

3 Number of pages: 14 Abstract: 147 words Number of tables: 1

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6 **Experiences from participation in ‘Golf as Therapy’-groups**

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8 Short title (Running head): Golf as Therapy

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10

11 **ABSTRACT**

12 The aim of this study was to explore the experiences of people with mental health problems or
13 substance use when introduced to systematic golf activities. The study examined the
14 perceived impact of golf activities on the participants' physical and mental health, social
15 contact, daily activities and their overall evaluation of involvement in a 'Golf as Therapy'-
16 group. This qualitative, cross-sectional study gathered data from twelve individual interviews.
17 Qualitative content analysis based on the information from meaning units, sub-categories,
18 categories and themes determined the interpretation of manifest and latent concepts. The
19 findings revealed positive influence on health and social well-being in addition to positive
20 changes in daily activities. The main theme which arose from the data was 'shaping a new
21 direction in life', elaborated by the categories: ameliorated physical fitness, creation of a
22 social meeting place, improved focus and concentration, practical help and support, and
23 reduced mental symptom burden.

24 **Key words:** golf, therapy, mental health, physical fitness, social relatedness, life change

25

26 **Introduction**

27 For people experiencing mental health problems and the challenges caused by using drugs or
28 alcohol, the public health system and organizations of volunteers offer a diversity of
29 treatments and rehabilitation activities. Evidence-based strategies for improvement of such
30 mental health problems are cognitive therapy (Fischer, Baucom, & Cohen, 2016; Roberts,
31 Roberts, Jones, & Bisson, 2016) and physical activity (Dunn, Trivedi, Kampert, Clark, &
32 Chambliss, 2005; Durstine et al., 2000; Gasper, 2016; Stubbs, Vancampfort, Hallgren, Firth,
33 Veronese, Solmi, Brand, Cordes, Malchow, Gerber, Schmitt, Correll, De Hert, Gaughran,
34 Schneider, Kinnafick, Falkai, Möller & Kahl, 2018; Trivedi, Greer, Grannemann, Chambliss,
35 & Jordan, 2006). Developing appropriate and supportive therapy for people lacking initiative
36 or empowerment, call for creativity because we have to take into consideration psychosocial
37 challenges and health inequalities (Stansfield & Bell, 2019). Mental health nurses emphasize
38 health promotion and recovery (Biong, Karlsson, & Svensson, 2008), and encourage
39 performance of activities of daily living for those in need of help, supervision and support.

40 When the goals are to improve the will to live, enhance quality of life, and support
41 self-care, the biopsychosocial model (Engel, 2012) is often recommended due to its holistic
42 approach incorporating both biological, mental, and social perspectives. Additionally, aspects
43 of prevention and rehabilitation, e.g. from the Ottawa Charter for Health Promotion (1986)
44 might serve as guide for organizations seeking to introduce helpful interventions. User
45 participation is essential for meeting personal aims and individual challenges. Dekker and
46 Williams (2017) have highlighted user-centered participatory design when developing serious
47 games as interventions for anxiety and depression. Jørgensen and Rendtorff (2017) in their
48 integrative review emphasize the importance of specific knowledge about patient participation
49 in mental health care activities. Coming up with activities that seem attractive and enjoyable
50 from the users' perspective may improve motivation for involvement. However, to investigate

51 this assumption, we need to know the users' perspectives and their immediate aims and needs.

52 With this background, we performed an exploratory study in which the participants
53 involved in one particular activity - playing golf - shared their experiences. In Europe, the
54 Scots have long traditions playing golf (<https://www.standrews.com>). The essence of golf is
55 to hit a little ball with a club reaching a hole in the ground with a minimum of hits. Golf
56 simulators are common, used particularly during the winter season for practicing and
57 perfecting one's game. Golf is a game enjoyed by millions of people all over the world and a
58 game that requires both physical and mental awareness. It is a game to have fun with, to
59 compete with and to socialize. As recommended by Stansfield and Bell (2019) this activity
60 links socialization to a physical activity. Golf is a game for all, men and women, old and
61 young. Playing golf is a cognitive and physical challenge due to the stress involved in hitting
62 the ball from the correct angle with the right touch to carry the ball optimally towards the next
63 hole (Evans & Tuttle, 2015). Clark, Tofler and Lardon (2005) have given an outline of the
64 mental routines required, particularly for competitive golfers, since each golf swing lasts only
65 3 seconds and the total duration of the swings for a whole course round is just 3-4 minutes.
66 Except when using the simulator, the golfers spend a long time walking on the course –
67 maybe as much as four hours when completing an 18 hole-game. Golf, therefore, encourages
68 social contact among the players when walking around in groups through the course. The
69 topic for conversation in this setting often is improvement of one's personal golf performance.
70 Therefore, playing golf is mentally, socially and physically stimulating and challenging.

71 Research is limited regarding the impact of playing golf on the health and daily
72 activities of people experiencing mental health problems and use of drugs or alcohol. Carless
73 and Douglas (2004) studied nine men with mental health problems attending a golf program
74 in the United Kingdom, and they described encouraging and threatening factors in joining the
75 program. Key factors in that regard were 'making a safety net', 'bubbling about golf', and 'a

76 relaxing sport'. In addition, they mentioned challenges as 'negative competition' and 'time to
77 move on'. A dissertation from the United States describes rehabilitation benefits of a golf
78 clinic for military personnel and veterans with disabilities (Flores, 2014). However, no
79 significant changes related to self-efficacy, fatigue, pain, anxiety and depression resulted from
80 the program. Since only 13 persons completed the program, the negative result may be
81 attributed to lack of statistical power due to small sample size (type II-error).

82 In a scoping review, Murray et al. (2017) emphasize the relationship between golf and
83 health. The authors conclude from the 301 papers reviewed that golf, a moderately intense
84 physical activity, is associated with physical health. Playing golf might improve
85 cardiovascular, respiratory and metabolic processes and thereby improve feelings of fitness.
86 However, the authors claim limited evidence related to golf and mental health. As a
87 conclusion, the review recommends to study golf and mental health, health behavior change
88 and economic effects in specific populations. According to that review and our literature
89 search, there are scarce research about the therapeutic effects of playing golf on mental health
90 in particular groups. This invites further studies. Since research-based knowledge is so
91 limited, studies with different designs are warranted.

92 The aim of this qualitative study was therefore to explore the experiences of people
93 with mental health problems or previous substance use, after a systematic introduction to golf
94 activities. The study examines the perceived impact on the participants' physical and mental
95 health, social contact, daily activities as well as an overall evaluation of involvement in a
96 'Golf as Therapy' (GaT)-group.

97 Lasting for more than a decade, GaT is a program offered by a private legacy of senior
98 people dedicated to the golf sport. The legacy applied for and received grants from private
99 sponsors independent of the official health and social services. GaT keeps contact with both
100 golf clubs and institutions treating clients with mental health problems or substance use. The

101 GaT administrators help the institutions to select proper candidates with mental disorders or
102 previously substance use for recruitment to the GaT-program. The local clubs offer the
103 participants golf trainers, golf simulators, and free access to the golf course and supply them
104 with necessary golf equipment. The participants form groups of 5-8 participants who meet at
105 the golf course once a week for three-four hours' golf performance and social networking.
106 The program is free of charge for the participants. For those living in an institution, the
107 administration organizes transportation to the golf course. However, most of the GaT-
108 participants live by themselves and manage their own transport. At the time of inclusion to
109 this study, none of the participants held a job; however, they were enrolled in individual
110 and/or group interventions.

111 **Methods**

112 **Participants**

113 Individual face-to-face interviews were performed by the first author with 12 participants
114 (informants) (9 men and 3 women) from the 157 participants enrolled in the GaT program.
115 The GaT administrator who knew the names of those joining the GaT-groups recruited the
116 informants to the study. The recruitment process included information about the study,
117 voluntary participation, and that we needed 10-12 participants, preferably both females and
118 males. In order to avoid possible coercion the recruiter informed that neither participation nor
119 non-participation would have consequences for further membership of the GaT-program. The
120 informants gave written informed consent with contact information before the interviewer
121 received their documents.

122 **Practical procedure**

123 The interviews took place at the golf courses' localities or in suitable offices close to where
124 the participants lived. Five of the informants were from the rural golf courses (three men and

125 two women), while seven joined the urban courses, though not located to the inner city. The
126 interviews lasted from 26 minutes to 55 minutes gaining 202 pages transcribed text (font size
127 12, line space 1½).

128 **Data analyses**

129 Qualitative content analysis

130 After de-identification during the verbatim transcription of the interviews, the authors
131 individually read the transcription and determined their meaning units before collaborating to
132 decide the interpretation of manifest and latent concepts providing subcategories, categories
133 and themes (Graneheim, Lindgren, & Lundman, 2017). Graneheim and Lundman (2004)
134 recommend this approach as a means of achieving credibility and trustworthiness. They
135 suggest presenting the findings in a diagram in which the content could be understood in two
136 directions, i.e. from meaning units to themes and vice versa.

137 One of the GaT-informants read all the interviews and gave valuable input to the first
138 steps in the analytic process. He determined meaning units relevant from his perspective, and
139 he later confirmed the content of the table presenting examples of the analytic process. This
140 particular user-participation was central in the process of selecting the quotations describing
141 the essential findings. He also gave feedback on the first draft of this paper.

142 The quotations as well as the transparent presentation of the meaning units,
143 subcategories and categories serve as background for the reader to develop familiarity with
144 the data and confidence in the authors' interpretation of the material.

145

146 **Ethics**

147 The Norwegian Centre for Research Data (NSD) (application #53609) approved the study.
148 NSD decided that the GaT administrator should make the initial contact with possible

149 participants. All participants delivered written consents. NSD stores the raw data from this
150 study.

151 **Findings**

152 The informants were from 30 to 58 years of age, and they have attended the GaT-groups due
153 to mental health problems or previous substance use. The participants gave rich descriptions
154 of their experiences in their GaT-groups, particularly the impact on their health and daily
155 activities. The overall impression was that the GaT experiences had **shaped a new direction**
156 **in life** by *ameliorating physical fitness, generating a social meeting place, increasing focus*
157 *and concentration, giving practical help and support, and reducing their mental symptom*
158 *burden.*

159 *Please insert Table 1 about here*

160 To achieve these particular improvements (presented as categories), subcategories as
161 e.g. forgetting problems, weight loss, better sleep, good feeling of tiredness, skilled trainers
162 and disconnection were articulated. The meaning units, subcategories and categories thereby
163 emerged from the data as manifest findings (please see Table 1). Looking for latent findings,
164 what we interpreted as the underlying message from the participants in this study, the **shaping**
165 **of a new direction in life** was highlighted by all the informants. During the interviews, the
166 first author had the impression that the informants were deeply moved when talking about
167 their attachment with their GaT-group and their trainers, about the changes in habits and their
168 abilities to improve their daily activities.

169 The new direction in terms of physical improvement, categorized as *ameliorated*
170 *physical fitness* left increased physical activity and weight loss as fundamental experiences.
171 GaT consisted of physical activities such as walking and hitting the golf ball, demanding
172 bodily fitness and precision of movements, as well as coordination and evaluation of direction

173 and distance. One of the informants expressed his experience: "...when trying the first golf
174 swings, the instructor shouted: Oh my God, you are sweating. So I was in pretty bad shape."

175 Several of the participants proudly described weight reduction and the impact of
176 physical fitness and improved physical function. "I lost 21 kg (46 lb). When entering golf, I
177 also entered other activities." The influence of improved physical fitness had positive
178 consequences such as motivation for other kind of activities and focus: "...when experiencing
179 problems I gained weight enormously, but the GaT has inspired me to exercise, and I have
180 lost tremendous number of kilos (lbs)."; "...when outdoors walking I feel a rinsing process,
181 unwinding. And I can focus on the next swing."; "Outdoor activities = golf. I am not fond of
182 hiking in the forest by my own."

183 The exercise involved in swinging the golf club might give the participants awareness
184 of muscles and their strength: "In the beginning I felt muscular pain and complained about my
185 bad shoulders and sore muscles in my back. Now I have rhythm in my body." However, one
186 informant has a different perspective about the best activity, for even the simulator needs
187 physical endurance: "I prefer playing the simulator. It is relaxing and causes me no pressure -
188 so I can perform better."

189 *Generated a social meeting place* characterizes the new direction creating a location
190 with others facing the same challenges in life. The subcategories represent relatedness; exert
191 social skills, and arena for activity. One of the participants summarize all the latter aspects:
192 "When someone has a "bad day", others from the group take contact for a chat and some
193 positive comments to try get them started. I feel receiving support and attention when I need
194 it. It is relatedness and safety in itself."; "I feel belonging to this place." Four informants
195 specifically emphasize the social value, e.g.: "It provides so much fun and they include me.";
196 "I prefer to play with others – I find it boring being alone." One of the other participants
197 described a very different perspective on connection: "As long as I find it interesting, I am not

198 concerned about others. I prefer playing alone – it is comfortable and I do not need to engage
199 in conversation.” Connection in this case involved joining the social meeting place, which for
200 this person was an interesting arena for physical activity and nothing more than that.

201 *Increased focus and concentration* represent the mental awareness required in playing
202 golf. As a part of this mental awareness forgetting problems and disconnect seem to describe
203 this new direction. One female participant stated: “During the game I am extremely
204 concentrated. After the Golf-as-Therapy I am tired as I have used my dose of energy.”
205 Another participant emphasized the importance of focus while playing: “I lose concentration
206 when people talk and when kidding. On the other hand, this is a part of the total picture which
207 is positive.” Yet another participant emphasized the necessity of assessing the distances,
208 which demands focus: “It is hard to assess the distance and the power you need to reach the
209 goal.” Disconnect or ‘staying off-line’ might be interpreted as figuratively presence during the
210 game, but at the same time feeling socially protected – locked out from the society: “I am not
211 physically tired after playing golf, however my head is tired”; “Previously I checked my
212 mobile phone. Now I leave the cell phone in my car. I do not need it at the course”

213 **Shaping a new direction in life** for these informants seemed to be dependent on
214 *practical help and support*. Several of them pointed out that they had expectations and were
215 open for new impressions, however were dependent on helpful and skilled leaders: “They
216 were surprisingly encouraging and helpful. And I had reached a state in which I was not that
217 inhibited by anxiety.”; “...extremely hard in the beginning, the body would not obey... I
218 emphasize the availability of skillful trainers.”; “I have always got a feeling of doing things in
219 a wrong way. In this group, we may play incorrectly, but no one says ‘shame on you’. From
220 the participants’ point of view, leadership with an attitude to boost and encourage was
221 experienced as emphatic and supportive: “He (the instructor) managed to see me; he sensed my
222 condition and accommodated the performance level to my limitations.”; “He is fabulous with

223 encouragement when you do your best.”; “I am sure the group would not have managed
224 without leaders. They are always supportive, even when you repeatedly fail. In order for me
225 to succeed the correction have to be motivating, not strict”; “The trainer is extremely clever
226 and human. He shows us, spends time with each of us and is always kind and gentle.” The
227 interviews showed that the participants’ experienced the mastering of practical tasks giving a
228 sense of ‘good feeling’ after practical performance, particularly the golf play, as well as other
229 daily activities. “The importance is the feeling of mastery which make the body function and
230 gives me optimism in my daily life - since I want to be independent of others the aim is to get
231 my driving license again.”; “After a kind of adrenalin-kick (playing golf), I get inner calmness
232 to make my day.”; “Golf-as-Therapy helps me build energy.”

233 The informants in this study highlighted *reduced mental symptom burden* as a
234 meaningful description of their experiences. With a good feeling of tiredness, better sleep and
235 relaxation, they could shape the new direction in life. One of the female informants described
236 it like this: “After completing the round, my head is totally empty. Coming home, lying on
237 my sofa, I think: Gosh, now I am comfortably tired, both mentally and physically.” Another
238 informant said: “I am so tired and satisfied after the Golf-as-Therapy that I fall out of the car
239 when turning back home.”

240 Quality of sleep is improved due to exercise: “When you are run down; then you can
241 sleep.”; “After walking the course and performance playing, I am tired. The result is better
242 sleep than before” Problems such as symptoms or lack of energy had to be relieved to perform
243 better in daily life – as exemplified by the ability to start the day: “I look forward to rise in the
244 morning – it has not always been like that! I have joined the Golf-as-Therapy group even
245 when having a flu because I want to be with them. I have reflected on this, and in the future I
246 want to have a job for which I want to get up early in the morning.” During the interviews,
247 many informants emphasized the ability to keep calm during the game. Some of them

248 mentioned the relaxation required for the shape of the new direction in life: “Previously, when
249 shopping, payment was a challenge and I said ‘keep the change’ – because I trembled
250 (shivered) tremendously. Now it is gone!”; “It has been a rollercoaster, however when I felt a
251 part of this, I got rid of boredom and stupid thoughts”; “We have a lot of gallows humor; I
252 laugh while tears are dripping.”; “...the activity is more therapeutic when having fun and
253 feeling free.”

254 Summing up the theme **shaping a new direction in life** states that the condition
255 experienced by the participants had changed. GaT had, either as a single activity or in
256 interaction with others along with appropriate support and follow-up, served as a catalyst for
257 the new direction in life.

258 **Discussion**

259 The aim of this study was to explore the experiences of people joining a GaT-group, including
260 the possible impact on the participants’ physical and mental health as well as the influence on
261 their social contact and daily activities. The findings revealed positive influence on health and
262 social well-being in addition to positive changes in daily activities.

263 Previous studies on golf as activity has emphasized attendance to a golf program
264 where only men participated (Carless, 2004). Comparison to our sample is therefore difficult.
265 However, their categories described as ‘making a safety net’, ‘bubbling about golf’, and ‘a
266 relaxing sport’ correspond to some of the findings from our study, e.g. the category
267 ‘Generated a social meeting place’ – a chat and some nice words. Flores (2014) highlighted
268 one particular target group (military personnel and veterans) which is a different group of
269 informants/participants than the one we have studied. No significant changes on self-efficacy
270 and health aspects were shown for the 13 participants of that study, but different
271 methodological approaches and measures do not allow for meaningful comparisons with our

272 study. Murray et al. (2017) refer to several studies describing the overall positive effect of
273 golf on lipid profile and improved body composition. Adams, Goldufsky and Schlaff (2016)
274 emphasized gender differences when designing educational programs on nutrition, weight and
275 life style changes for athletes. The latter study highlights the importance of balanced diet to
276 avoid eating disorders and to keep a healthy life style. The findings from our study capture to
277 shape a new direction in life that may correspond to life style changes. Weight and gender
278 differences seem irrelevant for the GaT-group. Both quantitative and qualitative studies have
279 described mental benefits related to personal and group identity and to social connectedness
280 (Murray et al., 2017). These findings correspond to our study, although here described in
281 different terms, e.g. 'relatedness', 'social meeting place' and 'belonging'. Several theories
282 describe and explain changes in life. The Self-Determination Theory (SDT) by Ryan and Deci
283 (2000) particularly emphasizes intrinsic motives and needs to change life style. A background
284 including autonomy, competence and relatedness is a key factor for activities, performance
285 persistence and creativity requiring motivation and engagement. In our study, we found
286 excitement to participate in GaT linked to what might be interpreted as autonomy. Focus and
287 concentration, in addition to managed performance could be interpreted as a kind of
288 competence. The social meeting place and connectedness as relatedness. The subcategories
289 and categories from our study might therefore correspond to the fundamental components of
290 the SDT. However, as we interpret our findings, external factors such as a beautiful course
291 and skillful trainers and helpful leaders also play a significant role in our study. The exclusive
292 GaT provision gave the participants opportunity to join golf courses with professional
293 instruction free as well as access to the services available. From our findings, we are unable to
294 identify all valuable factors for shaping a new direction in the lives of the informants.
295 Nevertheless, we find it interesting that they have emphasized both the internal and external
296 motivation during the interviews, which referring to the SDT are factors crucial for change.

297 Even though the initiators of GaT did not have any theoretical concept concerning
298 their activity, we conclude that for these informants GaT has given a new direction in which
299 the content seem to fit the components for life style changes. As several of the informants in
300 this study indicated, the GaT came at an appropriate time in their lives. We consider this to be
301 an important factor since the GaT experience served as a catalyst for changes. User-centered
302 participation is valuable, as Dekker and Williams (2017) describe for serious games used as
303 therapy. In our study, the use-friendliness may be reflected upon regarding internal and
304 external motivation (Ryan & Deci, 2000) as well as the way the GaT activity has been
305 offered. Motivation depends on individual engagement, which correspond to user-
306 involvement. In our study, we find that the informants emphasized to be taken seriously and
307 receiving support. Thus, user-involvement may be interpreted as being fundamental to shape a
308 new direction in life.

309 Qualitative approaches emphasize variations in perspectives from the participants'
310 experiences, which was the case in this study. One of the informants preferred acting alone,
311 did not appreciate conversation, liked the simulator better than playing in the open air and
312 promoted the improvement through precise hits. Other informants described satisfaction from
313 walking and talking on the beautiful golf course. The one person represents focused
314 performance and perfectionism while most of the other participants in this study seem to
315 appreciate the GaT activity by itself along with social relatedness and the support from the
316 leaders and the trainers. Since the benefit of GaT includes physical fitness, social connection,
317 though to a different degree, and reduced mental health symptoms, we find these aspects
318 corresponding to the ideal of the biopsychosocial model (Engel, 2012) where all these
319 characteristics are included. Additionally, the aspects of prevention and rehabilitation
320 described in the Ottawa Charter for Health Promotion (1986) might also correspond to the
321 findings in our study. GaT may be interpreted as a preventative activity as well as a part of

322 rehabilitation and recovery for the participants of this study. The theme ‘shaping a new
323 direction in life’ might further be developed to a metaphor ‘from hibernation to awakening’
324 capturing the new physical, social and mental orientation due to GaT.

325 When the purpose is to improve physical fitness, mental health and ability to perform
326 daily activities, different approaches are available. Structured activities like golf include
327 several aspects such as walking the course or attending the simulator. The golf simulator is a
328 digital device in addition to a place for physical performance. Lau et al. (2017) examined
329 serious games for mental health purposes and found promising results on symptom relief.
330 Dekker and Williams (2017) found 20 serious games with user-involvement which can
331 prevent or treat anxiety and depression or can complement existing therapies. These games
332 were all computer- or web-based. While Dekker and Williams (2017) refer to serious games
333 as educative rather than entertaining, the enjoyable aspect might influence involvement and
334 participation in the game. Making the game or activity enjoyable is thought to reduce the
335 dropout rate (Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012). Playing golf on a course in
336 addition to using the simulator might be a good combination to ensure variation and to sustain
337 activity.

338 Beneficial treatment alliance is essential for mental health treatment (Biong et al.,
339 2008). From our study, we have learned that the treatment alliance with trainers, leaders and
340 the GaT-group might provide a kind of external motivation for showing up and joining the
341 activity. The combination of internal and external motivation is necessary to shape a new
342 direction - knowledge giving clinical implication for designing activities for this target group.
343 However, further studies are recommended to investigate to what degree internal factors are
344 of higher importance than external ones for people experiencing mental health problems and
345 challenges using drugs or alcohol while enrolled in a GaT-group.

346 Strengths and limitations

347 Qualitative research searches for different perspectives from the participants. Data from the
348 interviews are collected from both rural and urban parts of Norway, which has the advantage
349 of capturing a broad view of the experience of GaT. Qualitative studies do not intend to give
350 global answers. The purpose of studies based on small samples does not aim to generalize but
351 rather gain in-depth knowledge and new hypotheses from the participants. Our study had an
352 explorative design, and the findings from the 12 interviews gave a rich description of the
353 experiences related to participating in GaT. One limitation to this study lies in the recruitment
354 process: the participants, invited by the GaT administrator, might be those with the best
355 connections to the administrator and may possibly be the most compliant. However, the NSD
356 recommended this recruitment procedure. Another limitation is the follow-up and the
357 particular content of the GaT-program, which make this study non-transferable to other
358 groups. Finally, knowledge on diagnoses and current treatment programs available for the
359 participants could shed light on a valuable combination of interventions to improve the
360 participants' situation.

361 **Conclusion**

362 The main findings of this study about the experiences of members from GaT-groups indicate
363 a valuable activity, which shaped a new direction in life for the informants. In particular, they
364 described improved physical fitness, social contact, increased focus and concentration,
365 improved daily activities, and reduced mental symptom burden and the importance of
366 practical help and support.

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446 Table 1. An overview of the analysis with meanings units, subcategories, categories and
 447 theme.

Meaning unit	Subcategories	Categories	Theme
Walking as a rinsing process Lost tremendous number of kg (lbs)	Activity Weight loss	Ameliorated physical fitness	Shaping a new direction in life
A chat and some nice words Belonging to this place	Relatedness Exert social skills Arena for activity	Generated a social meeting place	
During the game, extremely concentrated Leave the cell phone	Forgetting problems Disconnect (staying off-line)	Increased focus and concentration	
Extremely clever trainer Sensed my condition Entering golf and entering other activities	Skilled trainers Helpful leaders Managing practical tasks	Practical help and support	
Look forward to rise in the morning Rid of boredom and stupid thoughts After walking the course I am tired	Good feeling of tiredness Better sleep Relaxation	Reduced mental symptom burden	

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