way through the ideas of identity, self-care, and humanness we both took turns enthusiastically saying “yes!” while we listened to each other's thoughts. To me what we were talking about was our experiences with moving our profession forward in innovative ways. Stephanie conceptualizes this forward motion as creativity in addition to innovation. She said:

It goes beyond innovation. It is moving into a much more naturalistic model and recognizing that humans are incredibly dynamic. It just makes sense. I heard something recently on CBC about walking and creativity. It talked how about many different authors like Charles Dickens who would go for a walk through London and that is where he would get the idea about the books he wrote. It made me think about your study. Creativity is actually the core of what walking offers me, it is a compelling part of therapy to me. It is more compelling to me than the joy that I feel of people feeling better. The creation of activity is the thing that keeps me attached to doing therapy.

I saw creativity as an inviting way to think about innovation and WTT. I was particularly drawn to how Stephanie said, “the creation of activity is the thing that keeps me attached to doing therapy.” I wondered about how this creativity and the opportunities Stephanie has had to explore herself within WTT shaped who she is a therapist now and who she will be in the future. I also wondered about what others could learn from Stephanie’s story of tuning herself through WTT and personal reflection. In this inquiry about WTT Stephanie highlighted how there is so much more to WTT than simply the practice of walking outside with clients. I see her story as an illustration of how important the therapist experience and identity is to the process of WTT.

### **A New Modality or Simply Therapy Outside**

Throughout our conversations I noticed that Stephanie and I were often cautious about the words we chose to describe our experiences. One of us would use a word and then say, “I am not sure if this is the right word” when speaking about what matters to us or how we conceptualize therapy. I attributed this respectful caution to our common interest in narrative therapy, wherein language holds meaning and power. I also think it had to do with the appreciation we had for each other’s ideas. One word in particular that we carefully considered was “modality.” I remember using this word early in our relationship as a tentative way to describe WTT. In our last conversation I brought the word up again questioning if WTT was actually a modality or if it was simply doing therapy outside? My premise was that we were not creating a new theoretical orientation and that the skills therapists use in WTT come from our previous education. Stephanie took a pause before she answered, “that is a really good question. The question is what makes something a modality opposed to just context?”

We explored if there is a need to make WTT more complicated than it is and I shared how some of the other participants in the inquiry believed it to be quite simple in nature. After a considerable amount of thought Stephanie said:

I feel like there is more to it than that. I feel like it is more than just a therapy outside. I think some of the factors make it different than just moving spaces. Maybe some of that depends on how you are applying it.

Stephanie explained that her understanding of how you apply WTT meant that there might be a difference between walking in the city versus seeking out natural built environments such as parks with grass and trees. Thinking more in depth about modality versus therapy outside Stephanie said:

I believe that more is happening when we get outside and walk than what I can easily observe. At this point, it's ok for me to simply observe that WTT offers advantages for many clients over the same therapeutic interventions done in an office. However, I know there's more going on, I just don't quite know what it is. Maybe this is one of the challenges with the models of inquiry we use, we focused only on the individual, so little on the context.

I was surprised at how comfortable I felt as I listened to Stephanie's inconclusive thoughts about WTT as a modality. I wondered if my comfort was due to the shift I began to feel about balancing my over analytical mind with my desire to further engage professionals in conversations about WTT. I was not sure if it was simply doing therapy outside either. I, too, felt like it had to be more than that. I remembered how a mentor taught me that while navigating

this narrative inquiry process it is both acceptable and encouraged not to have all the answers to my wonderings about WTT.

Playing with the idea of WTT as a modality I asked Stephanie if therapists should engage in it when there is so little training, supervision, and guidelines? She was adamant in her reply:

Yes! We have to be engaging, that is how innovation happens. We have to allow ourselves to reach out beyond what it is that we currently know or do and have guidelines for in order to discover new, useful innovative ways of doing our work. So it is important to do it simultaneously. It is true for every aspect of our work. We should always be operating under supervision of some kind and creating opportunities to talk about WTT.

Stephanie took a pause here to think about supervision and the dilemma of not having supervisors that are knowledgeable and/or have personal experience with WTT. Until there are more therapists who can supervise WTT directly or offer training and research, Stephanie encourages conversations about WTT with as many professionals as possible. I asked what she felt would be prominent topics to cover in these conversations. Her initial answer was to discuss insurance, liability, and safety. She said early in her practice she thought a lot about the ways to make sure she was keeping herself and her clientele safe. In the end she said it was easier than she expected, but nevertheless she believed it is an important issue to continue talking about, especially when working with people who have experienced trauma.

Stephanie also believed that physical fitness was an important topic of conversation. She said that sometimes she took for granted her own fitness level and had to learn to adjust to the abilities of others. On one occasion she recalled overestimating a woman's ability to walk a

short distance. The most important issue for Stephanie was to “manage the situation in such a way that there was absolutely zero shame attached to it because in so many, especially women, ability brings up body issues and capacity.” Throughout this conversation Stephanie developed the following list of questions to bring to further discussions about WTT with her peers:

How do you create an emotionally safe environment to walk? So that would include how long you walk, where you walk, the physical environment you’re walking in and is it full of triggers or not? And if it is full of triggers how do you manage those? What is actually happening when we’re walking, what difference does it make? Why does it make a difference?

Stephanie was the only participant in this study who spoke of applying for grants, having support from other colleagues, and offering WTT to clients who would otherwise not be able to afford it as ways to make WTT more accessible within communities. Stephanie said she would like to see WTT programs grow within community agencies. She told me she hoped engaging in research about WTT would promote more managers to consider the possibility of using the therapy in order to access diverse populations.

### **“Research and Therapy in Itself”: A Moment of Gratitude**

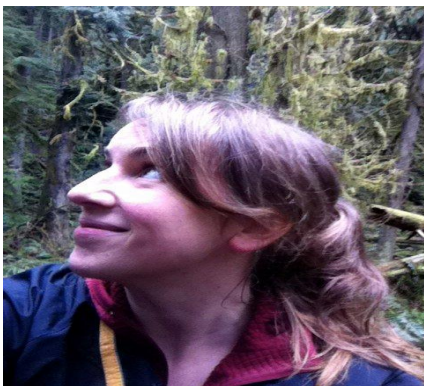
At the end of each of our conversations Stephanie relayed some gratitude for my inquiry. She was really touched when I told her that our conversations were an affirmation of why I wanted to do this research and why it is so important. In the final interview when I asked how the process had been for her she said:

It is a wonderful process to reflect on and think about our practice. What we do is very one client at a time, thinking about what was going on for them, so to be able to pull back a little bit and consider the bigger pictures is really really nice and I thank you for that.

When I asked Stephanie if she would like to add anything more to this thought she said:

The process of being engaged with you in this form of research really makes space for the self and it is so inviting. This process has let me consider more deeply how WTT influences the therapeutic process for the people I work with, but also to talk and think about how WTT changes and supports me as a human who is a therapist. By which I mean, the self of the therapist, so this process is both research and good therapy in itself!

When I completed Stephanie's account I asked her if she would mind sending me a picture that reflects how she conceptualized the importance of being in nature. She sent me this photo of herself (used with permission):



*Figure 4.4* A photograph of Stephanie in nature.

Stephanie also wrote:

Walking reconnects us to the 'wilds', or the natural world, and the centrality of this in the therapy I hope to offer people when we walk together for sessions. I don't know if I

adequately conveyed in the narrative how important I think walking outside (and being outside) is, and the huge all-present metaphor of walking in natural spaces as walking into the wildness, the naturalness, inside of us, and the resiliency and natural regeneration we have inside us when we 'walk' slowly through our experiences and let ourselves reconnect to this capacity.

### **“I am a Therapist Who Walks with Her Clients” Megan’s Narrative Account**

Megan and I had an instant connection when we first spoke. I think that the way she expressed authentic enjoyment of therapeutic work, our similar ages, and counselling philosophies contributed to the strength of this connection. I knew from the moment we exchanged our first words that I would enjoy talking to her and that our conversation would come rather easily. Over a period of five months we spoke 4 times via audio chat and negotiated her written narrative account together.

In our first FaceTime meeting I was nervous about meeting Megan, but I recall my first thought upon seeing her was more cheeky than nervous. I thought, “Yup, she’s from California.” Megan had a tan I was jealous of, blonde hair, and looked, at least to me, quintessentially Californian. Although our first meeting used FaceTime video, we switched to using audio only for subsequent conversations. This was a practical choice for both Megan and myself because it helped her to schedule our meetings in her lunch hour as well as to conserve valuable data on both our phone plans, given that I was in Canada and she was in the United States.

Megan is a certified marriage and family therapist who engages in WTT with clients around a 3-mile loop at the Rose Bowl in Pasadena, California. I got the impression that Megan



sincerely enjoys being a therapist; she spoke highly of the young people she works with during the week as well as her WTT clients. My impression also came from how she spoke about feeling fulfilled in her WTT practice. Megan said:

It makes me look forward to going to work because I'm walking. But I think there's also something about getting a client that you gel with, that you're vibing with. They are feeling the benefits from you and you are feeling fulfillment in that they are getting what they need from the session.

What stood out the most to me as we developed a relationship was the incredible sense of pride Megan had in her work. I came to know that she genuinely enjoys her relationships with clients and is happy to share her knowledge about WTT with others. When we first talked, Megan said to me, "I actually thought I made this up! Then I googled it and found Clay<sup>2</sup> and thought okay I didn't make this up." She shared that when she began to advertise WTT in California she had more therapists than clients contact her asking her how to do it, which spawned what she calls "a manual" that she wrote and has for sale on her website.

When Megan speaks about her clients she tells stories of connection. It is my sense that Megan grounds her WTT practice from a client centered position. When Megan talked about her work, I noticed her connection to whom her clients were as people, what their needs were, and where they wanted to go in life. She attends to these needs in a respectful manner that places the

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<sup>2</sup> Clay is a walk and talk therapist in New York and also a participant in this study.

relationship as the priority within therapy. She shared with me that many of her clients have only ever experienced WTT and they tell her they would not do therapy in any other way.

### **Walk and Talk Therapy Beginnings: Taking a Risk**

Megan is originally from Arizona and moved to California to attend university in Los Angeles. She has a master's degree in counselling but began her career in schools as a Spanish teacher. It was here that Megan first noticed how much she preferred one-to-one work with students. She said:

I taught in schools for about 3 years and while I was teaching I realized I like working with youth more one-on-one than I do in the whole classroom management setting. So I ended up going back and getting my master's in counselling and marriage and family therapy.

Megan now practices WTT with adults and youth in her private practice in the evenings and weekends. She works within a youth counselling setting during the week. Megan has a background working with at risk youth in foster settings, as a mental health therapist, and in schools. Megan's story of WTT began in a group home for young women. She wanted to find a way to connect and build rapport with the youth and found they were often keen to go outside. Megan explained:

I had to be very creative and usually they wouldn't mind taking a walk, and so I said "well hey, do you feel like taking a walk?" And so we would walk and it became easier for them to open up, easier for them to talk about their past trauma or experience or whatever they'd been through.

It was on these walks that Megan began to contemplate the benefits of walking with clients of all ages. Megan also remembered wondering whether she could find a niche for herself as a walking therapist. It seemed to me that this was the beginning of Megan's story of composing herself as "a therapist who walks with her clients." Excited about discovering new possibilities within the counselling profession, Megan spoke with other young professionals asking if they would ever consider walking with clients. The overwhelming response was yes! She also asked clients and she remembers they also enthusiastically supported the idea of getting outside for a walk.

As her interest and enthusiasm for the idea of WTT grew, Megan searched Google to learn what other therapist knew about walking therapies. She recalled at that time there was very little information available. She found Clay in New York, a woman in Oregon, and an intern in Texas. "Those were the only people at the time (nine years ago) on the Internet, literally three people." She contacted all three, one did not call her back, one asked for a consulting fee, and the third was just starting out like she was and they consulted for a brief period. What struck me most about her narrative beginnings of WTT was how much she thought through the legal and ethical aspects of doing WTT. Megan explained she was a "rule follower" and that WTT was a big risk:

I'm not a risk taker by nature. I'm a very much by the book, follow the rules type of person. We have a professional agency called the California Association of Marriage Family Therapists and they have a free lawyer once you're a member. I called that lawyer so many times and I had so many questions about what I was doing, because I don't want to do something wrong, I don't want to do something unethical. So it was

very important to me to be as by the book as I could be with something that new. My sister is a lawyer too, she helped me with my paperwork, to cover all bases. And, at that point, an informed consent form was so important to me in order to understand the difference between doing therapy in an office and doing it outdoors and the potential risk, because you could fall, you could sprain your ankle, you know? There are risks. You could also sprain your ankle walking into an office.

Megan's dedication to thinking through risk and ethics led me to reflect about what might be considered foundational complexities of WTT. I contemplated the ways she navigated ethics, professionalism, and her own personal morals in order to avoid haphazardly diving into a new venture in her professional career. I thought about how important it was to her that she consult with her licensing board and insurance company who assured her she was covered regardless of whether she practiced in an office or outside. I came to know that while WTT was a risk for Megan she gained confidence in knowing it did not conflict with her personal ethics or identity as a therapist.

Megan said, "Through collaborating with others, I came out with my own consent form, and went from there and then I just tried it, I just did it." Her words, "I just did it" made me wonder about how often therapists take risks within the counselling profession. I reflected on how this experience shaped Megan's view of herself as a therapist. She said, "I am just a therapist who walks with her clients" but I remember wondering if there was more to it than that. I wondered about who she is a person and the experiences she has had in life that helped her to story herself as a professional walk and talk therapist. She shared with me that her family is a major influence in her life and that she always considers her husband and child when making

decisions. When she told me this I thought even further about how the connections to others in our lives influence the choices we make in therapy.

A personal choice Megan shared with me was to give up the office space she originally rented to provide an option for clients to do in-office counselling within her private practice. She said it was not long before she realized that both she and her clients preferred walking outside so she fully committed herself to WTT and let go of the office space. I started to think about the significance of place and the traditional image of therapy happening in square rooms with chairs, a clock, and perhaps even a potted plant in the corner. I pondered the significance of how a decision to give up office space bumps up against the notion of office space as a necessity of therapy. I wondered about why an office is a necessity and what it means that Megan does not own one. I asked her how she came to know that giving up the office was right for her. She said:

I looked forward to going to work more when I was doing the walk and talk therapy. I seem to get the type of clients that I was looking for, that I felt like I had a niche with. I suggested to clients “hey, let’s just meet to walk instead of at the office” and I realized I could do this without it, I didn’t need it and if I liked it better, why was I keeping it?

I sat with Megan’s statement about knowing what she liked and embracing it. Until this point, I had not considered not having an office to be an option. Megan had comfortably walked away from her office place and explored new spaces in therapy and for her it was working. I thought about the potential influence of shared versus mutual spaces within therapeutic relationships. I also considered the significance of Megan not owning a space into which she could invite clients. The following is an image she has on her website that I started to think about as a representation of her “outdoor office”:



*Figure 4.5* An image from Megan’s website.

The image prompted me to reflect a little more on my thoughts about Megan not having “a space” for therapy. I realized that it was not a lack of space, but rather the difference in the therapeutic spaces that was significant. I reflected upon the feature of the spaces in which I work as a therapist. My office, for example, could be thought of as conventional, at least in the sense that it has four walls, chairs, and is a confidential space. In many ways, my office is an embodiment of some conventional wisdoms about counselling: structure, boundaries, confidentiality, and ethics.



*Figure 4.6* A photograph of my office.

In Megan’s outdoor illustration above, there is a lack of some of the “fundamentals” that appear in the photograph of my office, yet to me the image looked inviting. I asked Megan about how

she thought outdoor space was different and influenced the work that she does. She thought for a moment and replied:

I think not having an office maybe makes them feel more confident and puts them more on an equal ground with you. I think it's like when you're going into someone's office and you feel like one down from them, like they're smarter than you, they have the answers, whereas it can be more collaborative and we're working together on this.

Megan's wonderings about how not going into a space that is clearly owned can promote working together and being on "equal ground." This is not to say that collaboration is not possible in office counselling but that there are aspects of an office that perhaps reinforce inequality, such as a degree on the wall or items placed in the office specifically chosen by the therapist. I wondered about how Megan's choices about space pushed against the professional and social norms of counselling. I thought about the values not having an office might express, such as collaboration and being client-centered. Although I could see some of the benefits of Megan's outdoor space, I also began to question how she navigated the complexities of counselling, such as confidentiality, in shared spaces. We engaged in a conversation about Megan's experiences of the concerns other professionals have about clients being overheard in WTT. Megan said in the beginning she worried about confidentiality too, but in her practice she, like the other participants in this inquiry, came to realize that no one really pays attention.

Megan storied confidentiality as being in tension with personal agency. She works with adults who give informed consent after she outlines the potential risks of WTT including the possibility of being overheard. She said, "I don't think anyone's confidentiality has ever been broken in any of my situations. I mean, they've never said anything to me, I've never had that

worry. Clients are not worried about it.” Megan explained that confidentiality is the biggest concern she hears from therapists who buy her book, “people are stuck on it, but again, I think if it is something that the client voluntarily participates in, it should be discussed prior to beginning WTT sessions.” The more I talk about confidentiality with therapists the more I come to accept that consenting adults who are properly informed about risks and benefits can make up their own minds about whether or not they participate in therapy outdoors.

As Megan was talking about confidentiality in the context of being outside, she started to explain more about what happens when she is out with clients. As the story shifted, I noticed Megan attending more to the “rhythms” of the outdoor counselling context. She said:

If we are walking the same speed as another person, I say, ‘let’s speed up a little bit,’ or ‘let’s slow down.’ One time we did have to cross to the other side, not because the person was trying to listen or anything like that, more just so that the client felt comfortable to continue talking. You need to be observant of those factors and make those calls when necessary.

Like Megan, I have noticed that clients have a way of speeding up or slowing down and navigating their own way around strangers and what they do not want overheard. Thinking about agency and how clients navigate confidentiality I continue to wonder about how WTT might be appealing to some people and not others. Megan thinks about this as well and tailors her practice to meet the needs of people who are a good fit for WTT.

Megan explained that she wants to work with people who want to “voluntarily do this type of therapy.” In her experience she has found that WTT is more successful with people who are committed to the process and will refer anyone who shows even slight uncertainty to a



different therapist. Reflecting on Megan's ideas about consent allowed me to understand her position on making sure clients are a good fit for her practice and how she attends to relationships. I positioned myself alongside Megan's perspective in that WTT is a non-traditional approach and that it may not be a good fit for everyone.

Megan told me that when she screens clients it takes up to 20 minutes. The screening happens by phone prior to meeting in person. She guides the potential client through several questions and provides a thorough explanation of what the WTT experience involves. Megan tells the clients that she does not have an office and that she only provides WTT. In talking about Megan's screening process I was beginning to see how she attends to the relationship as well as ethics within her practice. It seemed to me that she was holding herself accountable for sharing knowledge about WTT with clients as well as attending to the relationship by creating a transparent and safe environment from the moment she began to interact with her clients. She gave me a few examples of the kinds of questions she asks:

Have you ever seen a therapist before? How many, what for, and have you ever received a diagnosis? If yes, what for? Why are you seeking therapy at this point in your life? What are you looking to get out of therapy? How do you feel about the walk and talk therapy? And they may or may not have questions about it. Do they physically feel that they can participate? Would they be willing to get a release from their doctor if necessary? I don't do that unless they tell me they do have some sort of physical problem.

The screening process allows Megan to work with clients who are the best fit for her and WTT. She mostly works with women, teenagers to mid-forties, who want to talk about life

issues, life transitions, anxiety, and depression. She said she does not work with clients with “severe clinical diagnosis such as schizophrenia or bipolar because that’s just not my niche.” Most of her clients are high functioning and many engage in WTT because the multitasking aspect seems to appeal to them. She said many of her clients think, “I’ll get my exercise done, see my therapist, and my endorphins will go all at the same time.” Megan noted that this is not the case for all clients as some simply like to be outside or to be in a less formal situation than an office offers.

I saw Megan’s screening process as a way of making sure she was working within her scope of practice. Megan conceptualized it like this:

Some people know they want to work with clients with eating disorders but other people know they want to work with children with autism. Some people know they want to work with the geriatric population. Some people know they want to work with adolescents. It’s knowing your client, knowing what type of client you want to provide services to.

For Megan, this is about having the confidence to work with people who want to walk while talking about issues in their lives. In addition, Megan will not take clients who have previously seen multiple therapists. She explained, “that shows me that they have a history of problems, their diagnosis or their problems might be a little bit more severe.” Megan was also clear about what else she did not offer. She said, “I am not a nutritionist, I am not a physical trainer, I am not a personal trainer. For me to keep that boundary clear is very important.”

Megan’s words made me think about how therapists compose therapist identities through practicing WTT. In my experience, it is not a simple case of choosing who to work with and

who not to work with. It is also about negotiating boundaries and knowing our personal limits. Megan's screening process and knowledge of her passions within a therapeutic context were, for me, examples of the boundaries and limits around which her identity as a therapist are, at least in part, constructed.

Thinking about Megan's boundaries I asked her if she thought WTT was simply doing therapy outside? She responded, "Yes and while walking. That is one of the interventions that I do, we walk and we talk outside. I don't think it's like some revelation or anything like that." I sat with this as I continued to wonder if it really was that simple or if there was more to it. Megan and I often talked about the simplicity of WTT but we also addressed issues about the value of WTT.

### **The Passion and Vulnerability of Walk and Talk Therapy**

Megan's WTT story included elements of passion and advocacy for its effectiveness with clients and for its value within the counselling profession. There were times, though, in our conversations that I could not help but feel that talking about WTT opens the door to vulnerability. A dominant story of therapists is that we practice according to established ethics, an established code of conduct, and that the interventions we use are based upon sound evidence. However, WTT is new, it is different, and it is not yet researched thoroughly, which invites vulnerability when therapists talk about it and practice it. Vulnerability seems, then, to be conferred when marginal stories of practice, such as undertaking WTT, begin to bump with dominant narratives of how "good" therapists practice. In what struck me as a vulnerable moment Megan said, "I don't want your study to show that nobody should be doing this." I tried

to assure her that based on my many conversations I did not see that happening, but there was a doubt in Megan that I had difficulty understanding. This is how I explained it to her:

There's a lot of really good things coming out of these interviews and there's a lot of support for doing WTT. It's not going to come across as don't do this, it's going to come across as here's peoples' experience, here's why they're passionate about it, here's why they like doing it, here's the questions that we still need to talk about, and here's the conversation that still needs to happen. I'm still passionate about it and the stories that I'm getting from people are just incredible, yours included.

What I did understand about Megan was the caution she felt about talking about WTT and how it bumped up against many mainstream ideas about therapy. She explained that she has heard comments from other professionals about WTT not being the right thing to do or questions about its validity. To this she added adamantly, "I obviously don't agree with what I hear or I wouldn't be doing it." It seemed Megan was confronting her own doubts when she went on to say that in general most people were open and accepting of the idea of WTT. Megan explained that she wrote her book as a response to non-existent guidelines and training about WTT. She also explained that people who go into a private practice in general may not receive any specific training so why should WTT be any different? Megan's doubts show how many questions about WTT remain, even for those practicing it. Yet therapists all over North America are providing many different therapies within private practice settings with very little direct governance. I pondered the way these tensions contribute to ambivalence about WTT and how academic training leads therapists to be cautious of practice for which there is a limited evidence base.

I asked Megan what she thought was important in future WTT conversations with people who question it. She responded, “I think it’s important that it’s voluntary. I think that if people choose to engage in this type of therapy they know what it is and they know the benefits of it and the potential risks.” As we continued to talk about values, Megan discounted many of the concerns she presented when she said, “I guess my worry is it’s not valid,” very quickly she added confidently, “No, it’s just as valid. It’s just as important, it’s just different.” Furthering this she said:

I just think that there’s a lot of different types of therapy, like there’s hypnotherapy and there’s EMDR and there’s all different kinds of techniques that people are using and I think that WTT is a valid technique. It’s different but I think that if different types of therapy are beneficial to the client they should be considered a valid intervention.

I thought about how the idea of difference contributed to understanding the place of WTT. My conversations with Megan addressed the idea that WTT has value, but it is different. I considered how this difference might be an invitation to the therapeutic community to engage in conversations about how to embrace change in order to reach as many people who are seeking help as possible. I also thought about how engaging in these conversations might require bumping up against some of the traditional notions of how therapy is viewed and organized within the profession of counselling and within communities and society more broadly.

### **“Thinking With” Rather Than “Controlling” Stories of Walk and Talk Therapy**

Sometimes in my conversations with Megan, as well as other participants, I got the sense that my questions about WTT created a tension: we wanted to talk about WTT and explore its use in practice, but we also risked being caught in overthinking and analyzing it. I recalled how

Morris (2002) said, “thinking with stories is a process in which we as thinkers do not so much work on narrative as of allowing narrative to work on us” (p. 196). Morris’s words reminded me that this inquiry is not about figuring WTT out, but rather to think with stories of practicing WTT and allow for the therapists and myself to wonder alongside each other about our practice.

Megan said WTT is not reinventing the wheel and that the training is in the work you do to become a therapist. I asked, “Is it that simple that you have all this training, you’ve learned all these skills to be a therapist and then you’re taking the skills and using them outside while walking?” Megan answered:

Yeah, I think that’s it. Your office is a controlled environment where you don’t have to worry about noise, where you don’t have to worry about weather, where you don’t have to worry about the environment. So that’s the main thing that’s different, you don’t have control over the environment. That’s it. And if you can figure out what those pitfalls are, whatever those variables are that make it not as controllable, such as the weather or confidentiality, how a person is physically feeling that day, and/or noise levels. I don’t think it’s re-inventing the wheel. I think it is therapy while walking.

To me, ideas about control were integrated throughout Megan’s story. She and I spoke at length about how the traditional stories of therapy, the stories of the “rules” of therapy, tend to have a controlling feel to them. We explored how control influences therapy and relationships. Megan and I shared a mutual belief that therapists do not need to be in control of sessions and that clients are the experts of their own lives. Megan drew my attention to how WTT invites the client and therapist to be in environments that are not easily controlled by us. She said within these spaces there is so much she learns about her clients that may not be available in more

controlled spaces such as tolerance to noise, speed of their walking in correlation to emotions, and what they react to in the environment such as dogs and other people. Thinking about place and control, I asked if she thinks most therapists like to have control and if using an office is a one way of exerting that control. At first she was not really sure how to answer, but after a few moments she said:

I think that therapists that might only do therapy in the office have a different need for control than I do. I think when I first started and I had the office I felt very nervous because I was new. I wanted the office to be perfect and I waited there and made sure the lights were on and everything was set up nicely. I mean there's something to the fact that maybe people that would only work in an office setting might not think out of the box and might have a need to control the environment more, whereas I feel like I'm more fluid and I'm okay with that.

I asked her to elaborate about having less control outside. She said:

You don't always have that luxury when you're doing WTT so yeah, you do need to be creative and a little bit more on the fly when you're working with your client because you might encounter something that is not as expected, but that's okay. You're encountering that with the person and learning more about them.

Our conversation about control and space led into a conversation about traditional structure and organization of the therapeutic process. We talked about the "unofficial rules" to be followed such as checking in at the front desk, filling out paperwork, waiting in a waiting room, where the client sits and where the therapist sits for the set amount of time. All of these rules are more or less set by the therapist and there is a lot of organization to it. Megan said:

What comes to my mind is the word legalistic, it's kind of like a narrow minded view of how it should be whereas I don't think it needs to be that way. Who said it should be? Not to say that you don't need to have all your ethics, standards and checks while doing WTT, don't get me wrong.

I sat with Megan's question of "who said it should be?" for quite some time. I thought about the ways in which we exert control in therapy, even when we believe the client is the expert. I also wondered how therapists are controlled to story themselves as office-based practitioners. I considered how Megan said being outside can take some of the control away simply by being in uncontrolled spaces. I began to wonder about how WTT might be a kind of reclaiming: a way to create new spaces for collaborative relationships by replacing a space controlled by the therapist and moving into spaces where clients can connect and interact with the world around them.

When Megan and I talked about the therapeutic relationship Megan shared her experience of working with clients who are stigmatized. She believes WTT has the potential to address this stigma. Megan told me, "I think, first of all, mental health problems can be stigmatizing and if we want mental health not to have such a stigma attached we do need to embrace some other ways of doing therapy." She said:

I think some of the younger clients that I have they really appreciate WTT because it does feel less stigmatizing to them. They're just walking with someone, you know? And so why do we have to keep mental health in such a small box without several mental health resources and outlets? If it's making them feel better and less stigmatized to participate, then shouldn't we be happy about that?



My instant reaction was, “yes we should be happy about this!” I thought about how Megan’s ideas about stigma spoke to a need for creativity and innovation in order to increase accessibility of mental health services. I asked if her thoughts about youth and stigma could also apply to adults. Megan replied:

Oh I think it can with everybody. I’ve noticed it with the teenage population, they feel more comfortable, but I think it can be less stigmatizing for people of all ages and backgrounds. For example, a friend of mine felt fine going to a life coach but they didn’t want to go to a therapist. Why is that? Is it the name? Is it the setting? I asked where do you and your life coach meet, and he said oh we meet at a Starbucks and we just talk.

Megan continued to say that life coaches are reaching clients that traditional therapists are not. She questioned if some of this is due to the stigma attached to traditional therapy. I, too, wondered about stigma and the long traditions of diagnosing and labelling clients within the therapy professions. I thought about clients who talked at length about the stigma attached to diagnostic labels and the negative impacts these labels had on their lives. Some of these clients even shared how difficult it can be to simply walk into a clearly marked counselling office worrying what others might think of them.

I believe that stigmatization makes therapy less accessible for people and that Megan’s experience of WTT offers a different and more accessible story of therapy. I shared with Megan how this inquiry has encouraged me think about how therapists are working to meet people where they are at and that WTT is an unconventional way of making therapy accessible to clients. Her response was, “Yes I definitely think it increases accessibility to clients, if it’s appropriate for the client, always having that caveat.” This was one of my greatest appreciations

of Megan, her ability to always keep clients in the forefront of our conversation about WTT. This desire to place clients first was evident when Megan said, “It would be great, for you to hear from the actual clients. I want you to hear from them and how awesome they feel about it. I can tell you how they feel but that is all I can do.” I agreed with her that there is a need to explore client experiences of WTT. I explained that my hope was that starting with the experience of therapists would open the door to talking to clients about WTT as well.

Our conversation drew me to remember the very first time I walked with a client outside. It was with a woman who had been really struggling with perfection and I found it challenging to develop a relationship with her. One day she showed up quite anxious and I asked if she would like to walk in the park outside the building, she agreed. Something changed in our relationship that day. We worked better together as we walked and she told me after it was the “best and most productive session” she had ever had because she was able to move and think at the same time. That day changed my professional identity in that I started to see place as something to consider in counselling relationships. Thinking about how my own identity is being influenced by WTT I asked Megan how she has changed as a therapist since beginning WTT. She said:

I think that I embrace more out of the box types of therapies more than I used to, so I think that I am a little more progressive in my thinking than I used to be. One way that it changed me is I am more confident in taking a risk to do something different.

I remember smiling to myself as Megan spoke, because I felt the same way. I asked if she was glad she took the risk and she said:

Oh yeah, absolutely. I see the benefit it has with my clients and how exciting it is to see them get better. That’s the ultimate goal, right, to help our clients. And when you see

something that's helping them and they're improving in their quality of life it's exciting so I'm definitely glad I did. I have to want to grow, I mean you have to feel energized too about your job. To serve those that need help with mental health is draining, it's taxing, you need to have a lot of self-care. So I just think it's important to have balance in your life.

My own story of balance sits alongside Megan's. I believe it is important to enjoy my job and to find a career that fulfills me as a person. I also believe I need to take care of myself within my practice to truly find this balance. I wondered about the consistency of therapists neglecting their own self-care while attempting to fully attend to clients. Megan thought part of this was "because it is easy for us to give. It tends to be our nature to give and to want to help."

Sitting with the tension of balancing giving and taking care of oneself, I found myself asking Megan questions about self-care. There was a tension in our understandings of self-care and how it influences the experience of WTT. At times it felt like we were in agreement and other times we were approaching the subject from different perspectives. When I think about self-care within WTT, I think of how being outside in fresh air walking with clients is a form of self-care. Megan, however, said, "Self-care is about liking your job, doing something that you like, being passionate about what you do." As I sat with this tension of balancing therapist self-care and client-care, I wanted to know more from Megan about how she balanced personal enjoyment of WTT with focusing on the goal of helping clients. Megan said:

I am providing a therapy service. That's my job. I don't think I am even thinking that "this is great for myself." I am going to work I am going to see a client. They are in the forefront. I am doing psychotherapy with them. I do not see WTT and the work that I do

as self-care for myself. I go do my own self-care, going to a movie by myself, taking a hot bubble bath, yoga, walking with a friend etc. WTT is something that I like to do and I found my niche but I do not consider it my self-care by any means.

Several times she said, “I enjoy it, but it is not my self-care.” I had to think a lot about our different perspectives and I thought back to the conversation we had about finding value in this work. I wondered what stories of therapy sensitize me to the dangers of saying, “oh I love WTT, it is so good for me.” I have practiced WTT and I want it to be seen as legitimate therapy. Other therapists with whom I talked to said WTT makes them better therapists. They acknowledge that while the client is first, they also benefit from practicing it. I think pretending the benefits for therapists do not exist could cause more harm than being transparent. Megan said:

There is such a fine line between saying that it is ‘good’ for the therapist, or makes someone a ‘better’ therapist as opposed to that is ‘self-care’ for the therapist. It can be good for the therapist to like what they do and be passionate about it, but not use it as their own self-care.

As Megan and I talked, we found we agreed about how self-care is perceived in helping professions. We discussed how self-care is often promoted and yet very little time within the work day is carved out for it, if at all. Megan said, “I think that is generally our society though. We talk and we know self-care is good for us but no one has time to do it.”

I considered how sometimes the opposite of self-care is rewarded. People, generally, live a story that the harder you work, the more hours you put in, the more you sacrifice yourself the better the job, the better the salary you may get. We are encouraged to live stories of achievement, to story ourselves as achievers. Stories of self-care can be an uncomfortable fit

alongside dominant stories of accomplishment, self-development, and progress. As Megan and I thought together about this, she added, “We are often performance-based society and sometimes it seems that our society also values quantity over quality at times.” I talked to Megan about how getting out of the office to walk with a client for an hour could be considered a form of self-care. Not to say that the self-care is taking priority over the client's needs but rather it is in addition to and it might be okay to acknowledge the benefits to the therapist as well. Megan was tentative in her agreement, “I do not want people to think that we are doing this for ourselves.” She went on to say:

That’s my only thing, yes there are benefits to me, yes there are benefits but of course the client is what you are there for. I do not want anyone to think that I am doing it for me or for the exercise for example, for some reason that feels uncomfortable to me. We are there for the client first, for their benefit, but we are also better therapists when we enjoy what we are doing.

I understood this discomfort and I felt it a lot in this inquiry. How do we walk the line of placing clients first but also acknowledging how we foster our identity as therapists and our self-care?

Earlier in this narrative account, Megan shared a story about how WTT might be helpful in reducing stigma with clients. I am also curious about how it can be helpful in reducing stigma about what it means to be a therapist. So many of the conversations I had with participants invited dialogue about fundamental issues of being a therapist. We talked about the stigma of collecting money for services, personal benefits of WTT, and the challenges of incorporating self as a tool of therapy. All of these conversations led me to believe that as a profession we need to

increase transparency and allow for conversations that challenge what we know about therapy so that practitioners like Megan and myself are not stigmatized because of how we practice.

### **Whatever You do, it Has to be Worth it to You**

In our conversations I felt like Megan and I explored many social stories of therapy and what it means to be a therapist. Woven throughout her narrative account is a story of value and making choices based on “what is worth it in life.” She places a high value on her family, being outdoors, and reflecting on who she is as a therapist. Together, we thought about WTT as a forward looking story and Megan shared her hopes for what other therapists might gain from this inquiry and how WTT might develop in the future. She told me that earlier in her career she considered putting together a certification program for therapists about WTT. She explained that she was not quite sure what it would entail due to the “simplicity of it.” She acknowledged the importance of having conversations about innovation infiltrating the therapy professions and the need to address concerns, rules, and ethics. At the same time, she located herself within the simplicity of WTT. Megan told me about how in the beginning WTT felt like a “scary process” to navigate. She said, “There are important things to learn but once you know it, the therapy is therapy.”

I asked Megan what therapists who want to try WTT should know about themselves in order to navigate the early stages of the “scary process” of choosing to practice WTT. She said they should ponder the following questions:

What am I willing to do the therapy session for? What amount am I going to charge?

What do I feel is worth my time? What else do I have on my plate that makes this worth my time? Do I have children? Do I have a spouse? Am I a single parent? All of these

things, your whole life comes into play and you have to do what's worth it for you. And that is with any job. Whatever you do it has to be worth it to you.

Specific to WTT Megan believed therapists should ask themselves:

Physically can the therapist handle it? Is it something that they would enjoy? Is it something that they're passionate about? Is it just a niche because they want to have a niche or is it because they really like it? How would they feel with the confidentiality issue? If they're not one to think out of the box and not one to think it's right, then they shouldn't do it. If they don't think ethically that it's right, they definitely wouldn't do it. If they're on the fence, they need to do more research and see how they feel about it.

As Megan and I were concluding our time together, I asked her what she hoped others would learn from her story. Megan said:

I think the benefits from exercise are undeniable and I also strongly believe in the benefits of psychotherapy. To put those two things together is only beneficial to our clients. I think that it is something that is here to stay. I think that our world is changing and we need to change along with it in order to serve our clients. It is not that big of a deal, people have been doing this, people do this. It's not so far out of the box. If the therapist and the client agree that this is something that would be beneficial to them, that is great. It's not like we're re-inventing some crazy thing, it's just we're owning it and we're naming it and we're using it as a main intervention.

## **CHAPTER FIVE: NARRATIVE THREADS**

In Chapter Four I presented four narrative accounts, one for each of the therapists. In this chapter I explore these narrative accounts in a way that highlights how the stories and experiences resonate with each other and fit within a larger social and theoretical landscape within the counselling professions. I will present four narrative threads as a way of showing what resonated with me across the narratives. The threads include instances where the narratives bump up against each other and with the traditional ideas of counselling, where there may be tension, and where there are commonalities across the experiences (Clandinin, 2013). Narrative threads are the “particular plotlines that [are] threaded or wove[n] over time and place throughout an individual’s narrative account” (Clandinin, 2013, p. 132). Narrative threads open up further questioning and allow us to learn more about the use of WTT within the multidisciplinary counselling profession. The four narrative threads presented in this chapter are (a) social complexities, (b) connecting to a greater sense of the world, (c) acknowledging the therapist, and (d) innovation and creativity. The goal of a narrative inquiry is not to find answers, as such, but rather to stay with experience, to show and learn something from that experience, and to create new wonders.

### **Creating Narrative Threads**

Creating and developing narrative threads is a complex, iterative, and recursive process (Clandinin, 2013). Clandinin (2013) stated that creating narrative threads is difficult, in part, because narrative inquirers write for multiple audiences and address issues of personal, social, and practical significance. In this study, I needed to differentiate what resonated with me, acknowledging that this process may cross borderland spaces between my ideas about research,



different disciplines' ideas about counselling, my faculty's and committee's ideas about research, and the participants' experiences and lives. These borderlands create a space wherein these accounts should not be seen as fixed or certain, but rather as contextual and unfolding (Clandinin, 2013). I have a curious mind and I always want to know more. There were times in this inquiry that I found it difficult to stay with experience; instead, I wanted to focus on the topic of WTT. This difficulty may have been due to my co-existing therapy practice and my desire to know how to navigate important issues while learning WTT. I also believe that in my academic education I have been encouraged to think from an evidence-based position that is cautious about the role of experience informing psychological research.

As I moved from field texts to interim texts and to this final research text, I thought often of my own narrative beginnings. I acknowledged that what resonated with me from these narratives may not be what would have resonated with others. Understanding more about my own position, about where I was coming from, and finding transparency were integral aspects of this inquiry (Clandinin, 2013). This knowledge allowed me to be forthcoming about my wonderings and acknowledge how my stories fit within these narrative threads. Throughout this process I was reminded of the researchers I discovered in my literature review who sought to find the importance of a connection to nature (e.g., Mayer et al., 2008; Thompson & Aspinall, 2011). Perhaps most importantly, I held on to Keith Basso's (1996) encouragement to think about how "wisdom sits in places" (p. 105). This inquiry and the narrative threads that emerged are an attempt to explore and embrace the wisdom found within changing the traditional spaces in which therapists practice.

### **Narrative Thread: Social Complexities**

In this inquiry, for my part, I thought of experience across social and institutional contexts (Clandinin & Connelly, 2000) of counselling. As I asked questions about WTT within this social context, I was aware that in narrative inquiry sociality recognizes that our experiences are shaped, challenged, and shifted in relation to social interaction within institutional guidelines (Clandinin, 2013). I was curious about how each therapist practices WTT, how it happens, and the various complexities and tensions associated within the counselling profession. I learned from the participants that WTT is often storied as something that bumps up against the landscape of traditional therapy ideals such as confidentiality, emotional regulation, and ethics.

#### **What About Confidentiality?**

Clandinin (2013) said that sociality involves attending to our moral responses within our experiences. There is a story in WTT about how therapists morally and ethically attend to confidentiality. I remember talking to academics, other therapists, friends, and family about WTT as a dissertation topic. They all asked the same question: “What about confidentiality?” I was curious if this question arose because confidentiality is, perhaps, one of the most important moral obligations therapists have within a counselling relationship. As such, confidentiality is addressed at the beginning of every type of therapy, and laws have been created to protect vulnerable people. There is an expectation within a counselling relationship that what is said will be held within a safe and respectful space. The therapists in this inquiry understood confidentiality as a cornerstone of what therapy is, and therefore, together, we explored it through ethical, social, and cultural ways of knowing.

I would like to present a lens through which I will attend to ethical concerns in this inquiry. I acknowledge that although this was a multidisciplinary inquiry, I am currently registered as a provisional psychologist and this dissertation is written within the field of psychology. Therefore, I will refer to the Canadian Psychological Association (CPA) Canadian Code of Ethics for Psychologists (2001), and I will use this code to structure the discussion about how the participants in this inquiry addressed the ethical and social practice of WTT.

I learned early in my career that the Code of Ethics creates a foundation for psychologists to practice in ways that minimize harm to clients. Thinking with the constant “what about confidentiality?” question, I looked to the code for an understanding of what is expected. The code states that confidentiality means that psychologists do not share information about clients with others unless required to do so by law (CPA, 2001). In addition, the code states a psychologist must “clarify what measures will be taken to protect confidentiality, and what responsibilities family, groups, and community members have for the protection of each other’s confidentiality” (CPA, 2001, pp. 56-57).

The rules of confidentiality are part of a larger professional dynamic that has evolved over many years. This dynamic is one of the ways that psychologists are storied as responsible, ethical, and trustworthy practitioners. Thinking back across the accounts, I saw many ways in which each of the therapists adhered to these rules through sharing how they attended to confidentiality. For example, Stephanie said, “I would hear snippets of pretty private conversations, but we were just in a bubble” while walking down the street. She came to realize that, even in working with groups of women who had experienced sexual trauma, outdoor spaces did not negatively impact confidentiality; in turn, she saw confidentiality as a way to encourage

personal agency and decision making in her clients. This sentiment was echoed throughout all of the narrative accounts by how participants witnessed their clients taking charge by navigating themselves around people in public places. Clay also drew attention to the idea that most people walk through space and time with very little consideration of others around them. There is a story here about how we often place the responsibility of confidentiality solely on the therapist. Instead, the experiences within this inquiry show how confidentiality, with adults, could be considered a mutual effort and that clients in WTT often take charge of their own responsibility for confidentiality. The role of the therapist, then, is to provide the framework and guidance for confidentiality.

McKinney's (2011) grounded theory study about WTT also showed that therapists tend to have a greater concern for confidentiality than their clients. Both McKinney's participants and the participants in this inquiry talked about how they used informed consent ahead of time and on an ongoing basis to maintain mutual participation in confidentiality. Wendy's account in particular is an example of how therapists talk about and gain informed consent in WTT. I returned to the CPA's (2001) Code of Ethics to see how the experiences of the participants aligned with the rules of informed consent. I read that the code encourages psychologists to gain informed consent prior to engaging in any kind of psychological activity with people. The code states, "Recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having consent forms signed" (CPA, 2001, p. 49). I was drawn to the words "reaching an agreement to work collaboratively," because each of the therapists embodied this agreement as they each developed their own process of gaining and

monitoring consent. They saw the process as collaborative and respectful to their clients' wishes, attending to personal agency.

The code also acknowledges the right to include other people in conversations (CPA, 2001). This right refers specifically to family members and friends, but I wondered if it could be expanded to giving consent to an awareness of the risk of being overheard by others, if the client has full knowledge of these risks. Jordan and Marshall (2010) called the process of gaining ongoing consent in public spaces "contracting." They stated that therapists need to talk in advance with clients about all potential issues and how they may feel about different situations, such as seeing someone they know or expressing emotions in public. Jordan and Marshall caution that having these conversations in advance is not sufficient, because the answers a client gives in an office before an encounter in public may not adequately address how a client may act in the actual situation. This unpredictability means therapists need to ensure they participate in ongoing negotiation of informed consent (Jordan & Marshall, 2010), such as when moving through more populated spaces or when the therapist notices a change in emotion. Whether you stay indoors or venture outside, confidentiality is an ongoing consideration of counselling that needs to be attended to regularly throughout the course of the therapeutic relationship.

I thought about what may be implied by Jordan and Marshall's (2010) unpredictability in sessions. I thought about how clients may have an expectation that the therapist can predict to a certain extent what will happen in a counselling session and that the therapist knows best how to navigate any situation (Monk & Gehart, 2003; Proctor, 2008). In a similar way, I experience this expectation in my own practice every time a client says, "Just tell me what to do." The participants in this study offer a different story, one that respects that the relationship may hold

more answers than just the therapist does. The therapists in this inquiry shared the ways in which they practice ethically and within the confidential boundaries, while also challenging the story of the therapist “knowing best.” This challenge may be seen as liberating for other therapists who may want to explore new ways or new spaces in which to practice therapy. The wisdom that sits in public places (Basso, 1996) repositions the therapist and the practice from the “therapist knows best” position to a more collaborative working space where therapists do not have to live this story of expertise, and can also facilitate a working relationship.

In this inquiry, the participants and I experienced a tension between encouraging personal agency in clients in helpful ways and simultaneously fulfilling duties and obligations to the profession. This tension is a story of balancing our client and therapist expertise. There is a move within the counselling profession towards positioning the client as the expert (e.g., White, 2005) and allowing the client to participate in important decisions, such as confidentiality, that were once held in the realm of therapist expertise only. The participants in this inquiry demonstrated how they effectively and ethically invite clients, with consent, to be collaboratively empowered to “act with” the process of counselling as opposed to being “acted upon.”

### **Emotional Regulation**

The experience of expressing and talking about emotions is an important social complexity of therapy to consider. While the participants in this inquiry shared similar stories about confidentiality, the experience of emotional regulation in WTT seemed to be more individualized to each participant. As this inquiry progressed, I began to wonder how personal values and understandings of emotions can influence emotional regulation in outdoor spaces.

Emotional regulation can be understood as the process by which people become aware of, name, and express emotions. It is also a process in which therapists and clients look for ways to manage, calm, and accept these emotions as they are experienced (Gross, 1998). Throughout this inquiry, I came to know emotional regulation as an individual experience for the therapists. Each participant had a different perspective about how to approach emotions in public. For example, before she begins WTT sessions, Wendy prioritizes checking in with clients in order to assess comfort levels with emotions and then acts accordingly. She said that if a client said they were uncomfortable expressing emotions in public, she would, out of respect, only ask difficult questions in quiet outdoor spaces or in the office. In contrast, Stephanie developed entire groups to talk about sexual trauma and emotions in nature. Clay spoke about places such as benches and quiet places in the park to sit and go through the emotions. However, Clay said he prefers to keep walking and to use motion as a metaphor for moving through emotions. Megan, without an office, was fully committed to emotional regulation outdoors because going inside was not an option.

All of these examples prompted me to consider the conventions placed on emotions in public places. I thought about how we are subtly taught in life that certain emotions are best kept for certain places, such as tears in quiet indoor spaces and expressed anger only in private places. I also thought about the last time I watched a couple fighting in public and how all of the people around them exchanged looks that conveyed judgement and disapproval of displaying such an intimate exchange. I wondered how much of this knowledge about the appropriate places to engage in emotions filters into therapists' ideas about emotions and therapy.

While McKinney (2011) addressed issues of physical activity and how it influenced emotions in her WTT study, she did not address how therapists navigated emotions in sessions in public, or how the therapists came to know how they envision emotional regulation in WTT. In this inquiry, my own curiosity about emotional regulation first took shape while talking to Wendy, when she expressed that opening up about deep issues is a challenge for many of her clients in WTT. She also expressed a personal discomfort for expressing emotions in public. I wondered about how, and if, therapists' discomfort with emotion in public spaces may inadvertently influence client comfort levels.

Thinking further with this wonder, I considered how Stephanie and I talked about the ways in which the women in her trauma recovery groups used nature and emotion as a way to reclaim the outdoor spaces they once knew, or were beginning to get to know. In this way Stephanie worked with clients to focus on their surroundings, potentially inviting alternative ways of thinking and therefore less rumination about negative events. Thinking with emotions and wisdom, I thought about how Basso (1996) said, "Viewing a favoured site (or merely recalling aspects of its appearance) may loosen strong emotions and kindle thoughts of a richly caring kind" (p. 106). Stephanie often spoke about sexual assault as a narrowing of experience and how she perceived exposure to nature as a way to open the women back up to emotions, experience, and connections to the natural world. Stephanie's work with trauma survivors also helps broaden the landscape of WTT from McKinney's (2011) study that suggested that trauma survivors were not the best populations with whom to practice WTT.

Stephanie's thoughts about trauma, emotions, and nature brought me back to Mayer et al. (2008), who asserted that exposure to nature actually increases our ability to reflect on life



problems by tapping into our cognitive and emotional processes. Additionally, ecopsychology itself is built on the notion that our connection to our natural world allows us to foster our emotional selves (Chalquist, 2009). My conversations with Stephanie led me to believe that her comfort level with emotions in outdoor spaces comes from her desire to use nature to heal. Thus, she exhibits this comfort through interactions and guidance with emotions in clients. I find myself embracing Clay's perspective:

Emotion is an important part of life and sometimes it gets overwhelming and in those moments it is important instead of pushing it away to let it be there for a little while, staying in control. What I have noticed a majority of the time is that we just keep walking, which I think is a metaphor, you just keep going and that prevents the emotion from becoming overwhelming.

Within the context of social complexities, these examples show that there are many different ways to attend to emotional regulation in WTT. The ways in which therapists attend to emotion with each client within WTT seem to be individual experiences that require personal reflection and knowledge of one's own emotional process. Bolton (2005) wrote that reflective practice can foster acceptance, increase confidence, and create awareness of values, assumptions, and the decision-making process. As such, there is an attending to emotions that is occurring on an individual basis, much like how emotions are regulated in in-office counselling. These accounts show that while there may be a change in the spaces where clients express emotions in WTT, the skills and abilities of the therapists do not change. Therapists need to consider how personal beliefs and practices of emotions influence clients' expression. It may be beneficial for

therapists to ask themselves how they are contributing to their clients' expression of emotion and providing safe spaces to express feelings, no matter where the therapy takes place.

### **Best and Ethical Practice**

Within the counselling profession there is an expectation that therapists will act in an ethical manner. When thinking with ethical practice, I return to the three-dimensional narrative inquiry space of sociality (Clandinin, 2013). Ethical behaviours are social conditions (Clandinin, 2013) that include personal reflection, awareness of codes of ethics, and behaviour with clients that is respectable. In this inquiry the participants showed that taking the therapeutic relationship outside can be attended to in ethical ways. Ethical thinking was woven throughout each narrative as the therapists shared stories of researching WTT, beginning to practice, and continual personal reflection. When I think of ethics I think of the advice: first, do no harm (CPA, 2001). The CPA's (2001) code of ethics has several sections devoted to minimizing and offsetting harm, stating that a therapist must "be careful not to engage in activities in a way that could place incidentally involved persons at risk" (p. 67). I asked each of the therapists if they had ever witnessed harm to a client in WTT. I heard a unanimous "never" from every therapist. Megan said, "In fact, I would say the opposite." In addition, each of the therapists demonstrated due diligence in speaking to lawyers, insurance companies, and/or licensing boards, none of which ever expressed concern about WTT. For example, Megan showed due diligence as she was a self-described "rule follower" who ensured WTT was within the ethical boundaries of her profession. I contacted my liability insurance company through the CPA and the Canadian Counselling and Psychotherapy Association (CCPA); both organizations assured me that WTT would not go against any policy or rule. In fact, the CCPA informed me they were aware of, and

supported, many of their members who engaged in WTT. I consider attending to confidentiality and emotional regulation to be important social complexities of being an ethical therapist. As highlighted throughout this thread, the therapists in this study practice WTT in a manner that stands alongside and is congruent with the profession's ethical and moral responsibilities.

### **Narrative Thread: Connecting to a Greater Sense of the World**

Clandinin and Connelly (2000) wrote about how the places we are in help to shape who we are. I began this narrative inquiry questioning the places in which we traditionally practice therapy. I also began this inquiry sensitive to the ways that the place of academia was shaping my interest and practice in ways I had not expected. These questions developed into a curiosity about the influence that places can have on self-composition, therapeutic outcomes, and relationships.

As I progressed through this inquiry, I learned that Sigmund Freud, whom many consider to be the original psychotherapist, often walked the streets of Vienna with clients (Jordan & Marshall, 2010). Stephanie also shared with me that even though EMDR is conducted in indoor office spaces, the idea for it began with a walk in a redwood forest. These stories helped me to know that even though traditional notions of therapy may bring to mind couches and office spaces, the use of the natural world is not as foreign to therapy as I may have once believed. I considered that if we do not begin to explore these new spaces, we do not allow for new ideas and ways of healing to occur in the counselling profession.

Jordan and Marshall (2010) wrote about how “the therapeutic frame and being in indoor space (more often than not the therapist's room with two chairs or a couch) became synonymous with one another” (p. 346) over time. The therapeutic frame can be defined as how the

therapist's ethical and professional conduct impacts the safety of the client (Jordan & Marshall, 2010). Walk and talk therapy challenges this synonymy about the space and the therapeutic frame by also offering ethical conduct and client safety in outdoor spaces.

In the ecotherapy literature, I read two ideas about place that informed much of what resonated with me across the four narrative accounts. I resonated with the idea that traditional office spaces have the potential to create a power imbalance, because the therapist owns the space and the client is invited into it (Barkan, 2002). I also resonated with the idea that nature can be seen as a third party in the therapeutic relationship (Bergen, 2007a).

### **Shared Versus Owned Spaces**

In the counselling profession, there is a dominant story that therapy needs to be practiced in office spaces. It is commonly thought that therapy in indoor spaces helps to create a controlled environment that best supports confidentiality and wherein issues such as physical contact, self-disclosure, time, place, and the roles of client and therapist can be controlled (Gutheil & Gabbard, 1993; Jordan & Marshall, 2010). Many of the stories within the narrative accounts bump up against this notion by storying therapy as a process of collaboration in outdoor spaces that are controlled in different, and equally effective, ways. The therapists in this inquiry shared stories of how they disrupt the traditional notions of therapeutic space through the act of moving the relationship into outdoor spaces. For example, Megan made a decision to dedicate herself to the practice of WTT without owning any physical walls, thus challenging the dominant idea that office space is a necessity of counselling. Megan said that not owning an office sends a message to clients that they are equals walking side by side through a mutually owned space. Similarly, Clay mentioned that walking through a public park allowed him to be on “equal

footing” with his clients, a sentiment supported as well by the previous WTT and outdoor therapy research (Harris, 2015; McKinney, 2011; Revell & McLeod, 2016).

I thought about how Berger (2007a) called these shared spaces “live and dynamic” (p. 42) because interacting with the outside world enhanced the therapeutic process by impacting sensations, feelings, and memories. Stephanie shared how the dynamic of the relationship changes when she moves with a client through a space that is not contained by four walls. It is within attending to these experience of mutual space that the therapists shared stories of how they invited clients to experience therapy in different places than the traditionally controlled office. Stephanie, like Basso (1996), lived the idea that when we step into a natural world, and away from everyday common spaces, we can actively work on our relationships with shared geographical spaces in order to enhance our personal awareness. Similarly, Harris (2015) interviewed ecotherapist David Key, who talked about the importance of bringing clients and the environment together in space and time and then shifting into the background to allow clients to experience the landscape around them.

Something that resonated with me across the accounts was how each of the therapists expressed alternative ways of understanding how place influences therapeutic relationships. We all spoke about the physical characteristics of indoor office spaces. There are often degrees hung on a wall, carefully chosen items placed on a table, couches or chairs of varying sizes and shapes. Each of these items is owned by the therapist and sends a subtle message about the space to clients. Barkan (2002) addressed this message as the power that therapists have within physical environments to highlight their expertise to the clients. Berger (2006) said that going outside shifts the relationship into mutually owned spaces and thus enhances collaboration.

Jordan and Marshall (2010) suggested that natural outdoor settings promote a more democratic relationship where nothing is controlled or owned.

All of the narrative accounts in this inquiry support the idea that WTT creates a collaborative environment in mutually owned spaces such as parks and city streets. I noticed that some of the accounts seemed to be in tension with Jordan and Marshall's (2010) idea that nothing in these shared spaces is controlled. As I wondered about control and therapy, I became curious about whether there are times and places where control is a necessary part of the therapeutic process, such as when a therapist introduces confidentiality, informed consent, or safety outside. Some of the therapists in this research study shared stories of their belief in the necessity of control as well. For example, Clay and Megan chose the routes they walk with clients. For Clay, his path choice is based on timing and organizing his day with clients. Megan always walks the same path around the Rose Bowl that takes the exact length of her sessions with clients. Clay said although the client is leading the session, he takes the lead on how they navigate their way through the park. He said that, in a busy city like New York, his clients often appreciate some time in the park where they can just talk and not have to lead. The therapists in this inquiry shared stories about the move into a less controlled space that is more collaborative, while these outdoors spaces still accommodate a space where the therapist can still be influential within the therapy.

Across the accounts, a different story appeared of what shared spaces might mean for clients. Once clients are introduced to shared spaces, they can return to those spaces on their own time without needing an invitation or agreement from the therapist. Stephanie explained it like this:

Outdoor spaces are accessible to clients at any time; it doesn't exist within a private contained space, it belongs to everyone, so if that client needs to go back for a walk in that same area where you've walked together it is available to them at all times whereas your office is not.

Clay shared similar stories of clients finding beauty in the park, returning to their favourite places on their own time, or lingering in the park after the session to prolong their reflections. These stories are embedded within a larger story of how WTT makes therapeutic spaces more knowable and accessible for clients. The experiences of the therapists who practice WTT tell a story in which the client and the therapist meet in a therapeutic space that the client can then claim. The outdoor spaces are mutually owned, and the client can access them without the therapist and draw from the spaces in different ways than that which is only accessible in an owned office space.

Clay's and Stephanie's stories of accessibility reminded me of Basso's (1996) promotion of the need for people to gain access to therapeutic landscapes in order to understand the reflective and healing benefits of nature. Basso claimed that we can gain knowledge from connecting to landscape, a knowledge perhaps that clients who participate in WTT may be able to gain from exploring nature spaces. He also said that "when places are sensed together-the native views of the physical world become accessible to strangers" (p. 109). Bringing Basso's words to life, I imagined each of the participants walking through shared spaces with clients and the ability of that client to return to the same space on their own. These ideas of working collaboratively within shared spaces shows that therapists can enhance the therapeutic process by

moving into spaces that promote collaboration and accessibility to healing places outside of therapy, and outside in general.

### **Nature as a Third Party**

I remember that when I wrote my literature review I was drawn to Berger's (2007a) framework of nature therapy because it told a story of nature as a silent, but active, partner within a therapeutic relationship. This was a familiar story that rang true for me, as I have many personal experiences of the healing aspects of nature. I remember the inner excitement when Clay said that he viewed Central Park as a third party in the therapeutic relationship because it created a space to further explore Berger's ideas in our conversations. Stigsdotter and colleagues (2011) also wrote about nature as a co-educator and co-therapist by

(a) act[ing] as a catalyst which also provides concrete examples of the consequences associated with the individual and group actions, (b) assist[ing] by guiding insight into any change which may occur in the natural environments and provides the relevant focus for metaphors to be developed, and (c) aids experiential and curative learning, by providing the backdrop and time for individual reflection, modelling self-disclosure, and metaphoric processing. (p. 302)

Alongside all of my participants I witnessed all three of these ideas throughout my inquiry. In addition to characterizing the park as a therapeutic partner, Clay shared stories of how he used the park, nature, and people to help clients understand that they are a part of something bigger than themselves. Clay's integration of the world around him in therapy embodies the first of Stigsdotter et al.'s (2011) ideas about nature as a catalyst for the consequences of individual and group actions. Clay said that WTT "puts you in context with your world" and that, when they



walk in the park, clients are “in the midst of their environment, not separated from their environment.” I remember these words really resonating with me because it drew my attention to how isolating therapy can be. Clay’s perspective on therapy was to place people in their environments in order to stand against isolating practices.

In a more indirect manner of standing against isolating practices, Stephanie spoke about how she uses a connection to nature as a way of encouraging clients to tell stories about their connection to the land, much like Stigsdotter et al.’s (2011) idea that nature can provide a focus and help to create metaphors within therapy sessions. Stephanie asks her clients to share stories about the land they walk through as a way to develop a relationship. In addition, with her trauma group she often used the ocean and trees as metaphors for developing a holistic sense of self. She also used nature to show appreciation for the spaces within which her clients lived and to reclaim spaces her clients had not accessed in a long time. Stephanie also spoke about how the world is much more accessible when you are walking through it. She shared several stories of clients reflecting on issues in their lives based on the places, people, or objects they walked by. In this way, Stephanie cultivated a story of not only nature as a third party in the relationship but also nature as a silent, but active, character in the story of WTT. Her role within the story was to help clients and nature to communicate with each other in healing ways. This idea of nature as the silent but active character is echoed in a recent online survey of WTT therapists conducted by Revell and McLeod (2016). These researchers found that therapists who do WTT describe nature as multisensory, restorative spaces that invite “metaphorical connections” (p. 39).

Carrying forward the idea of nature as a silent but active character in the story of WTT, Wendy and Megan “provide the backdrop and time for individual reflection, modelling self-

disclosure, and metaphoric processing” (Stigsdotter et al., 2011, p. 320). They facilitated this backdrop through sustaining relationships in outdoor spaces that focused on the benefits of being outside: fresh air, personal reflection in natural spaces, and exercise. All of the therapists engaged in retelling as they used the stories of clients and nature to show how clients were motivated to address issues in their lives faster and “feel better” when they engage in WTT. As I considered these benefits within the context of nature as a silent character, I was reminded of how Mayer et al. (2008) found that interaction with nature has the potential to decrease stress and create opportunities for discovering an increased sense of purpose. I also thought about how nature can improve mood (Harris, 2015; van den Berg et al., 2003). When therapists help to orientate clients within natural settings and the outside world through WTT, they are encouraging a healthy well-being and overall mental health through therapeutic relationships (Howell et al., 2011; Revell & McLeod, 2016). Furthermore, when nature is experienced together, there is more of an opportunity to sense the wisdom it has to offer (Basso, 1996). The accounts within this narrative open up a space to explore further what it means to have nature as a partner in the therapeutic relationship, a partner with which therapists can alternate: facilitating a connection between the client and nature, and also taking a back seat to allow clients to share what they know about nature and how it can be healing.

### **Narrative Thread: Acknowledging the Therapist**

An important component of many therapists’ stories is a focus on a client-centered practice. As such, I began this inquiry interested in how WTT contributed to client wellness. As I listened to each therapist, a shift occurred for me, and I began to notice that the participants wanted to share how practicing WTT was beneficial both personally and professionally. This

was, for me, a bumping place, an initial moment of discomfort in which I needed to explore the narrative landscape that foregrounds the needs of the client over the needs of the therapist. I wondered what thinking differently about practice would be able to tell me about how therapists shape their own identities within WTT. I remember Megan saying, “I do not want people to think that we are doing this for ourselves.” I realized that creating a narrative thread about the benefits of WTT for the therapists could create a misunderstanding or judgement about why therapists practice WTT. I also considered that ecopsychology itself is based on the idea that individuals who are exposed to nature find an increased sense of well-being and life satisfaction (Gatersleben, 2008; Mayer & Frantz, 2004). It made sense to me that, as a therapist walks alongside a client in WTT, he or she would be exposed to the same benefits of being outside, physically moving, and connecting to nature.

### **Self-care**

The shift from thinking about the client’s story of wellness within WTT to thinking with the therapist’s story of wellness occurred when I spoke with Wendy about how much she enjoyed WTT. I remember her words, “I love it, it’s great for me as a therapist. I love getting out in nature and getting the exercise” sparking a curiosity in me about how much of WTT was being practiced for her own enjoyment. At first, I remember feeling uncomfortable thinking about WTT as beneficial for the therapist, because the idea stood against some of the accepted social, cultural, and institutional rules of the counselling profession, rules that often encourage placing the client in the forefront and where therapists often neglect their own self-care (Wise, Hersh, & Gibson, 2012), even though it is known that therapists who embrace wellness tend to be “more vibrant” (Baker, 2007, p. 607). I wondered if WTT would be seen as a less legitimate

way to do therapy if therapists admit directly addressed their own self-care by becoming transparent about the personal benefits of WTT. In the narrative accounts, the therapists were cautious in how they talked about their own self-care in WTT, yet they also saw the personal benefits as an integral experience of WTT.

As I sat with this tension about focusing on the therapist within the relationship, I considered that the counselling profession is well known for high levels of burnout due to increased exposure to depression, anxiety, and stress levels, and vicarious traumatization. This exposure means that there is a responsibility for therapists to engage in activities that promote their own wellness (Bamonti et al., 2014; Barnett, Baker, Elman, & Schoener, 2007). There is an expectation within the profession that therapists will attend to their personal wellness and take necessary precautions in order to avoid stress and burnout. I also considered that it is well known that decreased therapist wellness directly impacts client care (Barnett et al., 2007). When I considered that if an unwell therapist can directly impact client care in a negative way, then it is possible that a therapist who engages in wellness practices may impact client care in a healthy manner. Perhaps, the difference for the therapists in this inquiry is that WTT itself is a wellness practice, which makes the story a little more complex because the therapists think about wellness in relation to the work they do in WTT. When I think with the story of wellness told by the participants, I see a story that brings together wellness and personal ideals instead of separating them from their therapeutic practice. For example, Stephanie shared how she can access more of herself when she is outside. Clay talked about how he noticed how much more effort he has to put into session inside and that his brain feels refreshed when moving. All of the therapists spoke to how WTT increases their mood and overall wellness. These stories of wellness were

not unlike the therapists in McKinney's (2011) study who said that they had weight loss, decreased blood pressure, and improved mood from practicing WTT.

In academic literature the need for psychological wellness among counsellors is storied as an ethical imperative (Barnett et al., 2007; Wise et al., 2012). This ethical imperative may be partially due to personal experiences of trauma or abuse in some therapists' lives (Bamonti et al., 2014; Pope & Feldman-Summers, 1992). Stephanie alluded to therapists' experiences of trauma in her narrative when she spoke about "woundedness" and the vulnerability of therapists to protect this personal woundedness from being exposed to others. I thought about how Stephanie spoke about "hiding our own stuff" and how there is no insulation from the regular life stressors for therapists, despite their high levels of education in areas such as promoting wellness and mental health (Bamonti et al., 2014; Barnett et al., 2007). As this inquiry unfolded, I came to appreciate how none of the therapists hid their love and passion for WTT, and how easily they shared its positive impact on their lives.

Megan was the only therapist who found tension with the idea of mutual benefits for clients and therapists. She said, "There is such a fine line between saying that it is 'good' for the therapist, or makes someone a 'better' therapist as opposed to that is 'self-care' for the therapist." Baker (2007) said that the fine line between our professional and personal selves can lead to neglecting our own self-care and in turn affect client care. Both Megan's and Barker's words generated a curiosity in me about stigma. I wondered about how the stigma that is often attached to therapist self-care developed over time, and I was curious how self-care become something that is talked about but not encouraged. I also considered how WTT might be a tool that can be used in efforts to change this stigma.

Elman (2007) addressed a “culture of silence” (p. 609) that is created within the counselling profession in that self-care is promoted in passing, but not highly encouraged or overly supported in the workplace. Megan and I talked in detail about issues regarding self-care. We did not address it at the time as a culture of silence, but reading Elman’s (2007) thoughts about the culture of silence, especially how she highlighted a need to reduce the stigma through a widespread acceptance of integrating self-care into our practice, made a lot of sense to me. I came to believe the more therapists openly talk about the need for self-care and address stigma, the more we can work towards acceptance that wellness is needed on all levels of the therapeutic relationship, not just for the client.

All of the participants shared how they are already working towards an acceptance of wellness within their practices by openly talking about how they integrate self-care into their practices by going outside in the fresh air, walking, and connecting to nature. This research about self-care and WTT shows that therapists can attend to their own needs instead of standing alongside the dominant story of a culture of silence within the counselling profession. The therapists in this study highlight how it is possible to be client-centered and still acknowledge the benefits that WTT may bring to both the client and the therapist. In a broader context, the narratives bring attention to the need for therapists to be upfront about self-care, promote it in themselves and others, and invite conversations that bring the need for self-care out of the shadows and into the light of the counselling profession.

### **Therapist Identity**

When I talked to the participants about self-care, I could not help but think that they were sharing stories to live by, stories that shape therapist identity (Clandinin & Connelly, 2000).

Stephanie reminded me that “we are the tools of our trade. I am the tool of my work, therefore everything I experience, how I am feeling, my self-regulation is actually critical to the quality of work.” Stephanie’s words are also reflected by Elman (2007) who wrote:

The personal is the professional. Armed with knowledge, science, and professional skills, the psychologist’s own relatedness, capacity for reflection, and clinical decision making are the most important common factors that determine clinical wisdom and successful practice. (p. 609)

Stephanie and Elman (2007) encouraged me to think about how WTT and professional identity are intertwined. I wondered if being a WTT therapist is an all-encompassing aspect of therapist identity or only a part of it. Across the narrative accounts was an insistence that who you are as a person and the values that you believe in are reflected in therapeutic practices. The therapists in this inquiry showed that they attended to what they enjoy, and are passionate about in life, in authentic ways. This authenticity, for them, led to feeling satisfied and effective in their careers. Stephanie said:

I think that being able to be more fully myself and all of myself, all of who I am, all of what teaches me in life about how to be a good therapist and how to be present with someone, when I’m outside I can access that.

Clay and Stephanie both shared how physically moving their bodies outside makes them more effective therapists as it allows for a clear head and allows them to access the core reasons that made them want to be therapists. They said this clarity occurs through a reconnect to a larger sense of themselves through either nature or seeing themselves in the bigger picture of the world. Megan and Wendy also expressed experiences within WTT that allow them to feel like they are

better therapists because they enjoy what they are doing. This connection between job satisfaction and job performance is well supported in the literature as well (see Bowling, Khazon, Meyer, & Burrus, 2015, for a meta-analysis).

As a researcher, I considered how personal traits influenced how each therapist is storied within WTT. For example, Wendy explained that WTT is one way that she maintains her physical and mental health. She also said, “I am a better listener and more able to help my clients when I am feeling well.” I reflected on her comments and on the conflict therapists can bump up against in terms of acknowledging oneself within the counselling relationship. I reflected on my own experiences of learning about how much of me I bring into therapeutic relationships.

Recently, Owen, Dininane, Indigo, and Valentine (2015) explored randomized trials exploring the effectiveness of therapeutic modalities such as CBT, wherein the therapist was not randomized in the trials. They analyzed a meta-analysis of randomized trials and found that 65–75% of treatment effects were no longer accounted for when therapist traits were brought into consideration. This decrease in effectiveness suggests that much of our evidence-based research neglects to pay attention to the significance of the therapist presence within a treatment program. It is important to acknowledge that personal traits (in combination with professional training) are unavoidable in developing a professional identity (Moss, Gibson, & Dollarhide, 2014), and yet these personal traits are underestimated and underrepresented in the research.

This narrative thread attends to acknowledging self-care and professional identity as part of the therapist experience of WTT in efforts to represent therapists’ traits and personalities within research. The therapists I spoke to were dedicated to a client-centered practice and client



wellness, yet they did not ignore the physical and psychological benefits of WTT for themselves as well. It is inevitable that, as therapists walk side by side outside with clients, they have the potential to tap into the creative and restorative aspects of themselves (Kaplan & Kaplan, 1989). I am left with the sense that therapists need to be upfront about self-care and stand alongside the psychological benefits of WTT for the clients and themselves in order to stand against the culture of silence and advocate for change within the counselling profession.

### **Narrative Thread: Innovation and Creativity**

One of the dominant storylines of counselling is that it is often considered a change-orientated practice. This change is usually focused on client progress. As such, this final thread came as a surprise to me as I listened to Stephanie, Megan, and Clay share ideas about how there is a need for innovation and creativity in the counselling profession on behalf of the therapist. These stories prompted a re-imagining of the therapist as an entrepreneur and innovator.

As I listened to stories about change, I found it ironic that a profession built upon change orientated practices has itself remained rather static in the spaces in which it is delivered. When I think of change in therapy, I am reminded of Anderson and Goolishian (1988), who said:

The goal of therapy is to participate in a conversation that continually loosens and opens up, rather than constricts and closes down. Through therapeutic conversation, fixed meanings and behaviours (the sense people make of things and their actions) are given room, broadened, shifted, and changed. (p. 7)

In many ways this inquiry was a way for me to “loosen and open up” spaces in the counselling profession that relies heavily on tradition and evidence-based practice. I wanted to highlight the

experiences of therapists who are finding alternative ways to practice that may bump up against some of the traditional, and perhaps more constraining, notions of therapy. Clay said:

Innovation has come to every industry. The internet, advances in technology and health care, we have to be able to embrace innovation and really ask the question: why are we reluctant to change? We are working with our clients to change, to improve, to challenge them, why can't we do that to ourselves? It's fascinating.

Clay's words encouraged me to think about WTT as not only an alternative way of doing therapy, but also as a way of bringing innovation and change to a profession. Stephanie also invited me to think about the creative aspects of WTT, how it draws out her creative side and presents alternative ways of knowing and understanding therapeutic relationships in natural spaces. As I talked about innovation with the participants, I was reminded me that "events under study are in temporal transition" (Connelly & Clandinin, 2006, p. 479). Across the four narrative accounts was a thread woven throughout about drawing on creativity and new ideas to drive a profession to grow.

### **Challenging Dominant Worldviews of Therapy**

In recent years I have experienced a move towards a more holistic perspective of health care that includes biological, cultural, social, and environmental factors occurring in our society (Stigsdotter et al., 2011). I also saw this shift towards a more holistic perspective in my conversations with therapists about WTT. In particular Stephanie said, "It goes beyond innovation. It is moving into a much more naturalistic model and recognizing that humans are incredibly dynamic."

The holistic viewpoints of WTT presented by the four therapists confront the dominant worldview of therapy. A worldview that includes a reliance on scientific ways of knowing, absolutist beliefs on best practices within psychology, and power and competition as ideal factors in relationships. It also includes a view that the natural world is inferior to human life and therefore must be controlled (Collins & Arthur, 2005). I found myself contemplating how limiting this worldview is in creating accessibility to therapy and how an alternative worldview is needed. Collins and Arthur (2005) acknowledged that the traditional worldview often privileges White heterosexuals with a higher education, limiting applicability to other understandings of gender, sexuality, and/or culture. The worldview in ecotherapy is one that “invite[s] openness to learn from indigenous, earth-based cultures” (Davis & Atkins, 2009, p. 275). The worldview suggested by Davis and Atkins (2009) maintains that, rather than being “new age,” this approach is more of a step back into a more primitive worldview, one that focuses on our connection to each other as “circular, cyclical, and multidimensional, one in which everything is alive and interrelated” (p. 275) as opposed to the dominant worldview with “linear, deterministic, mechanistic, objectivistic, and materialistic views of reality” (p. 275). The narrative accounts within this inquiry represent this circular, cyclical, and multidimensional worldview as an alternative way of knowing. Clay said, “We need more people in our profession to look at things differently, to apply interesting ideas to complex problems,” perhaps interesting ideas like those found within WTT.

Stephanie’s experience of looking at therapy from a different perspective through thinking about creativity resonated deeply with me when she said that “the creation of activity is the thing that keeps me attached to doing therapy.” In my conversations with Stephanie on the

topic of therapeutic worldview, she always came back to trusting her clients and what they need, as opposed to the evidence-based practice in psychology. However, throughout Stephanie's narrative she highlighted an interest in evidence-based practice. She also explained that her knowledge of human connection, relationships, and connection to nature was what makes the difference to her in practice, leading her to constantly seek new ways to enhance these experiences.

As I searched for the ways in which innovation is represented in the literature about the counselling profession, aside from some developments in the history of psychology's theoretical orientation, I came up short. The lack of research creates a space to explore innovation in the counselling profession in deeper and more meaningful ways rather than simply investigate how theoretical orientations change over the years. I am walking away from this inquiry with an awareness that change is needed and with an ongoing curiosity about how this change can be fostered in the counselling profession. I am also walking away with the knowledge that all across North America there are therapists who are already working towards this change in effective ways such as WTT.

### **Finding a Niche**

In my conversations with the therapists, I had to re-imagine therapists as innovators and entrepreneurs. Clay told me that therapists are not taught to be business people, and yet so many run a small business. All of the therapists who were in private practice used the word "niche" as a way to describe WTT. Clay said that in a city as large as New York with thousands of therapists, he had to find a way to market himself. Megan also talked about finding a unique

idea to promote her private practice, and Wendy related the niche to her love of nature and exercise.

Within the context of marketing, I engaged in many conversations about the value of WTT. Megan advised that WTT has to be worth it to the therapist personally and financially. There is value in finding a way to accept that there is a monetary value attached to therapeutic services. And finally, there is value in knowing that WTT is more than just a “gimmick” or a “pop psychology” idea to set one therapist apart from another. I am reminded how Clay set WTT apart from gimmicks by reminding me of the need for therapists to attend to “good work” in all that they do. For Clay, Megan, and Wendy the experience of finding a niche, and finding success within it, allowed them to be innovators in the counselling profession. It also allowed them to use their minds to create a therapy in the broader context of ethical practice and accountability.

One way in which I noticed that Clay and Megan attended to ethics and accountability was through acknowledging the need for mental health services in our communities. There is a large need for mental health services and a large deficit in what is available to communities (Statistics Canada, 2012; Wild et al., 2014). There is also a need for diverse client service options as the need for mental health increases (McKinney, 2011; National Institute of Mental Health, 2008). Clay and Megan “thought outside the box” in order to develop a service that cultivated spaces for diverse counselling options to bring accessibility to clients who may not otherwise be able to access these services. Clay discovered WTT by thinking about how he could bring counselling to a person who could not come to him. Megan and Clay also talked about how other people, such as life coaches, are embracing change within the counselling field

and creating innovative options that people are enjoying. They do not want to see fields such as social work, psychology, and marriage and family therapy left behind as these professionals embrace change, so they encourage therapists to embrace the role of entrepreneur in order to innovate and “not be left behind.”

Another story of accountability is in how Megan sees WTT as an innovative way to help reduce the stigma attached to mental health and help-seeking behaviours. In her experience, simply walking outside with a therapist reduces the risk of stigmatization in that people do not have to walk into a publicly displayed counsellor’s office. Clay, too, spoke to this idea of reducing stigma due to the relaxed feel of the relationship outside. He said clients may think, “I am not going in to see the doctor. I don’t have a mental illness, I am just going into the park to walk.”

Stigma is a major concern in mental health, as it can lead to treatment avoidance, prejudice, and ignorance about mental health options for the community (Henderson, Evans-Lacko, & Thornicroft, 2013). Many complexities of stigma include a variety of beliefs about mental disorders and culture (Henderson et al., 2013), suggesting that there need to be diverse solutions to reducing stigma through accessibility to services (Clement et al., 2012). Megan explained a need to reduce stigma in a way that highlighted how there is a need “to keep mental health in such a small box without several mental health resources and outlets.” She believes that if we can find more ways, such as WTT, to reduce stigma, then we should be encouraged to do so. She has explored this idea mostly with youth, but thinks that it easily expands to all populations and has the potential to bring significant change.

Attending to these creative experiences of marketing and finding a niche in order to bring accessibility to many of the people who need mental health services means that WTT should not be considered a gimmick. The therapists in this inquiry showed that how they practice is effectively doing “good work” with many different clients. They all found a niche that allows them to be who they are within therapy and to ethically practice in creative ways.

### **Modality or Therapy Outside?**

When I think of innovation, I think about the creation of new modalities of therapy over time. At first, I conceptualized WTT as a new modality of therapy under the category of ecotherapy. My justification came from my understanding that ecotherapy includes all treatment modalities that utilize the natural world (Buzzell & Chalquist, 2009; Chalquist, 2009). To be considered an ecotherapy there needs to be a connection between the earth and healing in humans within the therapy (Chalquist, 2009). As I considered whether the experience of the therapists I spoke to showed that WTT has a direct connection to nature, I remembered how Stephanie said, “The question is what makes something a modality opposed to just context?” Although Wendy and Stephanie spoke specifically about helping clients connect with nature, Clay and Megan focused more on walking while doing therapy outside. I further began to wonder if all four of the experiences within the narrative accounts fit within the same modality, or if they were modalities at all, or simply therapy outside in different contexts?

As I spoke with each therapist, my thinking about WTT as a new modality became blurry, and I am left without the ability to state clearly if it is, as Wendy and Megan stated, “simple” or if there is more to it? I find myself pulled to how Stephanie said, “I feel like there is more to it than that. I feel like it is more than just a therapy outside. I think some of the factors

make it different than just moving spaces.” I thought about these factors that make WTT different than indoor therapy: a connection to nature, moving our bodies in outdoor spaces, walking through emotions as a metaphor, and fresh air. The complexities draw me away from thinking of WTT as simple. Looking back at the four individual therapists, I also think about the experience and knowledge they each bring to WTT. I thought about Clay’s innovative mind, Megan’s ability to think about how outdoor spaces can reduce stigma in mental health, Wendy’s desire for mind-body integration, and Stephanie’s guidance to reclaim outdoor spaces. I do not consider any of these therapist attributes to be simple. Each of the therapists brought complexity to WTT through who they are as people and their professional identities.

Another important consideration when questioning whether WTT is a modality is the use of therapeutic skills and interventions. All four therapists said that the skills and strategies they use in WTT were developed in previous graduate training, prior careers, and/or life experiences. One of the 14 research findings in McKinney’s (2011) study about WTT stated that “no training is required to participate in walk and talk therapy” (p. 111) beyond what is learned in graduate programs. However, within those same findings, McKinney cited a lack of support as a limitation of WTT, and she drew attention to a lack of training, supervision, and leadership in supporting therapists who practice WTT. Similar to this inquiry, McKinney related that several of the therapists only relied on what they found online, including the promotion Clay has done about WTT in the media, as their research prior to their practice.

In my contemplation about whether no specific training or skills for WTT made it simply therapy outside, I thought about the narrative beginnings of theoretical orientations. In researching Aaron T. Beck, the founder of CBT, I discovered that CBT began as personal



exploration about dreams and the depression his clients experienced (Beck, 2011). He made anecdotal notes of what he witnessed with his clients in order to formulate theories that he then took to his lab at the University of Pennsylvania to examine further (Beck, 2011). Cognitive behavioural therapy is considered the most evidence-based therapy, and yet it began in a qualitative fashion. One could also argue that, in the beginning, Beck relied only on the skills he had previously learned within his training program, had little direct supervision, and used his innovative mind to develop theories that went on to be the most commonly used and researched therapy in counselling professions. I considered how the early stages of WTT and CBT are similar in that someone had an idea and, as Megan and Clay said, “just went with it.” Currently there are no specific guidelines for WTT or standards of practice, but that does not mean that training programs cannot be developed in the future. Clay has considered developing workshops, Megan wrote a manual, and all of the therapists have considered participating in presentations about WTT at conferences.

I am left with the uncomfortable feeling that I do not have a specific answer to this question of if WTT as a modality versus therapy outside. I do, however, think that the ideas presented in these narrative threads, such as therapist identity, self-care, and a consideration of space, highlight the complexities of WTT that are not simple. Walk and talk therapy may not be a revelation, but it is more than just walking with clients. I also wonder if WTT has to be a modality to be considered legitimate, or if it can be held in the story we have of it now, neither a modality or simple, but a therapy that therapists are currently practicing and citing the benefits of to themselves and clients.

## **Conclusion**

Through the course of this narrative inquiry I reflected upon four narrative threads as a way of representing the experiences of four therapists who practice WTT. It is my hope that these narrative accounts and threads create a springboard for further discussion and consideration of the use of new and innovative practices that continue to challenge the use of space, traditional ideas, and the role of professional identities within therapeutic practice. In the next, and final, chapter I will present ideas for how to continue the conversation about WTT, an open letter to the counselling profession, implications for practice, and strengths and limitations of this inquiry.

## **CHAPTER SIX: CONTINUING THE CONVERSATION**

In Chapter Five I presented four narrative threads that, together, deepen insights into the experience of participants on a diverse narrative landscape of therapy practice and WTT. In this final chapter I conclude the study by inviting readers into a forward-looking story of some of the practical ideas for therapists and implications for the counselling profession that arise from this research, as well as some future research possibilities. This chapter also includes a statement of the strengths and limitations of this study. In the end, this chapter is a closing reflection on how this study has influenced my own perspectives on practice and of WTT.

In many ways, this inquiry has left me with more questions about the experience of WTT for therapists. This inquiry began and concludes in the midst of life, of living, and of practice. This conclusion is not a foreclosure, nor a definitive conclusion that offers concrete answers. Instead, this conclusion ends the formal research inquiry I have undertaken, moving myself, the participants, and readers of this work towards our own futures that perhaps include WTT, or at least interest and wonder about the complexities of being a therapist and practicing in diverse ways with clients. As a way of tying together the narrative threads in the previous chapter and looking towards the future, I have written the following open letter to the counselling profession.

### **An Open Letter to the Counselling Profession**

Dear Colleagues,

There are therapists among us who have walked for years outside with clients. Some have done so on a casual basis and others in a format called WTT, or within other forms of ecotherapy. Taking a walk in public with clients invites questions about many traditional ideas within our profession. Specifically, it calls to question what many consider to be the foundations

of our practice: confidentiality, emotional regulation, and ethics. We should welcome these questions, as it is important for us all to continually consider the ways in which we morally and ethically engage in therapy. However, creativity and innovation, when carefully considered, do not need to compromise the values and ethics upon which this profession was created.

We ask our clients to be change oriented, and yet, in some ways our profession has become stagnant. We have built our offices in contained spaces, placing items we own on the walls and the tables. These acts may seem simple, but they have the potential to send a message to clients that we own the space, and are the experts within it. Our profession is embracing collaboration in therapeutic relationships. We are in the process of shifting from the stance of the “therapist knows best” to a position of encouraging clients to be the experts of their own lives. There are many ways in which we can promote this shift in our practices. One such way is to think about the spaces we are in. Take a moment and look around your office, what subtle messages might you be sending your clients? How do clients experience the space you have created? It is important to consider how these choices we make may shape the conditions of our therapeutic landscapes.

I ask you to consider taking a client outside and to consider the ways nature may become a silent, but active, partner in your therapeutic relationships. This may simply be a break to breathe in some fresh air, a moment to sit on a park bench, or a full walk. Think about how you can introduce new therapeutic spaces to clients that are accessible in and out of your counselling sessions. There is a lot of potential here to invite clients to explore spaces that promote reflection and personal growth in spaces that are mutually owned and shared. It is possible that an introduction to these spaces may enhance your therapeutic relationships, as clients may be

motivated to return to these spaces on their own time, an opportunity that is unavailable to clients with in-office counselling.

Now, take a moment and think about how you feel when you are outside taking a walk. Do you feel refreshed? Does your mind have the ability to think clearly as you breathe in fresh air and feel the blood moving through your body as you engage in movement? Can you imagine bringing your own wellness into counselling relationships, while also remaining a client-centered therapist on a walk with a client? I would like to take a moment and push at the boundaries of what we know, and how we practice. There is a culture of silence in our profession that masks the knowledge that we are the tools of our trade and we need time to focus on our own wellness. We are an essential aspect of what happens in therapeutic relationships. How we are as people, what we know about ourselves, and our wellness directly influences our therapeutic relationships. Therefore, we need to take a moment to consider ourselves. Many of us spend a lot of our time researching, reading, and consulting with others about our clients, which is an important practice. However, often within these relationships, we neglect ourselves. We talk with others about the significance of self-care, we promote wellness with our clients, and yet in the background many of us ignore our own needs. We know this can lead to burnout and directly impact the client, and yet we remain silent.

I want to break this silence and stand up and say how important it is to acknowledge the therapist. Please understand, I am in no way centering the therapist within a therapeutic relationship. I am, however, saying that our wellness and our professional identities make a difference in both our personal and professional lives. When we take a walk with a client we can be client-centered, attend to the needs of the client, but we also take care of ourselves simply

from walking side by side outside. We have the ability to be better therapists and access more of ourselves through the well-known benefits of connecting to nature, exercise, and fresh air. This aspect of WTT should not be silenced, nor should it be hidden in the background with a worry that it will make the practice less legitimate. I believe the opposite, that transparency about wellness brings an aspect of legitimacy to this practice. It also invites a conversation about wellness to all therapeutic practices, inside or outside. We need in this profession to take self-care seriously and to stop talking about how important it is, without making room for actual engagement in wellness practices. We also need to stop promoting wellness and contradicting ourselves by rewarding those who sacrifice it for success. Acknowledging the self, and an awareness of what promotes growth within ourselves, will make us better therapists.

In closing, I ask of you to reflect upon what change in your profession means to you. How do you engage in practices that promote your growth as a therapist? Consider where you want this profession to be in the future and how you may be able to be a part of that innovation and creativity.

Experience the sunshine,

Tyla Charbonneau

### **Practical Ideas for Therapists**

This inquiry contains many practical ideas for therapists who want to try WTT. Across the board, the message from the participants in this study was that if WTT is a good fit for the therapist and the client try it; if it is not, do not try it. Megan said, “I think it’s important that it’s voluntary. I think that if people choose to engage in this type of therapy they know what it is and they know the benefits of it and the potential risks.” All of the therapists cautioned that while

they have a passion for WTT they are aware that it will not be a good fit for everyone. I found it interesting that each of the therapists had a different opinion about who may not be a good fit for WTT, and that there was not a united “this population is not a good fit” stance. These differences of opinion created a wonder in me about how the comfort level of the therapists working with different populations within WTT may be just as important of a consideration as the population itself.

Each of the therapists also talked about the importance of engaging in personal reflection about their practice. They each expressed an appreciation for the opportunity to reflect on their personal WTT practice within this inquiry. Stephanie called it both “good research and good therapy in itself.” I consider this reflective piece as a call for all therapists who want to engage in WTT to find outlets for consultation and conversations with others. Looking across the experiences of the four therapists I spoke to, I generated a list of reflective questions for therapists who may want to engage in WTT, as found in Table 1.

Table 1

*Reflective Questions for Therapists Who May Want to Practice WTT*

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Category	Reflective Questions
<b>Potential Benefits</b>	<p>Would you find the practice of WTT personally and professionally beneficial? What aspects of WTT do you think you might find appealing as a therapist?</p> <p>In what ways do you think WTT could align with your professional identity? As you integrate WTT into your sense of yourself as a therapist, what do you imagine might arise from this</p>

new form of practice? How might your clients experience these new directions in your therapeutic work?

**Connection to the Natural World** Are you passionate about connecting to the natural world? How do you envision connecting to the natural world changing you and/or your clients? As you integrate these changes, how do you think they might impact your practice?

What do you value most about nature? Exercise? Therapy? How would you incorporate these values in your practice? What challenges, if any, do you imagine might arise for you?

**Ethical Considerations** In a context where confidentiality may be experienced differently than within a closed office space, how would you have a conversation about confidentiality with a client? What is your comfort level with your client possibly being overheard?

What do you see as the potential risks of WTT and how might you address them? Personally? Professionally? With clients?

Take some time to reflect on emotions and emotional regulation. How would you navigate emotions in public spaces? What are your thoughts on asking questions in public that may involve emotional responses? How would you talk to clients about emotions?

**Innovation in Practice** How comfortable are you with thinking outside the box and taking risks in therapy? What sorts of risks have you previously taken in therapeutic relationships? What was this experience like?

**Skill Development** What research and reading have you looked into about WTT? What about it resonates with you? How could you give WTT a greater place in your therapeutic practice?

What questions arise in you about WTT? What concerns do you have that might inhibit you from integrating WTT into your existing therapeutic practice?

**Professional Development** How would practicing WTT fit in with your goals as a therapist?

Would WTT be manageable within your obligations in your personal and professional life?



**Therapeutic Effectiveness** How do you imagine WTT might make you a more effective therapist? What difference do you imagine that this might make to your own sense as a therapist?

How does WTT align with your theoretical orientation? Would it be possible to make the therapeutic strategies you currently use accessible in outdoor spaces? What might be your first steps in doing so?

**Practical Considerations** *Safe and practical places.* Are there bathrooms available or benches if a break is needed? Will you be safe walking together in the day time? How busy is the route you chose? What spaces should be avoided in order to maintain conditions of safety for both the client and yourself?

*Physical fitness.* Are you physically able to walk for an hour? Is your client physically able to walk for an hour?

*Weather.* What is your backup plan for weather? What conversations would you like to have about weather with clients?

*Informed consent, insurance, licensing boards.* Do you have a written informed consent? What does your insurance cover? Is WTT an acceptable practice under your licensing board?

**Other Considerations** What do you know about your ability to work in different environments?

What is your comfort level with navigating situations beyond your control as you approach them outside? How could you manage these possibilities effectively?

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In this inquiry, I attended to ideas about how therapists use space in therapy. I explored connections to nature and the outside world as a way to help clients ground themselves in the world around them in order to facilitate their therapeutic growth. Even if a walk is not an option, a therapist may want to consider a bench outside the office, a green space nearby, or even taking a brief moment to step outside and get some fresh air before returning to the office. In this

inquiry I focused on WTT, and yet, the stories presented suggest that simply going outside may be of benefit to both the client and the therapist. This inquiry is an invitation to think with how to be creative with therapeutic space, including the incorporation of part of the natural world as an enlargement of therapeutic space. The stories also encourage therapists to reconsider traditional norms of therapy and the small risks that might be taken in order to be innovative, reach more people who need help, and challenge the dominant worldview of therapy.

### **Looking Ahead**

I see WTT as a forward-looking story, full of potential and possibility. All of the therapists were in agreement that further conversations and explorations about WTT are needed. It is through these conversations that therapists, academics, policy makers, and governing boards may be able to develop consulting relationships, and facilitate creativity and innovation within the counselling profession. Continuing conversations can begin at the level of therapist to therapist in the form of consultation about WTT practice. These conversations may assist therapists to engage in personal reflection, discuss any challenges that may arise, and to celebrate success. Moving into the realm of academics, policy makers, and governing boards, conversations about WTT may include discussions about need for further research into the implications of practice for students, supervision, and regulation. Within all of these groups there is also opportunity for educational workshops, training sessions, and open panel discussions to explore how WTT can be incorporated into academia, community agencies, and private practice. In the narrative threads I addressed the need for further exploration of WTT as a modality within ecotherapy. I also attended to the need for respectful conversations about

therapist self-care in order to stand against the culture of silence wherein we do not directly address the need for self-care in the workplace.

When I considered other areas of WTT that need more research, I thought about how Megan shared that she wished I was able to speak to clients about their experience of WTT. To date, there are now two dissertations exploring the therapist perspective from two different angles, but a client perspective is certainly needed. I would like to see both qualitative and quantitative inquiries into client benefits, experiences, and wellness outcomes. With the exception of Stephanie, all the therapists I spoke to practice WTT within a private practice. I would be curious to know more about how WTT works with clients within community settings; it would be of interest to research the effectiveness of groups, how the supervision of WTT could be organized at a community level, funding resources, and client perspectives of WTT.

Additional research about WTT could include an exploration of the client relationship through exploring the experiences of both the client and the therapist in the same study. These experiences could include communication, therapeutic relationship, and perception of wellness outcomes. It would also be of interest to do quantitative studies that looked at client outcomes of WTT, contribution to wellness, and the influence of nature in counselling relationships. There is also a need to explore diversity within WTT to a greater degree, to inquire into specific populations and their experiences with WTT, and whether or not there are populations that may benefit. It may also be beneficial to explore possible contraindications for the utilization of WTT with certain populations. I would be interested in knowing if there is a diversity element of connecting to nature, cultural perspectives of WTT, and ethical considerations of practicing WTT.

One of my main motivations for engaging in this inquiry was to generate more academic research about WTT. I noticed within my literary searches, conversations with professionals, and within the conversations with each of the participants that there is little to no training or much in the way of guidelines for WTT. McKinney (2011) created a helpful framework for understanding WTT and articles are increasingly appearing about ecotherapy. However, in a profession where supervision of practice is a recommended professional competency, I still wonder how we offer supervision about something in which we have not received supervision, or what the beginnings of supervision in WTT might look like? How do interested professionals obtain supervision when there are so few therapists with training to offer it? Wendy explained that WTT fits within her personal ethical framework and that “I believe it is more helpful than harmful to others.” However, Wendy also stated that she is unaware of any standards of practice for WTT. In reality, all of the therapists mentioned a lack of research when they began and that they at times “flew by the seat of their pants.” There is a considerable amount of related research and an ongoing interest in ecotherapy, which potentially might offer some resources and co-benefits for WTT, contributing to the potential for more research specific to WTT.

I am of two minds as I write this section about future research. On one hand, I have read through the early conception of several types of therapies, such as CBT, and their narrative beginnings are similar to WTT. People believed in something, tried it out, then explored it in several ways, including research through qualitative means. How is WTT any different at this stage? There is a privileging of evidenced-based practice in the counselling profession, and I wonder how this privileging limits accessibility to people who may not fit into the evidence-based box. Additionally, I wonder how it limits amazing therapists who are out in the world

helping people in ethical ways, but who do not want to conform to traditional practices because it does not align with their identities. Are we limiting access to potential resources by holding on to the dominant worldview of therapy? I would like to see more research and conversations about the impact this dominant worldview has within counselling professions as well as problem solving some of these barriers and challenges.

On the other hand, the narrative threads showed that there is a need for training, guidelines, supervision, or even simply consultation about WTT as a way to maintain or enhance professional competencies. Looking for a place to start, I asked each participant to share what they felt would be important conversations within training, supervision, or consultation with others. The list generated includes: confidentiality risks, client perspectives of WTT, contraindications for WTT, navigating emotional regulation; professional practice and ethics, engaging in research, and practical concerns such as routes, client physical ability, and weather. In general, all of the therapists supported the idea of consultation with others who do WTT in order to continue the conversation about WTT and to incite and encourage increased personal and professional reflection about their practices. Each of the participants in this study said that formal training and guidelines are not needed outside of graduate training programs because the skills used in WTT are learned within these programs. I leave this inquiry with a tension here, about whether or not I stand alongside my participants' thoughts that specific WTT training is not needed. I am pulled toward thinking that training, guidelines, and workshops would be an advantageous and ethical venture for therapists, community agencies, and students who may want to try WTT.

Finally, I spoke to each participant about the need to present the experiences within this dissertation in various academic and professional contexts. Stephanie and I have spoken about collaborating on an introduction to WTT workshop at a CPA or CCPA convention. Clay and Megan also stated they would be interested in collaboration projects such as information session or open discussion panels in the future. In this way, we have begun to develop a community of practice (Wenger, 1998) wherein we can work together to shape and form the forward looking story of WTT.

### **A Reflection on Strengths and Limitations of the Inquiry**

As with any study, there are strengths and limitations to this narrative inquiry. In this study I was able to show four different stories of WTT. These stories have the potential to invite and perhaps shape new conversations about the spaces in which we practice therapy. The experience of these four therapists may be a starting place for a therapist who want to try WTT and who is looking for supportive research about it. This study also has the potential to inspire others to think about creative and innovative ways to keep moving the counselling profession forward. While the findings of this study are not generalizable, they are generative, given that stories have a way of activating the imagination and showing the power of experience as they invite changes in how we think about the world. Changes, perhaps, to how we think about therapy and the spaces of therapy.

I recognize that the four therapists within this inquiry do not fully represent all therapists who practice WTT or who would like to practice it in the future. While I was able to speak to females and one male, all of the therapists were Caucasian, middle class, Northern Americans and thus did not represent a diverse population of therapists. Further research with more diverse

participants would enrich the experiences shown in this inquiry. Another limitation was the concern I often felt from participants about talking about WTT and how such a concern may have held the participants back from expressing their experiences and opinions about WTT. A few of the participants expressed concerns about whether or not their participation would highlight WTT as a legitimate therapy, as well as how I might be representing their story within this inquiry. It often occurred to me that there was a slight danger for these therapists to be talking in depth about something with such little academic research behind it. Attending to the relational responsibilities of narrative inquiry (Clandinin & Connelly, 2000) I addressed each of these concerns with transparency, in-depth conversations, and continual checking in with the participant about these concerns. It was also brought to my attention by my response community that each participant's commitment to this inquiry, despite this worry, should be commended and bodes well for the future of this approach.

### **Leaving in the Midst: A Parting Reflection**

Clandinin and Rosiek (2007) described narrative inquiry as a borderland space often at the “boundaries [of] other traditions of research” (p. 36). As I leave this inquiry in the midst of my own life and in the midst of each of the participant's lives, I am left thinking about how WTT is also a borderland space of traditional therapy. One of my committee members often referred to WTT as being “on the fringe.” In a profession driven by evidence-based practice, I agree with this statement, and yet I think back to how many therapists I know who have mentioned that they have taken a walk with a client. These therapists may not have called it WTT, but they have ventured outside with clients. Even therapists who practice CBT may find themselves out in

public with a client doing exposure therapy<sup>3</sup>. I wonder how different exposure therapy really is from what the therapists in this inquiry do with WTT. In my opinion, WTT could be considered exposure therapy at its best, so, is it really on the fringe or is it a new way to think about practices in which therapists may already engage, but in a fuller capacity?

As I sit at an important intersection of my life with my professional career ahead of me and my Doctoral research about WTT (almost) behind me, I am left with the question of whether or not I will continue to incorporate WTT into my own practice, and promote it to other therapists. My answer is yes. In support of this positive answer, I return to the personal, social, and practical justifications (Clandinin, 2013) for research about WTT that I presented in chapter one. The therapist's experiences within this inquiry stand alongside my personal justification and belief that there are restorative and wellness aspects of connecting to nature. My social justification was to formulate new knowledge and ideas within the counselling profession. I believe that innovation is needed in our profession and that WTT is one of the many ways to address this need. I also see WTT as a legitimate therapy that does not cause harm to clients and has the possibility to enhance therapeutic relationships. However, I also see a need for further conversations and research, which is in line with my practical justification of questioning if there is room to grow this research. I have learned that while I like to push at the limits of how we conceptualize therapy, there are some rules, in particular the rules that protect vulnerable people,

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<sup>3</sup> Exposure therapy is a technique used in CBT that exposes clients to objects or situations that they fear in order to desensitize them from these fears.



that need to be followed in order to enhance the quality of therapeutic practice. I leave this inquiry with an excitement about the future of WTT, while also experiencing an uncomfortable tension about a therapy with very little guidelines and training, and yet, at the same time, so much unrealized potential.

As I go forward, I will think about Stephanie and how she talked about connecting to the “wilds” inside of us as we walk through our experiences. I will remember Clay’s metaphor for moving through emotions through walking. I will also think about Wendy’s focus on wellness. I will draw on Megan’s ideas about reducing stigma within mental health by simply going for a walk. Standing alongside the experiences of the four therapists who participated in this inquiry, I will embrace the idea that WTT is of benefit to the client and the therapist and I will advocate for greater awareness of the importance of therapist wellness within therapeutic relationships.

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### **Appendix A: Email Recruitment Letter**

My name is Tyla Charbonneau and I am a PhD Candidate in Counselling Psychology at the University of Calgary. Your website indicates that you are a professionally registered therapist who currently engages in Walk and Talk Therapy (WTT, therapy sessions conducted outdoors while walking), and I am hoping you might be willing to participate in a study that explores the stories surrounding the experience of therapists who engage in WTT.

If you chose to partake in this study, I will invite you to engage in an introductory conversation on the phone or through video conferencing with me. I will ask questions that allow you to share your current and past experiences with WTT. My main wondering in this initial conversation will be around how you began to use WTT in your practice. I will also be interested in what your experience of WTT to date and throughout our 6-8 months conversing. You may contact me via email, phone, and/or with forwarded written reflections in a journal format. Please note the informed consent letter will seek your permission for our conversations to be video and/or audio recorded.

I will also send you a check in email twice a month with personalized questions generated from the initial interview and the previous conversations. I ask that you also engage in three phone or video conversations throughout the 6-8 month period. Finally, I will ask you to engage in an exit interview. You will also have the freedom to contact me by email, phone, or video conference at any point should you an experience or story to share throughout our time together.

If you are interested in participating in this study or would like more information please contact me. Thank you in advance for your interest and I look forward to hearing from you.

This study has been approved by the University of Calgary Conjoint Faculties Research Ethics Board.

Warm regards,

## **Appendix B: Journal Recruitment Letter**

Recruitment letter for the Canadian Journal of Counselling and Psychotherapy:

Are you a professionally registered therapist (ex. psychologist, counsellor, social worker) who engages in Walk and Talk Therapy (therapy sessions conducted outdoors while walking) with clients in your current practice? Would you be interested in participating in a qualitative study about your professional experience? If so please contact:

This study has been approved by approved by the University of Calgary Conjoint Faculties  
Research Ethics board

## Appendix C: Informed Consent



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**Name of Researcher, Faculty, Department, Telephone & Email:**

**Supervisor:**

**Title of Project**

Get out! A Narrative Inquiry with Four Therapist who Practice Walk and Talk Therapy

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This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

### **Purpose of the Study**

The purpose of this study is to explore the experience of Walk and Talk Therapy (WTT, therapy

sessions conducted outdoors while walking) from the therapists' perspective. The researcher will be exploring aspects of WTT including, professional experiences, the therapist perspective of benefits and limits to client relationships and therapeutic outcomes, confidentiality, implications for professional practice and supervision, populations best suited for WTT, and any other experiences with WTT that you feel are important.

You have been invited as a potential participant because you are a trained therapist over the age of 21 who currently conducts WTT in your personal practice. You are registered with a professional body of Psychology, Social Work, or Counselling.

### **What Will I Be Asked To Do?**

If you partake in this study, you will engage in conversations about your experience with using WTT in your professional practice over a 6-8 month period. You will need to participate in an introductory conversation on the phone or through video conferencing with the researcher. She will ask questions that allow you to share your current and past experiences with WTT. The researcher's main wondering in this initial conversation will be around how you began to use WTT in your practice. The researcher will also be interested in what your experience of WTT is to date and throughout our 6-8 months conversing. You may contact the researcher via email, phone, and/or with forwarded written reflections in a journal format.

The researcher will also send you a check in email twice a month with personalized questions generated from the initial interview and the past month conversations. You will be asked to engage in three phone or video conversations throughout the 6-8 month period. Finally, the researcher will ask you to engage in an exit interview at the end of 6-8 months. You will also have the freedom to contact her by email, phone, or video conference at any point should you an experience or story to share throughout the study.

Participation in this study is completely voluntary. You may decline to answer any and all questions, and

you may withdraw from the study at any time without penalty.

### **What Type of Personal Information Will Be Collected?**

Should you agree to participate, you will be asked to provide your gender, level of education, and professional affiliations (ex. Registered Psychologist, Clinical Social Worker, Registered Counsellor). This information will be linked to your narratives.

Please note as this study is about your experience and the researcher will not be asking for specific or identifying information about your clients.

For purposes of verbatim translation the researcher will ask for permission to audio or video record spoken conversations for the purposes of transcription. These recordings will not be shown in public and will be deleted once the written transcript is recorded. The researcher and her PhD committee will be the only individuals to access these recordings.

I consent to my real name being used in this study \_\_\_\_\_ (please sign)

There are several options for you to consider if you decide to take part in this research. You can choose all, some, or none of them. Please review each of these options and choose Yes or No:

I grant permission to be audio taped:	Yes: ___ No: ___
I grant permission to be videotaped:	Yes: ___ No: ___
I grant permission to have my company's name used:	Yes: ___ No: ___

### **Are there Risks or Benefits if I Participate?**

There are no foreseen risks outside of your regular practice and consultation about your practice.

Benefits of participation in this study include contribution to your professional field and the opportunity to reflect on personal practice.

### **What Happens to the Information I Provide**



Participation is completely voluntary, anonymous, and confidential. You are free to discontinue participation at any time during the study. Should you choose to discontinue participation all data pertaining to you will be destroyed immediately and will not be used in the study. The information collected will anonymously be shared with the researcher's response community including her PhD committee members and fellow graduate students.

All emails and written documentation will be saved in password-protected file. Please note the researcher will use a secure University of Calgary email address for all communication. She cannot guarantee confidentiality if you use an internet based email address to communicate (ex. Gmail, Hotmail, etc.). If you chose this method of communication it will be at your own risk.

The researcher will keep thorough notes of each phone and video conversation which will also be kept in a password-protected file. This information will be stored for five years, at which time, it will be permanently erased.

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### **Signatures**

Your signature on this form indicates that 1) you understand to your satisfaction the information provided to you about your participation in this research project, and 2) you agree to participate in the research project.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print) \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's Name: (please print) \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Questions/Concerns**

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

If you have any concerns about the way you've been treated as a participant, please contact the Research Ethics Analyst, Research Services Office, University of Calgary at (403) 210-9863; email [cfreb@ucalgary.ca](mailto:cfreb@ucalgary.ca).

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

### **Appendix D: First Interview Questions**

Semi structured initial interview questions:

1. Please tell me about yourself as a therapist.
2. What kind of registered therapist (i.e. psychologist, counsellor, social worker etc.) are you?
3. What kinds of issues do you address in your therapy sessions?
4. How did you first learn about Walk and Talk Therapy (WTT)?
5. Overall, how would you describe your experience thus far using WTT?
6. What is your motivation for using WTT?
7. What has been your experience thus far of using WTT with clients?
8. What benefits have you noticed so far with clients while using WTT?
9. What disadvantages have you noticed so far?
10. Have you noticed WTT works best for specific issues? If yes, which ones?
11. Have you noticed WTT works best for specific populations of clients? If yes, please describe.
12. What is your experience of clients and the interaction with nature itself?
13. What are your views on collaborative relationships in WTT?
14. Have you ever received training and/or supervision regarding WTT? If yes, please describe. If no, how did you learn about WTT?
15. What kind of consultation practice do you have with other therapists?
16. Is there anything else you would like to add?