

ORIGINAL ARTICLE OPEN ACCESS

“The Natural Highs, the Opening Gate, the Stile to Another Somewhere...”. A Single Case Study of One Client's Experience of Walk and Talk Therapy

Stephanie Revell¹  | John McLeod² ¹Massey University, Palmerston North, New Zealand | ²Independent Researcher**Correspondence:** Stephanie Revell (s.revell@massey.ac.nz)**Received:** 31 August 2025 | **Revised:** 4 January 2026 | **Accepted:** 26 January 2026**Keywords:** ‘walk and talk’ | case study | helpful aspects | outdoor therapy | walking interview**ABSTRACT**

Background: Interest in and the provision of therapeutic methods that integrate the beneficial effects of nature to support overall mental health and well-being is growing. Walk and talk therapy is a therapeutic activity that combines walking in an outdoor setting with traditional counselling and psychotherapy practice. Distinctive change processes associated with walk and talk therapy are not yet fully understood. This study reports on the findings from a narrative case study of one client's experience.

Method: This study utilised a walk and talk interview to generate a nuanced and place-specific understanding of the process of change within one client's experience of walk and talk therapy. Findings are creatively presented with the use of stanza and reflective researcher accounts of the process.

Findings: The outdoor setting, physicality and metaphor were key elements of a therapy experience that was highly meaningful and helpful for this client.

Conclusion: This study provides contextual understanding of one person's experience of walk and talk through the novel approach of a walking interview. Findings highlight the important relationship between therapy and place, which incorporate client preferences. Implications for further research are discussed along with suggestions for therapists, who might like to integrate this therapeutic activity within their practice.

1 | Introduction

Combining outdoor settings with traditional counselling and psychotherapy has notably gained in popularity as therapists seek to offer alternative therapeutic methods within their practice (Cooley et al. 2020; Jordan 2015; Newman and Gabriel 2023; Revell and McLeod 2016, 2017). It is also widely accepted that spending time in natural outdoor settings can aid both physical and psychological well-being (Bowler et al. 2010; Brown et al. 2013; Johnsen and Rydstedt 2013; van den Berg and Beute 2021). Furthermore, physical activity in natural outdoor settings compared to indoor settings or urban environments is associated with greater feelings of revitalisation and energy

and decreasing levels of depression, anxiety and anger (Taylor et al. 2022; Thompson-Coon et al. 2011; Wicks et al. 2022). As outdoor therapy interventions continue to grow, and efforts are made to define scopes of practice, understanding how therapeutic change occurs and what processes support this are still being understood (Harper et al. 2021).

Walk and talk intentionally integrates physical activity and an outdoor setting into the process of therapy (Charbonneau 2016; Doucette 2004; McKinney 2011; Newman and Gabriel 2023; Revell and McLeod 2016, 2017). Interest in and the provision of walk and talk has grown in recent years, particularly since the COVID-19 pandemic when therapists and clients were faced

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Implications for Policy and Practice

- Walk and talk sessions produce different creative therapeutic processes to indoor, seated contexts. Counsellors wishing to integrate walk and talk would benefit from considering ways of responding to these differences.
- Integrating physical movement within intentional therapeutic context may be particularly supportive of psychological processing for clients of walk and talk counselling.
- Clients who enter therapy with a preference for counselling in outdoor settings and a belief in the helpfulness of this therapeutic activity may benefit from walk and talk.
- Further research is needed to understand the ways in which different settings of walk and talk interact with client outcomes and experiences of walk and talk counselling.

with restrictions for in-person therapy provision (Cooley and Robertson 2020). Recent research also indicates walk and talk is being utilised as an alternative approach across helping professions, as interest grows around the ways in which beneficial effects of nature can support overall mental health and well-being (van den Berg and Beute 2021).

While interest in walk and talk continues to grow, there is limited research evidence supporting the use of this approach. To date, research has tended to focus primarily on therapist or client perspectives, with one randomised control trial having been conducted (Dickmeyer et al. 2025). Studies exploring therapist experiences of participating in walk and talk with their clients report a strong belief in the value of a therapeutic activity where the benefits of physical movement and being outdoors can supplement the process of their work with a client (Charbonneau 2016; McKinney 2011; Revell and McLeod 2016, 2017).

Recent studies exploring client experiences of walk and talk similarly indicate a high degree of support for this therapeutic activity and highlight a range of physical, psychological and relational benefits (Clark 2019; Dickmeyer et al. 2025; Greenleaf et al. 2024; Newman and Gabriel 2023). There are a number of specific ways in which walk and talk is seen as helpful from a client's point of view, from walking to supporting psychological processing (Doucette 2004), increasing freedom of expression (Prince-Llewellyn and McCarthy 2025) to increasing mind-body connection (Newman and Gabriel 2023). The outdoor setting is further identified by clients as supporting therapeutic processes by providing space for reflection (Prince-Llewellyn and McCarthy 2025); promoting relaxation and contemplation (van den Berg and Beute 2021); supporting emotional expression and increasing opportunities for spontaneous metaphorical connections (Newman and Gabriel 2023). However, for some clients, walking while talking can limit emotional expression and depth of psychological processing (Newman and Gabriel 2023). Research findings also show that urban settings can raise confidentiality concerns and be distracting for clients, therefore

mitigating some of the beneficial effects of therapy in outdoor spaces (Greenleaf et al. 2024).

Systematic analysis of data from single cases represents a valuable means of contributing to the evidence base for counselling and psychotherapy. Case studies have the capacity to yield a contextualised understanding of how multiple processes contribute to change, as well as providing richly described accounts of practice (Flyvbjerg 2006; McLeod 2010). In recent years, a growing methodological literature has yielded a range of case study designs that can be implemented within the field of counselling and psychotherapy (McLeod 2013; McLeod et al. 2014), including strategies for integrating single case analysis into randomised controlled trials (Fishman et al. 2017). Single-case analyses seek to highlight the specificity and uniqueness of individual lived experience in relation to wider themes (Simons 2009). Such studies also have the potential to enhance professional knowledge by illustrating a particular way of working, sensitising practitioners to themes and issues, documenting what a client gained from their therapy experience, or identifying possible causal relationships between a particular intervention and subsequent outcome. Intensive analysis of a single case provides opportunities for new insights arising from a willingness to closely examine previously familiar aspects of practice in a new light (Flyvbjerg 2006). Case study methodology does not seek to produce generalisations or broad conclusions regarding all clients' experiences of walk and talk. The intention, instead, is to elucidate practice-based principles that contribute to the understanding of interactional processes and mechanisms.

At the present time, no detailed single-case analyses of outdoor or walk and talk therapy appear to have been published. The present study used a narrative case study approach focused on capturing the client's story and lived experience (McLeod 2010). A secondary aim was to develop a conceptualisation of the process of change within a single case of walk and talk therapy that could serve as a starting point for further theory-building case study investigations of this type of therapy (Stiles 2007, 2009).

The aim of this article is to present a narrative case study of one client's experience of walk and talk therapy and the meaning they made of this experience.

2 | Methodology

The overall aim of this narrative case study is to 'tell the story' (McLeod 2010) of one client's experience of walk and talk therapy. This article presents three out of four themes produced from the study. The full account of findings can be found in Revell (2019). This single case study employed two interview methods. The first method consisted of a semi-structured phone interview that lasted approximately 80 min and was audio recorded. General questions invited the participant to describe their life at the start of therapy, what their expectations were and what they considered helpful/hindering about walking and/or being outdoor during their therapy experience. Further questions invited discussion on any changes that had occurred as a result of their therapy and how walk and talk therapy was experienced overall.

The second method was a walking interview which was chosen to enable a deeper understanding of the case (i.e., participant experience of walk and talk) as a situated therapeutic event, thus increasing the trustworthiness of this narrative case study by providing greater contextual information (McLeod 2013). The walking interview took place approximately 1 month after the phone interview at an outdoor location where the participant had taken part in walk and talk therapy. The interview lasted approximately 2 h, was audio recorded, and photographs were taken of specific places during the interview that held significance for the participant. The case summary is informed largely from the phone interview, while themes were largely produced from the walking interview, with excerpts of dialogue presented to represent each theme. Both interviews were conducted by the first author.

2.1 | Walking Interview

Walking interviews are an emergent form of mobile methods in qualitative research that can generate rich contextual understanding of the interaction between people and place (Moles 2008). Walking interviews disrupt the traditional and controlled interview environment that is commonly associated with qualitative research, engaging with the unpredictability and uncertainty inherent in uncontrolled environments (Jones et al. 2008). The use of a walking interview was particularly fitting for the context of this study as it mimics the salient features of walk and talk therapy outdoors. Furthermore, the utilisation of this method offered an opportunity to gain unique, rich, multi-layered, place specific data that would otherwise not be possible in a seated, indoor interview setting.

2.2 | Recruitment

Participation was sought from clients of UK-based therapists who had taken part in walk and talk therapy. A purposeful sampling approach was employed where therapists known to the researcher as offering walk and talk therapy were sent information about the study and were asked to make this available to clients where appropriate to do so. Notices inviting participation by clients of walk and talk therapy were also posted on online notice boards (i.e., British Association for Counselling and Psychotherapy [BACP]). One ex-client of walk and talk expressed interest in participating in the study and was the sole participant. The pseudonym 'Cathy' is used throughout the analysis.

2.3 | Ethics

Ethical permission was granted by Canterbury Christ Church University's (UK) research ethics committee. Prior to both the telephone and walking interviews, the participant was sent information on the purpose and aim of the study and the voluntary nature of their participation. Details were given as to how material gained from the interviews would be used and of the measures taken to preserve anonymity. Identifying data was stored securely. The participant was offered several opportunities to

edit information contained in the case study and to withdraw their involvement at any time. Details of the identity and professional background of the therapist are not provided, to maintain their anonymity.

2.4 | Analysis

Audio recordings from both interviews were professionally and fully transcribed. Anonymity of the participant was maintained through no identifying data being present on the audio recording and a confidentiality agreement was agreed with the transcriber. The process of analysis was informed by an experience-centred position with narratives that take the phenomenological view that stories provide a way for experiences to become consciously known (Squire 2013). After several close readings of the transcripts, and following completion of an initial analysis, both the full transcripts and analysis were sent to an external supervisor, and individual understandings were compared and discussed. The initial analysis was sent to the participant, and they were invited to comment on or change any aspect they felt did not represent their recollection of the interviews or their experience.

This narrative case study is presented using the general structure of Riessman (2008), which begins with the context of the case, followed by descriptions of events and appraisals, and is completed with a coda. In this paper, the data and findings are presented in an adapted stanza form (after Gee 1991).

Utilising the structure of Riessman (2008), three main sections are presented. The first provides context for the case (case summary); the second section presents each theme in turn that was produced from the analysis of the walking interviews. The excerpts of data within each theme (text and photographs) include descriptions of events and elements of dialogue during the walking interview. Also included are segments of poems that Cathy wrote during the course of therapy connecting our conversation in place. Finally, a reflective researcher statement is provided to explicitly situate the co-authors within the analysis process (De Fina 2009; Simons 2009). The third section of the analysis constitutes a summary statement (coda) of the case as a whole that offers further analytic interpretation of Cathy's experience of walk and talk therapy.

3 | Researcher Positioning

The first author is a White female counsellor with experience offering therapy in outdoor settings, who is strongly committed to the holistic benefits of outdoor environments and movement. The second author is a White male counsellor, psychotherapist and therapy researcher, who espouses a pluralistic model of practice that emphasises the value of a wide range of therapeutic activities, including the use of nature and physical activity. He has had experience of being a client in outdoor therapy. While both members of the research team held a generally positive stance in relation to walk and talk practice, they were aware of the potential limitations of this way of working and were genuinely open and curious around how this kind of therapy might be experienced from a client perspective.

4 | Results

The findings of the case analysis are presented in a format that interweaves the client's story and voice alongside visual images and an interpretative reflexive commentary from the primary researcher (first author).

4.1 | Case Summary

Cathy was a female in her 50s nearing the end of a 25-year professional career when she entered therapy. Cathy had 4 years of walk and talk therapy with the same therapist—an experienced practitioner of outdoor therapy. When I met Cathy, it was 7 months after her counselling had finished, and she was newly retired.

4.2 | Biography

As a child, Cathy spent a lot of time in outdoor environments, evoking happy memories and describing herself as a “feral, free-range child”. It was also a time in her life when she remembered feeling confident and happy at the level of control she had over her own life. Being outside with her animals was a place that “made sense”. Cathy had been to therapy at various times in her life and experienced a range of different therapeutic approaches. Her help seeking process was strongly influenced by her past experiences and she considered herself ‘well informed’ about the type of therapy that would fit her aims—“I knew what I was drawn to and what I didn't want.”

Cathy described how she had always been particularly drawn to ways of expressing herself that had tangible elements and where movement could be incorporated for exploration of personal process. Her background framed a strong attraction for engaging with a kinaesthetic approach to storytelling and personal expression.

4.3 | Starting Therapy

Cathy entered therapy highly motivated, committed to therapeutic exploration and determined to “get to the roots” of her issues. Cathy described her life at the time of entering therapy as being in grief, feeling confused and in a state of “befuddlement”. Her confidence had suffered through breakdown of a relationship, and she wanted to “get [herself] back together again—back on an even keel”. Within this was the opportunity to “reclaim and regain effective strategies and tools” through exploration of relationship patterns within a professional context. Counselling was seen as an investment in herself—at what was emerging to be a pivotal time in her life in several significant areas.

4.4 | Expectations of Therapy

The expectations associated with seeking outdoor counselling were that it would ultimately feel more “comfortable”. This was

both in terms of being in an outdoor environment and the opportunity to be physically moving while engaging with emotional material. Walking offered a means of “clearing the cobwebs” and “clearing a space” where problems could potentially be accessed and solved quicker. There were also the anticipated physical benefits associated with walking—such as getting a “boost”. It was expected that being outdoors would also provide opportunities of metaphorical connection that would support psychological processing and, from that, richer layers of meaning could be achieved.

4.5 | Location of Walk and Talk

Cathy had participated in walk and talk in two different locations over 4 years. The location of the walking interview was a place where walk and talk sessions had occurred for the latter 2 years. This location was described as “wilder” than the first one and was symbolic for Cathy of going to the “wilder places within”. This location provided an opportunity for “reclaiming freedoms” and processing significant life events within the setting.

5 | Stanza Presentations of the Three Themes From the Walking Interview

In this part of the paper, three themes are presented from the findings, starting with a description of the beginning of the walking interview. In the stanza, text in italics is excerpts of dialogue between Cathy and myself, with Cathy on the left of the page and me as researcher on the right. The non-italic text is my description of the walking interview process and what we encountered. The final text box at the end of each theme is a summary statement.

6 | Theme 1: Therapy in an Outdoor Place—Opportunities for Pauses, Perspectives and Reflections

We met at a road-end on a bleak and cold morning. Despite the surly and frigid weather, I sensed a lightness in Cathy's brisk and purposeful step as we (Cathy, her friend's dog and myself) embarked on our explorative journey of her special and familiar landscape.

*It's all part of the therapy for me really
that lovely drive here, the lovely drive back
I just feel myself go weeeeeee!
bit of a mini holiday really
bit of a mini holiday really
just expands the whole system
somehow
very organic*

We paused at a cluster of trees that at one time had offered a place of sheltered refuge (Figure 1).



FIGURE 1 | Cluster of trees.

*There were deaths
it felt very soothing to be outside
it felt right
it felt very holding
much more holding
much less sterile, organic
to be in the rain
to be part of something much more ethereal ...
and natural
to be talking about somebody
who passed away
to be able to cry and just
do that all outside...
much more freeing*

We continued our journey, winding our way over snow covered mushy ground, gently climbing toward a craggy lookout in the distance. Cathy spoke of a recognisable internal change that was evoked from being in an outdoor environment.

*Well... it's very existential
and it ... I think
the primary thing for me ...
it's like standing next to a mountain or
next to the sea
it's so much bigger than us*

*it creates such perspective on ...
in the regulation of the body
and how I know I go
from being 'all about me' to
'huh'
it just takes it - it draws me out
to a much more spiritual place
I think*

*so starting off with the
'all about me' or 'what
about me?'*



FIGURE 2 | "looking back to where you have been..."

*yes - a very egocentric place
to a much more spiritual place*

*and seeing your place
within the whole?*

yes, it's huge

*coming here is part of that
getting up here is an embodiment
of perspective, climbing higher
getting a better view
looking back to where you have been
when you turn around
it's pretty ...
it's pretty amazing*

Slightly breathless, we arrived at the top of the hill. There was a small rocky lookout that offered a sweeping view of the basin and hills beyond; we paused.

*It is such a huge presence
a room doesn't breathe like this
a room doesn't have weather and seasons
it doesn't throw
this much happy chance at you
no room can do this...
I think it's
a very useful metaphor
of the way landscape holds
stories - people - events - emotions*

*you don't have to make
a big song and dance about it
it is not going to judge you
it is just going to carry on being what it is...
that is a great lesson to be reminded of...
to carry on
and keep on being...*

We stood, each taking a quiet moment to soak in the view amidst the persistently tempestuous weather, the hills in the distance offering space and expanse, invoking a feeling of endless reflections and possibilities.

*Going up a hill I once quipped
I didn't feel the need to look backward
to which my therapist replied
'it's good to pause sometimes
to see where you've come from'* (Figure 2)

We stood on the lookout as Cathy recounted a time when she had read a poem to her therapist.

*It was all about getting out - being freed
it was a great release
because I had been holding on to it [the poem]
that release
of standing here
giving it into the space
was like saying thank you
really powerful for me*

*Mmmm... and was that thank you to the
space here as well as ...?*

*Yes!
the poem is 'You are'
and you can read it
as the landscape AND the therapist....
it just kind of morphs..!*

*... You are the uphill breathy slog
The sun kissed sky views
The natural highs, the opening gate,
The stile to another somewhere
The downhill sigh of another story exhaled.
You are my guide, my mentor, my nurturer, my healer
Holding, holding, holding all...
Dancing my spirit back to the wild...
You free me...*

(excerpt of poem 'Wilder-Ness' written by Cathy)

I understood Cathy's walk and talk therapy experience as starting with the drive to her sessions—the anticipation of entering an expansive place and experiencing her sense of self-in-the-world from a different perspective. This internal pre-emptive loosening inspiring a broader and more expansive therapy experience, while the return journey home maintained a useful quality of space for reflection and consolidation. My curiosity of Cathy's walk and talk experience was tempered by an initial sense of tentativeness in approaching the walking interview with Cathy. To walk through another person's therapy-landscape felt like a unique and intimate experience.

I felt Cathy's interaction with the outdoor environment spoke of an attitude that was both pragmatic (i.e., embracing variations in the weather, and things being 'what they are') and explorative (i.e., pausing and/or moving). The outdoor setting was a core ingredient of the therapeutic experience. In this way, the landscape provided visual representations of internal processes and opportunities for different perspectives and meaning to be considered. Walking through this landscape with Cathy, I resonated with her experiences of how outdoor environments can stimulate internal and external freedom and where stories can be expressed, explored, and symbolically held in place.

6.1 | Theme 2: Therapy That Makes Use of Physical Energy—Huddling, Stomping and Exploring

We continued our journey, winding our way along a muddy narrow path beside a swollen stream. Cathy spoke of how places in the landscape offered different ways of engaging with therapeutic material.

*We would usually come up here
for something that felt much
more energetic ...
something I needed to wrestle with
mentally
and then I get that kind of
physical engagement as well*

*I know when we used to get
really deep into stuff
we would always stop
and huddle
at the beginning and end
we would be stomping more
interesting*

*on the longer routes
it was probably things that
needed more untangling
a little bit more knotty*



FIGURE 3 | "...come up here for something...more energetic".

sometimes
 if I had something very frustrating
 but not as deep
 I just needed to let it all out down there
 'I am just going to dump it here
 now and not move actually...
 I just need to get this out now!
 I am not waiting
 until we get up there!' (Figure 3)

We dropped down from the high point, following a drystone wall that meandered across the hillside.

... it sounds as if it's very easy for you to know what you need and how that can be physically supported ... ?

*I know it now Steff
 I am not sure
 I could have articulated it at the time.
 on some organic level
 I can see now
 that's what happened*

Ahh.. OK, so it wasn't necessarily conscious in the moment ... ?

*Not necessarily
 I think sometimes I would get myself rooted in something
 that energy would just be 'I need to be here ... and this is grrrr...'.
 so a very different energy
 the way the energy plays out here is just so powerful
 it is so powerful...
 So ...
 that is my thinking through of it now...*

We carried on our journey. The path became uneven and slippery underfoot. Walking in single file was the only option. Physically, we became more spread out as we navigated the uneven terrain at different speeds. Talking became impractical as our focus was drawn to negotiating the terrain.

I noticed in that section, it wouldn't be possible to continue to walk side by side.

No

So during your therapy... what did you feel happened during those more challenging path moments...?



FIGURE 4 | "...it's every woman for herself!"

*I think it's every woman for herself!...
 I need to pick my own way
 make sure I feel ok about it
 I am a skier as well ...
 I know how easy it is to just go over,
 so ... I think about being responsible
 for myself
 picking my own course (Figure 4)*

As Cathy described the way her physical energy was integrated to support the therapeutic process, I was particularly intrigued with how the 'right' geographical space provided a 'fit' with internal needs. I gained an appreciation for how therapy in an outdoor setting can develop its own nuanced rhythm that can be intuitively responded to. Cathy described physical explorations that became a conduit for internal exploration, inviting a dynamic and spontaneous element to the therapy process. I was also interested to hear how Cathy made sense of the relationship between her bodily movement and psychological processing in hindsight. I felt this captured a key aspect of walk and talk in that motion and rhythm can be utilised flexibly and usefully in supporting a variety of embodied processes. I was curious about how Cathy experienced navigating tricky terrain, and whether the moments of becoming separated on a track might be a limitation of walk and talk. Cathy's response showed how variations in the landscape can offer useful opportunities to enact personal learning.



FIGURE 5 | “...there is a heart carved in a tree”.

*it has always meant a great deal to me
because it seemed to be symbolic
of starting outdoor therapy
and recovering love...
in all its different shades*

*a sort of naturalness
of being outdoors
and getting back to...
‘me’*

yes - so I always like going past that (Figure 5)

From the open field, we headed toward a small bridge that straddled the banks of a swollen stream that tumbled and gurgled down through the valley.

We moved off the bridge and made our way into a nearby clearing at the side of the stream. Cathy went on to describe a powerful ritual that she and her therapist had enacted as part of the ending process.

*So this is a lovely spot...
for some reason
I think of this as a very female place
I mean - it kind of
has hips, and groin
and all of that going on*

*this was falling apart [the bridge]
towards the end of me coming
but we would cross it anyway
we felt it was safe enough
It was never
as roaring as this (Figure 6)*

*I went off and did a little solo time...I came down here
I came underneath the bridge
I deliberately didn't go over the bridge
I climbed up here*

*it was a wonderful little journey
because if you go
further up there
there is a big tree across a ravine
there was lots of lichen and...
I climbed up as high as I could
to the wire fence
then I came back down*

*I was contemplating the different
direction,
stages of life
seasons
very powerful*



FIGURE 6 | “so this is a lovely spot...”.

6.2 | Theme 3: Therapy of Possibilities—How Incorporating Metaphor and Rituals Brings New Understanding

*Somewhere up here
there is a heart carved in a tree
we always seemed to acknowledge it
when we went past...*



FIGURE 7 | “...it’s a mighty tree...”.

We turned our attention away from the stream and moved toward a majestic bare oak tree that stood proud among a cluster of trees.

*So here is the mother
fucker tree*

*that is quite some tree
how is it significant to you?*

*Well, I have
a very troubled relationship
with my mother and I think
just the idea of it
being strong and old
kind of edgy
a little bit scary*

*there is an element to it
that is scary
but also monumental
it has been around a long time ...
you really have to be right up close
underneath
to see its power
walking around in the landscape
it kind of gets lost
but once you are here – it’s a mighty tree...*

*so what was it like, coming here
on subsequent sessions, and
knowing that the tree was here?*

I just feel great affection for it

*like it was a physical
part of the therapy?*

*Yes
the tree is going to go on
the tree doesn’t give a fuck
that is nice
I like that about the tree (Figure 7)*

I was struck by the evocative metaphors that connected Cathy to different places in the landscape. Descriptions of how these metaphors emerged suggested the meaning of the landscape was not predetermined—it was emergent and unfolded during the therapeutic process. I gained a sense that artefacts in the landscape emerged as representations for Cathy’s therapeutic process. Reflecting upon Cathy’s solo exploration of the stream broadened my perspective of collaboration and client participation within therapy—in that clients can be offered opportunities to communicate their choices and preferences in an embodied way through creative engagement with outdoor settings.

6.3 | Summary Statement

At the start of the walking interview, Cathy was invited to tell me about the place and any significant or meaningful events that

*was it your decision
to use this stream...?*

Yes

*because of the
significance that it
had for you?*

Yes

*it was a very personal decision
we hadn’t walked that together
I felt drawn to make my own
little expedition...
as I was approaching the end
of my time here
it seemed important to do that*

*What did that
represent?*

Me

*going out on my own
going back to myself
without coming here
saying goodbye
journeying on to newer ground
yes - definitely*

*it was lovely ...
a good personification for me
a good embodiment of me
getting back to me
and all of that stuff
deliberately not crossing
the man-made bridge*

occurred during her therapy. Cathy responded to this invitation with several stories that were embedded in the landscape. Overall, Cathy's story is one of successful therapy. Cathy described how she responded to variations in the landscape (e.g., trees, bridges, streams, hills, lookouts, etc.) creatively and in ways that were ultimately supportive of her therapeutic process. Cathy structured her stories in such a way as to make it clear that the outdoor environment was one in which she felt most at home in, an environment that provided her with variety and unpredictability as well as safety and security for deep and varied exploration.

It is possible to hear Cathy's story in several ways. It is a positive walk and talk therapy story, characterised by energetic and motivated exploration. It is a story of movement (both physical and psychological) and change. It is a story of reconnection to self, made possible through connections made within an outdoor setting that was viewed as non-judgemental and having independent life force. For Cathy, bringing her stories to be held in this landscape and context provided something important in her therapy. Other readings of Cathy's story are also possible.

Being on the move during therapy sessions was a fundamental ingredient of Cathy's therapy experience. Movement allowed for synchronicity between internal processing and bodily movement, thus making integration of experiencing possible. Cathy's narrative described an embodied understanding of 'self-in-the-world', where assimilation of physicality and place was an intentional part of the work. It is also possible to identify the use of metaphor and symbolism as another salient ingredient of Cathy's walk and talk therapy experiences. For Cathy, the environment offered an additional dimension to connect with—weather could mirror or evoke emotions; features in the environment provoking a responsiveness that generated greater exploration of personal material; artefacts provided spontaneous symbolic connections. Having artefacts situated in the environment of the therapy contributes to an emotional tie to place, demonstrated by Cathy's 'affection' for it.

7 | Discussion

Cathy's account denotes a successful therapy experience, characterised by a high degree of client motivation and therapy preferences being met. This finding is consistent with literature that shows when clients experience a match between their preferences and the therapy they receive, this results in greater satisfaction and participation in the therapy as well as greater likelihood of a positive outcome (Faye Jacobsen et al. 2025; Lindhiem et al. 2014; Swift et al. 2018).

A core ingredient of therapy that Cathy found helpful was the outdoor setting. Cathy reported that the outdoors provided a range of possibilities for exploration and fostered a sense of internal expansiveness. Additionally, experiencing the dynamic aspects of nature supported the development of internal/external connections and emotional expression within the landscape. These findings align with other studies of clients' experiences of walk and talk counselling (Greenleaf et al. 2024; Newman and Gabriel 2023; Prince-Llewellyn and McCarthy 2025).

Cathy was able to bring her physical energy to therapy and make use of this constructively and flexibly. While Cathy's experience

aligns with findings from existing studies that indicate the ways in which walking can be facilitative of psychological processing (Greenleaf et al. 2024; Newman and Gabriel 2023; Prince-Llewellyn and McCarthy 2025), her experience also describes how moments of non-movement supported different emotional states (i.e., huddling when grieving). The articulation of this nuance of walk and talk may account for Cathy's experience being different from existing studies of client experience, where, for some clients, walking was experienced as disrupting their engagement in therapy (Newman and Gabriel 2023). This finding indicates a variety of practice that may exist within walk and talk and this may be a useful consideration for future research in understanding how these variations interact with the therapeutic process.

In contrast to existing studies (Greenleaf et al. 2024; Newman and Gabriel 2023), Cathy did not indicate any unhelpful aspects relating to the outdoor setting during her walk and talk therapy. This variation might be accounted for by the specific location being highly adaptable for walk and talk, or that the high degree of motivation and comfort Cathy had in outdoor settings prior to her therapy experience meant she entered therapy with realistic expectations of how the dynamic nature of an outdoor setting might interact with her therapy experience. Further research would be useful to understand the nuances around how different clients respond to different outdoor settings.

The use of nature-based symbols, metaphors and rituals was a significant part of Cathy's walk and talk therapy experience, which she described as allowing new understanding to emerge in ways that supported her change processes. This finding is consistent with evidence that the sensory and experiential diversity and dynamic quality of the outdoor environment represents a rich source of metaphoric and symbolic resources that can be used for therapeutic purposes (Berger 2006, 2008; Burns 1998, 2000; Davis-Berman and Berman 2008; Gass et al. 2012; Jordan 2015; Kamitsis and Simmonds 2017; McKinney 2011; Newman and Gabriel 2023).

It is valuable to compare the use of metaphor in walk and talk therapy and conventional indoor therapy. In office-based therapy, both therapists (Malkomsen et al. 2022) and clients (Malkomsen et al. 2021) report that metaphors that arise spontaneously within therapy discourse, or are introduced into the conversation by the therapist, can be potentially valuable in terms of supporting reflection of hard-to-articulate aspects of experience. In addition, images and metaphors may be highly memorable, and, as a result, facilitate continuity and transfer in respect of application of therapeutic insight into everyday life. A key aspect of the effective use of metaphor in therapy is the extent to which the therapist and client actively collaborate, over a period of time, around exploring the meaning and significance of metaphors that have been generated (McMullen and Tay 2023). Cathy's narrative account of her experience of outdoor therapy illustrates some distinctive ways that metaphor may operate in such a context. The metaphors described by Cathy were embodied rather than verbal—they emerged from the experience of being in a specific place, rather than the experience of engaging in a conversation. Corazon et al. (2011) suggest that this dimension of nature as a source of metaphor can have the effect of supporting processes of embodied cognition that contribute to creative problem-solving (Claxton 2015). A further relevant aspect of Cathy's account was that it seemed clear that each

time she walked through the landscape within which her therapy took place, it reminded her of specific objects and places that had metaphoric significance, such as the tree, river and bridge, and re-evoked the threads of meaning-making associated with these locations. It may be that this repetitive cycle had the effect of reinforcing extended collaborative work to unpack the implications of therapeutic metaphors. The essential structure of walk and talk also had the effect of inviting consideration of metaphors that have fundamental existential implications, such as experiencing life—and the process of therapy—as an unfolding journey (Kabrel et al. 2024), and the emotional and relational significance of the personal quest to find or create a home for oneself (Berger 2008; Todres and Galvin 2010). Taken together, these themes indicate that walk and talk therapy functions within a setting that has the potential to enhance the capacity of the client to use metaphors as powerful symbolic tools for facilitating personal learning and change (Dybvik et al. 2018).

8 | Limitations of the Study

Walking through a client's therapy-scape is a unique act and it is clear from this research that the place of therapy had emotional connections for Cathy. This may have influenced what stories were told in the walking interview, for reasons of protecting the specialness of the therapeutic space. The narrative generated during the walking interview was co-constructed by both the storyteller and listener—an interview conducted by a different researcher may have led to the identification of additional themes and insights. When reading this case analysis, it is essential to remain mindful of the limitations of any kind of case study investigation. Cathy was a highly motivated client who had experienced therapy in the past and made a positive choice of engaging with a walk and talk approach. To build a more comprehensive framework for understanding the distinctive nature of this type of therapy, it is necessary that future single-case studies should be designed to incorporate a wider range of client attributes and experience, including 'novice' clients, those whom the decision to enter therapy may be more ambivalent and those who recorded negative outcomes.

9 | Conclusion

This case study of an adult client's experience of walk and talk therapy offers a situated understanding of the lived experience of walk and talk. This study took a novel approach to data collection—utilising a walking interview—to develop an understanding of the relationship between walk and talk therapy and place. The context where therapy occurs is often overlooked in counselling/psychotherapy literature. The findings of the present study suggest that place may have the potential to influence the therapy process and relationships in ways that we are only now beginning to appreciate. Further research around this topic could make a valuable contribution to the development of therapy provision as a whole. An important aspect of this may be consideration of client locational preferences.

The client in the present study was someone who reported a high level of nature connection in her life as a whole and regarded being in an outdoor environment as pivotal to their overall successful therapy experience. This finding around a client's preferences for

the outdoors has useful implications for identifying types of clients that may be inclined to participate in walk and talk.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Research data are not shared.

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