

A therapeutic landscape for some but not for all: An ethnographic exploration of the Bethlem Royal Hospital parkrun

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Abstract

This study sought to explore the experiences of those involved in the Bethlem parkrun. A mobile ethnography employing participant observation and informal discussion was conducted on the grounds of the hospital in London, UK. The findings focused on 'what it is like' to participate in this parkrun, and were organized into two themes: i) Bethlem as a Shared Leisure Space and ii) Shared Leisure Space, But for Whom? Findings illustrated the emplaced and relational experiences of some participants in this 'therapeutic landscape,' while highlighting that the events were exclusionary for others, namely service-users. These findings contrast the therapeutic landscapes literature which largely assumes their benefits are experienced equally. This work may provide further understanding of the individual and collective experiences of parkrun.

For Peer Review

1 Community-based physical activity programs which take place in ‘green space’, or ‘blue
2 space’ may be experienced as therapeutic landscapes. In the mental wellbeing and health
3 geography literature, therapeutic landscapes and enabling places have been used
4 interchangeably in recent years to describe “the physical and built environments, social
5 conditions, and human perceptions [which] combine to produce an atmosphere which is
6 conducive to healing” (Gesler, 1996, p. 96). While ‘therapeutic landscapes’ were first
7 conceptualized by Wilbert Gesler in 1992 to describe how certain environments contribute to
8 or promote healing specifically, later understandings also more broadly included the health-
9 and wellbeing- promoting aspects of such places (Cattell et al., 2008). Crucially, therapeutic
10 landscapes do not simply denote the physical and built environment, but rather the ways in
11 which individuals interpret and use the space, their aesthetic features, and more intangible
12 social networks (Cattell et al., 2008; Smyth, 2005; Wakefield & McMullan, 2005). After
13 criticisms that these spaces were being examined uncritically and assumed to be intrinsically
14 healing (Conradson, 2005), more recent research has uncovered the ways in which emotional,
15 embodied, and experiential experiences of socio-environmental contexts enable or constrain
16 health and wellbeing for various individuals and has recognised the relational nature of such
17 landscapes (Bell et al., 2017; Finlay et al., 2015; Foley, 2015; Kearns & Milligan, 2020).

18
19 Researchers have underscored the need to study therapeutic landscapes from an emplaced
20 and nuanced perspective (Bell et al., 2018), framing the environment as something to be
21 interacted with rather than upon (Fors et al., 2013). Emplacement locates the body in a wider
22 social and material ecology, allowing us to recognize, “the specificity and intensity of the
23 place event and its contingencies, but also the historicity of processes and their
24 entanglements” (Pink, 2011, p.354). In this way, emplacement allows us to think about the
25 spatio-temporal experiences of the Bethlem parkrun as a place-event, how human and non-
26 human relations (including weather) shape these experiences, and how histories of places
27 either perpetuate or challenge expectations and identities (Fullagar et al., 2019). A focus of
28 emplacement aligns with a communitizing lens (Fortune & Whyte, 2011) which aims “to
29 overcome historically situated dividing forces and move toward a vision of a shared
30 community space with the ultimate purpose of genuine inclusion by all” (p.21).

31

32 Researchers have noted that the de-institutionalization of care in recent decades has paved the
33 way for contemporary research into landscapes of ‘community care’ within ‘post-asylum
34 geographies’ (Philo, 2000) which warrant examinations into the ways in which ‘non-medical

35 spaces' can foster support and healing (Doughty, 2018). Therefore, the current research on
36 the grounds of a psychiatric institution starkly contrasts the trend of increasing 'post-asylum
37 geographies' while the institution's expansive grounds simultaneously represent a non-
38 medical space for non-service-user parkrun participants. Such a distinct context which
39 represents different geographies, spaces and forms of care for different individuals has yet to
40 be explored through a therapeutic landscapes framework. The application of the therapeutic
41 landscapes theoretical framework among this clinical and non-clinical population is novel
42 and unique as most of the previous research in this area has focused on either clinical
43 populations and contexts (e.g., hospitals; Curtis et al., 2009) or everyday spaces of wellbeing
44 (e.g., parks, Finlay et al., 2015). Relatedly, the application of this framework on the grounds
45 of a mental health hospital (i.e., built environment) which also includes a vast green space
46 and wooded area (i.e., natural environment) which can be accessed by the general public
47 further extends the literature on therapeutic landscapes (Doughty, 2018).

48

49 The Bethlem Royal Hospital in South-East London and its 270-acres of green space represent
50 a unique opportunity to explore a multi-faceted therapeutic landscape. The Bethlem is the
51 oldest mental health hospital in the world and provides treatment to local and national
52 service-users across a range of services and mental health conditions. The grounds are open
53 to the public, with opportunities for museum visiting, dog walking, football-playing, and
54 parkrun participation. Positive examples exist in the literature wherein therapeutic
55 engagement with nature has been linked with activities that promote socializing and sharing
56 of experiences, such as walking groups and communal gardening (Mossabir et al., 2021). In
57 2019, the Bethlem began to host weekly parkrun events on its grounds, which may be another
58 example of therapeutic engagement with nature combined with sociality, though the use,
59 experiences, and impact of this program has yet to be explored. parkrun events, on the
60 grounds of this institution, may be an example of the 'communitizing' potential of leisure to
61 re-imagine institutional contexts (Fortune & Whyte, 2011): "if leisure can be a vehicle for
62 creating spaces that are open and accepting of difference, it may also be a vehicle for
63 decreasing our need for spaces that function to separate and exclude people based on
64 difference" (p.28). The Bethlem parkrun may encourage dialogue and action which may
65 benefit and include both those inside the 'institution' and community members who enter the
66 boundaries of the institution for this event.

67

68 The Bethlem parkrun has yet to be comprehensively studied yet there is an emerging area of
69 research alluding to parkrun as a therapeutic or healing activity. Among parkrunners with
70 mental health conditions, participation was found to have a positive effect on mental health,
71 condition management, and time spent outdoors, and this effect was amplified for those who
72 run/walk and volunteer, compared to those who simply run or walk (Ashdown-Franks et al.,
73 2023). Consistent with these findings, parkrun's free, public, and largely volunteer-driven
74 nature allows for a culture of reciprocity and sustainability (Wiltshire et al., 2018) that is
75 highly valued (Stevinson et al., 2015). parkrunners have also reported that participation in
76 parkruns with family and friends make physical activity (PA) feel more enjoyable and less
77 isolating (Masters 2014, Pringle & Pickering 2015) and more social (Hindley, 2020; Sharman
78 et al., 2019; Stevenson et al., 2015). The community and social support derived from parkrun
79 participation are key mental health benefits (Ashdown-Franks et al., 2023; Stevenson et al.,
80 2015; Wiltshire & Stevenson, 2018; Wiltshire et al., 2018).

81
82 The unique nature of this particular event is worth exploring and may extend current
83 understandings of mental health recovery and outdoor spaces. Given the need to consider the
84 social context of the recovering body, it is not surprising then that recent research efforts
85 have begun to elucidate the role of PA in mental health recovery more broadly, rather than
86 simply symptomology. Indeed, Fenton and colleagues (2017) conducted an integrative
87 review of 35 papers to examine the role of recreation in mental health recovery. It was found
88 that creative, social, and physical community recreation can contribute to both the recovery
89 and the social inclusion of those experiencing mental health difficulties (Fenton et al., 2017).
90 The authors found that engagement in community-based recreation supports recovery via
91 increased self-esteem, self-confidence, feelings of social inclusion, and expanded social
92 networks (Fenton et al., 2017). The study also highlighted the fact that community recreation
93 programs that emphasize the social environment (e.g., development of camaraderie,
94 friendships), have an increased likelihood of facilitating the social inclusion and recovery of
95 those with mental health difficulties (Fenton et al., 2017). Recreation programs for those
96 experiencing mental health challenges that take place in the outdoors, have been reported to
97 be enjoyable and beneficial in mental health recovery, though this area of research remains
98 understudied (Cooley et al., 2021; Hubbard et al., 2020; Picton et al., 2020). Given this, the
99 case of the Bethlem Royal Hospital parkrun has the potential to be a novel exploration into
100 community-based recreation, social inclusion, and recovery. In line with Conradson's (2005)
101 contention, this exploration seeks to consider the relational aspects of the encounter by

102 emphasizing not only the landscape itself, but also the individuals' experience of this
103 landscape. Theorizing in this way emphasises the ways in which social, cultural and
104 embodied aspects contribute to participants' active construction of therapeutic landscapes
105 (Kearns & Milligan, 2020).

106

107 Thus, the present study was framed by an overarching aim of understanding what it is *like* to
108 do this particular parkrun, and was guided by two broad research questions:

109 1. What are the individual and collective experiences of those involved in the Bethlem Royal
110 Hospital parkrun? I.e., the public, service-users, volunteers, coordinators, hospital clinicians?

111 How do individuals experience this parkrun with and through their bodies, places, and
112 other people?

113 2. How do individuals experience mental health recovery at and through the Bethlem Royal
114 Hospital parkrun?

115 What are the experiences of this parkrun on the grounds of a mental health hospital,
116 and how might these inform future events at mental health hospitals?

117

118

119

120

121

Methodology

Participants and setting: The Bethlem Royal Hospital parkrun

122

123

124 The Bethlem is a mental health trust that provides treatment for a variety of conditions, the
125 majority of which are on the more severe end of the mental illness spectrum. Various national
126 treatment centres are located within the Bethlem, such as the National Psychosis Inpatient
127 Service and the National Autism Unit, which typically receive patients whose conditions are
128 at such a level that they cannot be effectively managed at their local trust and require
129 specialist care (NHS, 2015). Furthermore, the Bethlem provides outpatient and day-treatment
130 units alongside these inpatient resources.

131

132 The Bethlem Royal Hospital parkrun started in 2019 and welcomes service-users, clinicians
133 and staff, local residents and parkrunners from other locations every Saturday morning at 9
134 am. Individuals may participate as runners or walkers, or as volunteers, and the 5km events
135 are overseen by a core event team. parkrun aims to be non-competitive and to foster an
136 obligation-free context, so individuals may partake as often or as infrequently as they wish.

137 In order to capture the full range of ways in which the grounds are used and experienced, the

138 participants for the current study include those who participated in the Bethlem Royal
139 Hospital parkrun between November 2019 and March 2022, or anyone using the Bethlem
140 grounds at the time of a parkrun event. A large contingent of Bethlem parkrunners and
141 volunteers are adults between the ages of 18-70, though some younger children and older
142 adults do partake. Consistent with parkrun's overall demographics, most participants are
143 White with a smaller number of individuals from ethnic minorities participating each week
144 (Fullagar et al., 2020).

145 **Data Collection & Analysis**

146
147 The methodology of this study has been largely guided by the field of mobile ethnography
148 (Novoa, 2015) and enactive ethnography (Wacquant, 2015), meaning that much of the data
149 collection has been done while on the move, while 'performing the phenomenon' of running
150 at the Bethlem parkrun (Novoa, 2015; Wacquant, 2015). This study involved participant
151 observation and informal discussions to 'sociologically capture' (Atkinson, 2012. p.26) the
152 events, interactions, and behaviours within the study of the practices, experiences and inner
153 workings of Bethlem parkrun and its participants (Jachyra et al., 2014). Participant
154 observation primarily took place during the weekly 5km runs. A further important component
155 is the volunteer aspect of the run. Volunteer roles include tail runners, barcode scanners (for
156 timekeeping), and trail marshals. Given the importance of becoming fully immersed in this
157 organization and run, participant observation also took place within volunteer aspects of the
158 run. From November 2019 until April 2022 the lead author (GAF) engaged in the runs as a
159 participant (and sometimes a volunteer) and interacted with fellow participants in the same
160 capacity as any other run participant would.

161
162 Detailed field notes were taken as soon as possible after each run. These were transformed
163 into analytic memos, which then served to develop more analytic ideas as the process
164 progressed (Hammersley & Atkinson, 2019). Documentary sources including online
165 podcasts, email communications, run reports, leaflets, and websites (news sources, Facebook,
166 Twitter) were also compiled and transformed into analytic memos. In this way, data-source
167 triangulation allowed for the products of field notes and of documents to be analysed
168 simultaneously and allowed for inferences drawn from one type of data to be compared
169 against other forms of data (Hammersley 2006; Flick, 2007; Hammersley & Atkinson, 2019).
170 Next, ethnographic coding began to identify key analytic concepts and categories, guided by
171 theories of emplacement, relationality, mental health recovery and therapeutic landscapes

172 (Hammersley & Atkinson, 2019). This coding was iterative and inductive in nature and
173 involved thorough reading and re-reading through all field notes and documents to generate
174 ideas (Hammersley & Atkinson, 2019). The aim at this stage was to find features and
175 interpretations of such features that might explain what was happening and the reasons for
176 this, or might highlight to what distinctive category an individual, experience, action or
177 context might belong (Becker, 2014). Through this process, categories were generated, and
178 codes were applied to sections of these categories (Hammersley & Atkinson, 2019). Then,
179 guided by Glaser and Strauss (1967) constant comparative method, meanings of the
180 categories and the associations and relationships amongst them attempted to be clarified.
181 With particular attention being paid to categories that were particularly relevant to her initial
182 research questions, “or that appear to be particularly important for recognizing what is going
183 on in a setting and for understanding the attitudes and actions of participants” (Hammersley
184 & Atkinson, 2019, p.177), GAF began to examine the similarities and differences between
185 data that had been similarly categorized. GAF continued to systematically do so until “the
186 internal structures and mutual relationships of categories” became clear, at which point the
187 final categories or themes were finalized (Hammersley & Atkinson, 2019, p.177).

188

189 **Reflexivity and ethical considerations**

190

191 Ethical approval was granted for this study both by the University and by the parkrun
192 Research Board. As someone who had spent time at the hospital previously and with
193 connections to hospital staff, most notably one of the founding parkrun and core team
194 members, GAF was not a complete outsider. For the purpose of this research, GAF became
195 fully immersed in the parkrun culture by running (or volunteering) in the weekly, runs. In this
196 way, she became a ‘parkrunner’ and her stance as a researcher was one of simultaneous
197 insider/outsider where she intentionally aimed to maintain a marginal position to access the
198 perspectives of participants, but also minimize the bias of over-rapport (Hammersley &
199 Atkinson, 2019).

200

201 Guided by Sparkes & Smith (2014), GAF’s entries in a fieldwork journal documented how
202 her presence and biases shaped the context and setting of data collection and informed the
203 ways the data were interpreted and analysed. Consistent with a subjectivist and transactional
204 epistemology, GAF’s identity as a White, 28-year-old, mentally and physically healthy
205 female PhD researcher undoubtedly shaped her experiences and interpretations of this
206 research. Hammersley & Atkinson (2019) describe the effects of ethnographer as audience

207 and urge researchers to be alert to how participants' views of the ethnographer's interests
208 may impact what they say or do. Acknowledging and accounting for these biases is an
209 important step towards addressing positional reflexivity, and aligns with the research
210 epistemology.

211
212

213 **Findings & Discussion:**

214

215 The findings were arranged into two themes and their respective subthemes organised around
216 the experiences of 'what it is like' to partake in the Bethlem Royal Hospital parkrun.

217

218 **Bethlem as a shared leisure space**

219

220 The grounds of the Bethlem facilitate sharing and connections between multiple human, non-
221 human and material entities and between different activities. Conceptualizations of
222 relationality and emplacement can be used to explain a) the shared leisure space itself and b)
223 the shared leisure between different activities. These categories often overlapped and
224 intersected.

225

226 *The shared leisure space*

227

228 The connections between parkrun participants and the grounds on which the runs take place
229 lend themselves to theories of emplacement, considering the "geological forms, the weather,
230 human socialities, material objects, buildings, animals" (Pink, 2011, p.349). The space itself
231 allows for recovery and healing and participants often spoke of its serenity. One runner
232 explained, "I just love this second field. It feels like an oasis. It's so peaceful." The vast and
233 open space within which the run takes place allows for runners to engage with and through
234 the nature and beauty of the grounds. In one parkrun run report, it was explained: "And
235 there's some cracking fun guys (fungi, sorry) around Bethlem Royal Hospital at the moment.
236 Here's one we spotted this week on a log by the run briefing area...no idea what type it is, but
237 it's very pretty" (Bethlem parkrun, 2021). This same fungus was spoken about at a
238 subsequent run while the volunteers were gathered at the start, chatting before the run began.
239 People started pointing out the mushrooms and wondering what type they were and how long
240 they had been around. In this way, the mushrooms served as a common point of discussion,
241 which related all those present. Indeed, it wasn't uncommon for runners and volunteers to
242 interact based on the presence of other flora or fauna, with volunteers one week urging
243 runners to "mind the puddles and mind a few of the trees hanging over on the path." One

244 week I recorded how “I very nearly got stuck on bramble that was hanging over the path.”
245 Bell and colleagues (2019) noted the influence of shifting weather which similarly resulted in
246 frictions related to overgrown vegetation for their participants, an artefact of changing
247 seasons and “rhythms of growth and movement” in the natural world (Ingold & Kurttila,
248 2000, p. 190).

249

250 Given the run’s outdoor nature, all-weather policy, and UK-based location, runners’
251 experiences with and through weather are central to this work. Ingold (2011) proposed the
252 idea of the ‘weather-world’ to conceptualize the material enmeshment of land and bodies,
253 rather than an organism-environment interaction wherein the body is separated. Indeed,
254 weather was a common source of discussion, at an organizational level and participant-level.
255 Fieldnotes similarly conveyed the importance of weather in the entire experience: “absolutely
256 frigid. We [volunteers] were saying how apparently if you go from South London to here it’s
257 always two degrees colder. And I forgot my mitts...very cold. The puddles were almost
258 frozen over.” These sensations echo the findings of research in UK-based long-distance
259 runners, who felt pain and described occasions of intense embodiment due to the “haptic
260 discomforts of cold and rain” (Allen-Collinson & Leledaki, 2015, p.467). The cool weather
261 also meant many runs were foggy or misty: “The day dawned crisp and cold, with a heavy
262 mist which had descended over the two, increasingly muddy fields” (Bethlem parkrun, 2019).
263 As Duff (2011) explains, ‘social-material-meteorological-affective configurations’ of a given
264 place at a given moment in time create different moods or atmospheres. One of my Saturday
265 experiences described such an atmosphere as, “a bit spooky or eerie not being able to see too
266 well on the path” suggesting a feeling of discomfort at that particular run. Bell and colleagues
267 (2019) noted that these atmospheres, alongside other material qualities of place, can support
268 experiences of well-being, or those of frustration or exclusion. While their research focused
269 on individuals with impaired sight, the current research also saw these atmospheres impacting
270 individuals’ parkrun experience. Indeed, on a few separate occasions runners expressed
271 anxiety or apprehension prior to starting the run in this sort of weather, as they did not want
272 to get lost in the mist. Thus, while Bell et al (2019) suggest that weather-related atmospheres
273 or moods may promote frustration or exclusion, our findings further add that these
274 atmospheres may also foreground fear-related emotions.

275

276 In the winter months, when most of the data collection for this project occurred, muddy
277 terrain and conditions were simply a given of the Bethlem parkrun experience. While many

278 parkruns take place in parks with paved routes, this one could more closely be compared to
279 experiences of cross-country or trail-running which are “subject to the vagaries of terrain and
280 weather” (Allen-Collinson & Jackman, 2021, p.636). In the fall, one runner described: “this
281 is the time to do the Bethlem parkrun because basically from here on out with the winter and
282 the wetness it just gets much muddier and soggy and so the course gets quite difficult”.

283 Macpherson (2008) also describes how changing weather patterns shape walking terrain
284 which can result in difficult and mud-covered encounters following rain.

285 As Gorman explains, such seasonality and its respective elements can either allow for or
286 undermine how running bodies flourish (2018). Indeed, the mud was understood to be a
287 pervasive issue but also just a regular part of the experience which parkrunners must bodily
288 negotiate (Brown, 2017), with organizers explaining that they tend to see their participation
289 numbers rise in the spring when the course dries out, suggesting a change in seasons being
290 conducive to such flourishing. This was further explained in a run report in November 2021
291 which congratulated nine individuals on personal bests and then cautioned “as the winter
292 goes on, these might be more difficult to come by as the course gets wetter and muddier.
293 Reports were that it wasn't too bad going this week, despite last week's deluge” (Bethlem
294 parkrun, 2021). This communal understanding that the mud was inevitable and unavoidable
295 was illustrated one week when a volunteer told two runners attempting to tiptoe around the
296 mud, “sorry gals there's no way around it, you've just gotta go through it.” Brown (2017)
297 speaks of this “terrestrial tactility” (p.311) which runners develop in order to move through
298 running terrain, with this example suggesting that such tactility may be developed relationally
299 alongside others. The jovial tone (and use of ‘gals’) suggest a certain playful air, which is in
300 line with Brown's (2017) finding that the “textured terrain's active doings” facilitated
301 experiences of haptic openness and playfulness in outdoor exercisers (p.311).

302

303 The findings address calls for consideration of the ways in which more-than-human relations
304 affect individuals' capacity for movement and activity (Nettleton, 2015) and calls to
305 recognize the temporality of these shifting capacities (e.g., seasonally, Allen-Collinson &
306 Jackman, 2021). In accounting for time and temporality, the findings from the current
307 subtheme also allude to a sense of impending worsening weather and subsequent ground
308 conditions in future. This idea of engaging in activity at present to compensate or to mentally
309 prepare for the future state of the terrain, does not appear to be well-explored at present in the
310 leisure or geography literature. Our research responds to the call to consider weather, and
311 sheds light on how it directly shapes “our experiences of movement and opportunities for

312 human and non-human interaction” each time an individual engages in the Bethlem parkrun
313 (Hall et al., 2019, p.279). Our findings also elucidate how each parkrun, though taking place
314 in the same geographical location, represents a different ‘place-event’ (Pink, 2011) each
315 week, characterized by changing weather, seasons and terrain.

316
317 **More than just a run: exploring activities at the Bethlem hospital**
318

319 In addition to hosting weekly parkrun events, the Bethlem hospital also houses football
320 pitches, the Bethlem Museum of the Mind, and a network of public walking trails. The
321 individuals partaking in each of these activities often interact with each other and parkruns
322 may be a conduit for engaging with other activities.

323
324 Encouraging parkrunners to also explore the Bethlem Museum of the Mind has long been
325 part of the Bethlem parkrun’s plan: “We’re also planning to encourage people to visit the
326 Bethlem Gallery and Museum whilst they are on site” (Maudsley Charity, 2020). While
327 volunteers were setting up for one Saturday morning event, various individuals discussed
328 Louis Wain (a patient of the Bethlem in the 1920s) and the current exhibition at the Museum
329 at that time. These conversations even surpassed the boundaries of the leisure spaces at the
330 Bethlem, when one individual asked others in the group whether they had been to see the
331 Louis Wain film at the cinema. A couple mentioned that they were planning on checking out
332 the exhibition at the museum that day following the run. The museum and gallery allow for
333 shared interactions in shared leisure between visitors to the Bethlem and service-users, and
334 thus represent a rare community space which can provide belonging across difference
335 (Fortune, 2021). Having parkrunners learn about the history of the Bethlem also allows for
336 further emplaced experiences of the run in this location, as Pink (2011) underscores that
337 history and interconnections are what contribute to the intensity of a place.

338
339 The public are also able to walk their dogs on these trails. On some Saturdays, parkrun
340 participants would be accompanied by family or friends who had come along to support the
341 runners but also to walk their dogs. Often however, the dogwalkers did not appear to have
342 any connections to the runners, but both groups would engage with each other with respect
343 and kindness, often wishing each other good morning as they passed. While consistent
344 participation with a similar group of individuals (i.e., other runners, walkers, volunteers) at
345 parkrun presumably fosters feelings of belonging, there is also evidence to suggest that
346 encounters with unknown others in everyday leisure spaces can also be meaningful and

347 valuable (Bell et al., 2015, Cattell et al., 2008). Small-scale social interactions based around
348 dogs or children present opportunities for spontaneous interactions in park settings (Neal et
349 al., 2015). On one occasion, two walkers with a dog cheered, “Well done ladies!” as two
350 women approached the finish line. On another, I ran past a middle-aged local man walking
351 his dog on my first lap, and we exchanged hellos. The next time I saw him, his dog began to
352 stare at and sniff me and the man apologised, explaining how “the dog is very nosy” and
353 laughed. I laughed and petted the dog and told his owner not to worry. The owner then asked,
354 “is this your second lap? You must be nearly there now!” Research has found that temporary
355 encounters between unknown individuals such as at street markets, can contribute to feelings
356 of inclusion and perceptions of community (Cattell et al., 2008). Similarly, Bell and
357 colleagues (2015) note how the presence of other people socializing in particular places, even
358 if strangers, can foster feelings of connection and safety. Given parkrun’s context in (largely)
359 public parks and spaces, it is noteworthy these forms of distal sociality (Bell et al., 2018)
360 have not been explored. Future research therefore might seek to further explore the role that
361 more distal forms of socialization may play in individuals experiences of parkrun locations as
362 therapeutic landscapes. The current research has responded to suggestions to consider the role
363 that non-human animals may have as co-constituents and co-participants of therapeutic
364 experiences and spaces (Gorman, 2016). Future research may wish to further explore the
365 ways in which multispecies interrelationality affects how humans negotiate their way
366 through, and experience, various parkrun landscapes (Merchant, 2019).

367

368 Another specific population who use this leisure space are members of a local football club,
369 who train on the Bethlem football pitches on Saturday mornings. Oftentimes, parents,
370 grandparents or siblings accompanied the players to the practices, implying a multi-
371 generational use of the space, even if only as fans. Like with the dogwalkers, there were
372 shared exchanges between the footballers and the parkrunners; some of the core volunteers
373 often greeted and had a conversation with the coach, suggesting they had been familiar for
374 some time. Research on public spaces such as parks has noted the development of familiarity
375 over time, both with the space and with other park users (Neal et al., 2015). Similarly,
376 research on a neighbourhood in London elaborated on this sense of familiarity: “regularity is
377 therefore a component of public sociability reliant on the fixity of local places and on
378 repeated participation; of knowing and being known by returning to the same spaces,
379 engaging with familiar faces” (Hall, 2012, p.98).

380

381 This research responds to a call to further research how these places matter in multiple ways,
382 and how social infrastructures function and promote democratic and fulfilling experiences
383 (Latham & Layton, 2019). The following theme explores how parkrun, in the context of the
384 Bethlem as a social infrastructure, permits some individuals to have democratic and fulfilling
385 experiences, while excluding others from these opportunities.

386

387

Shared leisure space, but for whom?

388

389 Bell and colleagues (2018) note the need “to be attentive to diversity and difference when
390 considering who has access to and who benefits from settings that have developed socio-
391 cultural reputations for health and/or healing” (p.129). Indeed, challenges with access to these
392 runs were noted, alongside the difficulty level of the course and the competitive culture of the
393 runs which impacted who could benefit from them.

394

Who can access this leisure space?

396

397 In line with the ‘post-asylum’ and recovery-focused mental health service landscape, the
398 Bethlem houses a range of wards, for individuals experiencing varying levels of psychiatric
399 challenges or distress (Reavey et al., 2019). Within this landscape, forensic psychiatric units
400 are the ‘outliers’ within contemporary mental healthcare provision, sharing similar carceral
401 architecture of the previous system, with service-users simultaneously straddling the mental
402 health system and the legal system (Reavey et al., 2019). While considered less ‘permeable’
403 than other wards (Quirk et al., 2006), depending on service-user behaviour and progress,
404 those on these wards can be granted escorted (e.g., the service-user who came to parkrun one
405 week with a nurse) or unescorted leave, or conversely may have to adhere to strict restriction
406 orders which may confine them to the ward itself (Roberts et al., 2008). As Gorczynski et al.
407 detail in their 2013 study, conditions imposed on those with schizophrenia living in a
408 psychiatric hospital by either the hospital itself or by legal proceedings impacted whether
409 they were allowed to leave their units, and for how long. These formal laws and regulations
410 in turn influenced how often service-users were able to leave their unit for physical activity
411 (Gorczynski et al., 2013).

412

413 While parkrunners are free to enter the grounds of the Bethlem and then leave again, some
414 service-users do not enjoy such freedoms. This sheds light on who can truly access and

415 benefit from this leisure space, and in line with Kearns & Moon's (2002) contention that the
416 positive aspects of therapeutic landscapes are often over-valorised, provides a more nuanced
417 understanding of this space. In other words, what is conceived as therapeutic, or a third place
418 for some (Hindley, 2018) is at the same time a 'total institution' for others, who may not be
419 able to experience this 'togetherness' or 'escape' (Goffman, 1961). In this way, it can be
420 argued that the way in which leisure is provided on the grounds of this hospital elucidates its
421 existing divisiveness. These practices separate, categorize, and institutionalize populations of
422 individuals who are deemed less valuable, in this case "the mad from the sane," "the sick
423 from the healthy," and the "criminals from the good folks" (Foucault, 1982, p. 778). An
424 example of the impact of this occurred one week when a father accompanied his young son to
425 football training and asked for directions for how to get to the pitch. After pointing out the
426 direction to him, he responded, "Oh, you have to go *through* the hospital to get there?" with a
427 concerned tone in his voice. Interactions such as these on the border of the hospital grounds
428 further seemed to convey an unspoken shared experience of being "outsiders," for having the
429 ability to freely enter and leave the grounds, while service-users in the secure units were not
430 able to have such freedoms. However, it is unclear how best to navigate these leisure
431 experiences for those in secure care, and as Reavey and colleagues (2019) explain,
432 "balancing risk through physical separation of patients from the community with the
433 provision of care remains a live project" (p.281).

434

435 Further, despite one older run report elucidating how "enabling patients, staff and the wider
436 community to join together in a positive environment has been the aim of this parkrun from
437 the start" (Bethlem parkrun, 2019) some volunteers and some of the Bethlem organizing team
438 further noted that the runs may not be well suited for current service-users. When asked on a
439 podcast whether anybody in the hospital had taken part in the runs, one of the organizers
440 responded:

441 We have, but it's something we would like to develop more and it's still relatively
442 early days but we are engaging with the hospital to try quite gently to introduce both
443 patients and ex-service users. I think it's probably the ex-service users who are more
444 likely to need or want to use it. I think people who are actually receiving care at the
445 moment may not actually be in the right sort of place. But I think once people come
446 out of care, it's certainly something we would really like to encourage. (Forwood &
447 Norman, 2019)

448

449 Similarly, a volunteer who also works in mental healthcare explained how she was hoping to
450 link in another local hospital with parkrun, as it provides primary healthcare and therefore
451 tends to treat those with more manageable day-to-day conditions. She detailed how
452 contrarily, at the Bethlem, “it’s inpatient and people are more acutely ill and have more
453 complex situations and are sort of less likely to get involved with the runs as we’ve obviously
454 seen.” Though another volunteer working at the hospital spoke of one previous patient “on
455 the anxiety disorders unit, who participated in the Bethlem parkrun. Now that she is back
456 home in [city], she participates in her local run on Saturdays. She told me that this routine
457 and consistency has been helpful for her.” Evidently, the range of service-users and their
458 ability to partake in the runs varies widely and reflects the variety of services and wards at the
459 hospital.

460 However, it is also important to consider the relationships that service-users may have with
461 the grounds of the Bethlem and be open to the fact that they may want to distance themselves
462 from such formal spaces of care. As Laws (2009) and Fullagar & O’Brien (2018) posit,
463 allowing individuals experiencing mental health challenges to explore recovery away from
464 the typical spaces and practices of treatment and care, may have therapeutic benefits. The
465 location of the Bethlem and its grounds are highly distinct, as they represent such a
466 conventional space of treatment, while also having “off the map” (Laws, 2009, p.1831)
467 qualities beyond typical mental healthcare provision like a park or a sports ground. Further
468 exploration of service-user conceptualizations of, and their relationships with, psychiatric
469 contexts with both conventional and “off the map” features is warranted, especially if the
470 trend for hosting parkruns on the grounds of mental health trusts is to continue in the UK.

471

472 **Who can enjoy this leisure space?**

473

474 Assuming one *can* access the space, it remains unknown whether they will enjoy it, and
475 whether they will come back. In line with what parkrun strives to be, runners, walkers and
476 volunteers were largely supportive and encouraging of each other; it was not uncommon to
477 hear a seasoned participant reassure a first timer by explaining, “it’s not a race or a
478 competition, just a competition against yourself.” Organizationally, the Bethlem parkrun also
479 promotes a supportive and encouraging culture, by celebrating milestones (e.g., 25th, 50th,
480 100th run) and personal bests; a practice which is consistent across all parkruns. While well-
481 intentioned, these recognitions may also contribute to an environment where comparison is
482 normalized, with those comparing upwards potentially feeling worse about their own

483 accomplishments (Arigo et al., 2020; Diel et al., 2021). Such upward comparisons can lead to
484 individuals negatively evaluating their own physical activity performance, which can lower
485 motivation to engage in, and maintain physical activity participation (Kwan et al., 2018).
486 Indeed, one service-user who was accompanied to a run by his nurse, expressed with visible
487 disappointment, how some of the fellow runners were so fast and fit and kept passing him.
488 Relatedly, some aspects of the Bethlem parkrun, at an interpersonal and an organizational
489 level, fuelled competition. Following each run, each participant is emailed their results,
490 which outline their time, their age-graded score, and their place. On their website, the
491 Bethlem parkrun routinely posts about timings and positions in their run reports, one example
492 being: “There was some keen competition at the fast end of the field, with [name] getting a
493 new PB and just finishing ahead of Bethlem first-timer [name], although both were given the
494 same time of 17.56mins - very speedy for our course!” (Bethlem parkrun, 2021). For some
495 runners, timed events can instil motivation and offer feedback for continual goal achievement
496 and striving (Koronios et al., 2017). However, the organization’s inclusion of timings and
497 positions may promote competition with oneself and with others, despite parkrun’s “it’s a
498 run not a race” motto. As Bowness et al. (2021) have criticized, parkrun’s ranking of
499 individual times, finishing positions and course records is at odds with its ethos of being
500 inclusive and non-competitive. Similarly, our previous research found that some service-
501 users in this trust noted the timed aspect as well as the comparative and competitive nature of
502 the runs as intimidating (Ashdown-Franks et al., 2023).

503

504 Furthermore, the large proportion of runners and volunteers associated with a local club also
505 perpetuates this competitive culture; one Saturday parkrun was much busier than usual, and it
506 transpired that many individuals were using that parkrun as a qualifier for an upcoming half-
507 marathon. Hindley (2020) previously explored the contrasts between experiences in and
508 perceptions of parkrun vs. running clubs for those with experience of both. However, it
509 remains largely unknown how the presence of these competitive or club-affiliated runners
510 affects the more recreational runners. This is a glaring research gap, especially when
511 considering tensions from a relational perspective, and future research might look to explore
512 how these runners affect the perceptions and experiences of recreational runners, alongside
513 their motivation to return to this potentially competitive environment. Besides from a
514 generally quick group of regular participants (many being club affiliated), other aspects of the
515 course may also lead to less enjoyment for some participants. The mud-covered and puddle-
516 filled terrain of the course is more difficult than many other local runs, which take place on

517 paved paths within parks. A local woman came to her first parkrun ever at the Bethlem, and
518 found the experience more overwhelming, challenging and faster paced than she had
519 envisioned, expressing that she didn't really know what she had gotten herself into. She
520 walked most of the time, and the volunteer who walked with her subsequently explained that
521 the participant had been very discouraged by this experience and would likely not be
522 returning. For service-users who have the freedom to participate in the runs, it is plausible
523 that they may be similarly discouraged. Indeed, a service-user reported feeling "horrible" at
524 his first run and suggested this may have been because he had not done any running or
525 training for a long time. He ended up stopping halfway through and not finishing the 5km
526 route as he found it too difficult. A volunteer and nurse reflected on this situation after:

527 I worry about people like him getting discouraged. So if you come in with very high
528 expectations and thinking that you'll be able to run the whole time and stuff, and then
529 you realize that there's lots of other fast people around you and that your fitness isn't
530 as great as you thought... Then it can be really discouraging.

531

532 A primary aim of establishing the run in this location was to encourage service-user
533 participation, however this example highlights how the fast and competitive aspect of the
534 runs may serve to exclude these individuals, by prioritizing the experiences of faster
535 individuals. In a sense, experiences such as these suggest that aspects of parkrun may
536 contribute to dividing practices, further distancing the "insiders" from the "outsiders"
537 especially in the cases where service-users choose not to return to the runs (Fortune & White,
538 2011). The small size of the Bethlem parkrun may also influence the experiences of
539 participants; compared to nearby runs, the Bethlem hosts an average of 87 participants, while
540 the nearby Bromley run welcomes an average of 410 participants per week, likely a result of
541 its flat and paved course. This intimacy, however, can also come at a cost, as one volunteer
542 and runner detailed:

543 The thing with the smaller ones then is that if you are slower, or a walker, or for
544 whatever reason are further back from the main pack, it can get quite lonely. You look
545 around and feel alone, and don't see anyone around you.

546

547 The organization prides itself in event completion times that get longer each year,
548 highlighting that between 2016 and 2017, there was an 88% increase in the number of
549 participants taking over 50 minutes to complete the 5km (Reece et al., 2018). This however is
550 completely at odds with the local level, wherein there is a clear preference or expectation for

551 running. At the Movember charity run where stick-on moustaches were handed out, a runner
552 ran past me walking and joked, “is the tache slowing you down?” While said in jest,
553 comments such as these suggest that walking is neither acceptable or desirable. Across many
554 weeks, when I grew tired and slowed down from a jog to a walk, people would ask whether I
555 was okay. On one particularly wet occasion, when my shoes were filled with water, a
556 volunteer shouted, “well they’ll be soaked if you’re running or if you’re walking so you might
557 as well run!” Considering that parkrun claims to encourage those of all abilities, frowning
558 upon walking, and encouraging running is highly exclusionary. Indeed, this expectation to
559 run, or this stance that running was the superior option, evidently had an impact on the
560 participants who felt ashamed for not being able to live up to this expectation. One morning,
561 two friends apologised to the tail walkers for holding them up, and one exclaimed “we hope
562 you two have nowhere to be after this!” A different morning, an older man crossed the finish
563 line while walking and apologised for keeping the volunteers waiting. These experiences are
564 in line with previous research which found that slower participants often felt like a burden or
565 felt ignored by the faster runners who left prior to them finishing (Bowness et al., 2021). The
566 authors proposed that the ‘collective effervescence’ (Durkheim, 1995, [1912]) produced
567 through organic solidarity of parkrun participation, may be exclusionary to those who do not
568 perceive themselves to be insiders of the parkrun community (Bowness et al., 2021). Their
569 findings, in conjunction with those of the current study, are noteworthy as they provide a
570 more nuanced view of collective participation, which has largely been portrayed in the
571 parkrun literature so far as an overwhelmingly positive aspect of the runs.

572

573 The challenging, competitive, and fast nature of these runs convey certain unspoken
574 messages about who *can* enjoy this space, which thereby (can) exclude those who are less
575 fast, less able, less physically or mentally healthy. In line with Fullagar et al (2019), third
576 places- for those able to access them as a third place- cannot be assumed to be neutral or
577 ‘good.’ If parkrun is to be a truly inclusive organization, that provides the context for
578 therapeutic encounters to occur, then it must actively partake in wider initiatives to support
579 more marginalised sections of the community to ensure they feel they belong (Thomas,
580 2015). A de-emphasis on competition and comparison is needed. One way to achieve this
581 would be to remove public mentions of places or positions on the event’s Run Reports on
582 their local website, and on their social media. Through providing a context wherein
583 participants are exposed to other participants’ physical activity ranked against their own, this
584 practice has the potential to activate processes of social comparison (Arigo et al., 2020).

585 Upward social comparisons in a sporting context have been found to lead to disengagement,
586 lower motivation, decreased happiness and increased feelings of shame (Diel et al., 2021).
587 Having each participant's result displayed online may allow for such "comparison concerns"
588 to emerge (Garcia et al., 2013). Ending this practice of publicly ranking participants would
589 send the message that the position in which you finish in is not relevant or important at all,
590 rather what is important is simply showing up and partaking. Changing the culture which
591 places running on a pedestal above walking may also foster feelings of inclusion and
592 belonging for individuals of all speeds and abilities. Implementing a once monthly walking-
593 only event could provide a first step in changing this culture. From an organizational
594 perspective, the local parkrun event team would be conveying to participants that walking is
595 both welcomed and encouraged. Participation in the walking events may also change the
596 views and attitudes of the parkrunners and volunteers who made it clear to other participants
597 that running was preferred. One volunteer in this study shared the attitudes expressed in
598 previous research (Sharman et al., 2019) that walkers are a nuisance as they prolong the
599 amount of time that a volunteer has to be present at the events on a Saturday morning.
600 Having volunteers involved in events where everyone walks could help to normalize walking
601 and might demonstrate to the volunteers that it only marginally increases the amount of time
602 they have to commit on Saturday mornings (e.g., volunteering until 10:00 am rather than until
603 9:45 am).

604

605

606 **Strengths & Limitations**

607

608 The strengths of the current study relate to its ethnographic methods, namely my immersion
609 within the Bethlem parkrun over a prolonged period of time. This sustained involvement
610 allowed me to interact with a variety of individuals including runners, walkers, volunteers,
611 fans, organizers, service-users, and clinicians. Through engaging in participant observation as
612 both a runner and a volunteer, GAF was able to understand various perspectives of the
613 parkrun events. Participating as a volunteer opened up many discussion and interaction
614 opportunities, as all volunteers wear lanyards and high-visibility vests, and individuals tended
615 to gravitate towards the volunteers when they had questions or were just feeling nervous or
616 unsure about the run. The Bethlem parkrun is a unique case, and thus the aim of this research
617 was to understand the operation of this specific program in this particular situation (Patton,
618 2015). Despite not being generalizable, this study has nonetheless produced knowledge that
619 may be of use to future mental health hospitals who wish to host parkruns on their grounds,

620 and to the parkrun organization more broadly. The duration and seasonality of data collection
621 are also a limitation that must be noted; participant observation through mobile ethnography
622 took place between October 2021- April 2022 which are arguably the coldest and wettest
623 months of the year in the United Kingdom. If participant observation were conducted in the
624 spring and summer, the findings may have been very different (Allen-Collinson, 2018). The
625 impact of the COVID-19 pandemic on parkrun and on data collection is a further limitation
626 and resulted in a much more condensed period of participant observation than originally
627 envisioned. However, being able to engage in this research immediately following the ending
628 of lockdowns and restrictions allowed for a unique exploration of the need for the parkrun
629 organization to have endured the pandemic.

630 **Conclusion**

631
632 The current findings echo those which propose health and wellbeing to be intimately
633 connected to individuals' socio-spatial interactions (Mossabir et al., 2021). Sociality also
634 extended beyond the group of parkrunners themselves, to include more distal others who
635 share the same leisure space. For many, the Bethlem parkrun was experienced as a
636 therapeutic experience, and the grounds a therapeutic landscape, though this was not the case
637 for everyone. The event itself presented exclusions to access for some service-users,
638 contradicting the premise of hosting a parkrun on the grounds of a psychiatric institution. For
639 both service-users and visitors who were able to access the events, a competitive, fast-paced,
640 and difficult course meant that even if someone was included, they would not necessarily
641 enjoy the event, or return to partake again. The current findings add to our current
642 understandings of the therapeutic landscapes literature, elucidating how these spaces are not
643 inherently healing nor salutogenic (Edgley et al., 2011), but instead can inadvertently be
644 exclusionary, marginalising and disempowering (Mackian, 2018; Mossabir et al., 2021). Our
645 findings suggest that the therapeutic needs of dominant groups, in this case non-service users
646 at the hospital, may serve to marginalise the needs of others (i.e., service-users), highlighting
647 that access to therapeutic contexts remains a privilege reserved for society's dominant groups
648 (Conradson, 2014; Mossabir et al., 2021).

649
650
651 These findings also extend the literature on therapeutic landscapes, emplacement, and
652 relationality, by illustrating that for those who experience these spaces as either healing, or as
653 promoting of health and wellbeing, these processes occur in and through the materiality of
654 place, and relations with human and non-human others. Like previous work, our work has

655 shown the ways in which the emplaced experiences of this run support moments of well-
656 being or healing for some, at some times, and experiences of frustration or exclusion for
657 others, at other times (Bell et al., 2019). Our findings illuminate how the material qualities of
658 the grounds of the Bethlem, the social encounters taking place within them, and the
659 atmospheres created as a result of their changing ‘social-material-meteorological-affective
660 configurations’ affect participants’ experiences of ‘what it is like’ (Bell et al., 2019; Duff,
661 2011). Finally, our work has attempted to engage “with the broader dimensions advocated by
662 the therapeutic landscapes concept” (Bell et al., 2018, p.128) through considering the
663 material, social and discursive patterns of exclusion that may occur for some in this context,
664 while also contemplating the shifting cultural, historical, and individual factors that might
665 influence people’s experiences of the Bethlem grounds (Bell, 2018). In doing so, we hope
666 that this work may lay the groundwork for future research on the more intangible aspects of
667 therapeutic places and encounters.

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