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Desert as therapeutic space: Cultural interpretation of embodied experience in sand therapy in Xinjiang, China

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ABSTRACT

The existing research on therapeutic landscapes reveals more positive and pleasant experiences generated in blue and green spaces and their effects on health. This study draws on a case study of sand therapy at Turpan City in China in order to explore in the 'yellow' space of the desert how painful embodied experiences and cultural beliefs are assembled to produce therapeutic experiences. The results show that the sand therapy participants sought painful haptic sensations such as burning, heat and sweating by touching hot sand as treatment. Individuals interpreted these painful bodily sensations through health-related cultural beliefs of *yin-yang* balance and *Qi* to generate particular therapeutic experiences. This study suggests the researchers to be more attentive to painful therapeutic landscapes.

1. Introduction

Wilbert Gesler (1991, 1992, 1993, 1996) has defined and developed the concept of the therapeutic landscapes, in which 'the physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing' (Gesler, 1996: 96). Different from traditional medical geography which is concerned with biomedical health and diseases, the body of therapeutic landscape research has focused on subjective experiences of health and healing (Gesler, 1993, 1996; Conradson, 2005; Braubach, 2007). Individual subjective experiences of health are closely associated with place (Gesler, 1996), where particular social, affective and material enabling qualities contribute to what and how people experience (Duff, 2011).

Much of the early therapeutic landscape research focused on specific extraordinary religious and natural places that have historical reputations for healing power (Gesler, 1992, 1996, 2003; Williams, 1998, 2010, 2014). Recent studies have also embraced places for treatments or cures, including clinics (Andrews, 2004) and hospitals (Curtis et al., 2007), as well as ordinary everyday places such as residential communities (English et al., 2008), gardens (Milligan et al., 2004), parks (Plane and Klodawsky, 2013), zoos (Palka, 1999), coastal areas (Bell et al., 2015), countryside (Doughty, 2013), and forests (Morita et al., 2007). These healing places are featured as possessing either professional medical knowledge and equipment, or harmonious social relations, or special spiritual significance. Moreover, most of these therapeutic landscapes belong to so-called 'green' and 'blue' spaces (Bell et al., 2018), which are often regarded as vital, calm, free and relaxed places (Völker and Kistemann, 2013; Pitt, 2014; Foley and Kistemann, 2015).

In contrast to the blue and green spaces, this study chooses to investigate therapeutic experiences in the desert, which is usually deemed as a barren, monotonous, lifeless, and hence unhealthy place. As yet, this 'yellow' space as a potential healing landscape has drawn little academic interest. A large number of people in China, however, travel to Turpan City in Xinjiang Uyghur Autonomous Region to improve their health in the desert with sand, where people treat their illnesses through burying themselves in high-temperature sand. The experiences in the sand are neither comfortable or pleasant, but painful and risky. However, the unpleasant haptic experiences are constructed as enabling health-giving qualities.

We adopt the relational approach proposed by Conradson (2005) to understand the sand therapy. Conradson (2005: 339) argued that therapeutic landscape experiences are relational outcomes which are derived from 'a person's imbrications within a particular socio-natural material setting'. Further, Finlay (2018: 78) stated that 'No space can guarantee a positive health experience for everyone'. It is the assemblage of embodied, cultural and symbolic factors that contributes to healing and wellness (Foley, 2011); hence, it is problematic to see some specific dimensions such as blueness and greenness as having intrinsic therapeutic properties. We will illustrate that the therapeutic experiences in the Xinjiang desert are the outcomes of an intersection between embodied experiences and cultural constructions.

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Exposing one's body in the yellow space of a hot desert is not comfortable, and the effects of contact with hot sand on improving health are not straightforward and may even be against common sense. Therefore, how the haptic experiences of sand therapy in deserts improve health can only be understood through a cultural lens. The haptic sensations are also not intrinsic and essential therapeutic qualities. Thus, this paper explores the sensory experiences embodied in the desert and how these embodied experiences relate to subjective health from a cultural perspective.

2. Literature review

The conceptualization of therapeutic landscapes has provided a theoretical framework for understanding the complex relationship between place and subjective health experience (English et al., 2008; Williams, 2014). Gesler (1993) proposed an analytical framework for the efficacy of these therapeutic landscapes as inner/meaning (including five themes: natural setting, built environment, sense of place, symbolic landscapes, and everyday activities) and outer/societal context (including three themes: beliefs and philosophies, social relations and/or inequalities, and territoriality). Recently, there is growing attention to the sensory elements of therapeutic spaces and the significance of embodied practices and sensory experiences for health (Gorman, 2017).

2.1. Embodiment, senses and health

Body' is not merely a passive sign of text, discourse and symbol, but is also a subject to produce new meanings of space (Thrift, 2008). Sense of place or emotional place attachment does not emerge solely in the mind, but involves the body (Nash, 2000; Crouch, 2000). In terms of health, body is not only an object for treatment, but is also an active subject constituting the treatment, and the therapeutic meaning is not a state represented in the inner mind but is generated from the interaction between body and place. Thus, Foley (2011) argued that body practice is a significant source to enable a space to become a healing place, and sensory experience is often seen as one part of the embodied experience (Merchant, 2011).

The term 'therapeutic landscapes' implies a visual hegemony that emphasizes visual experience in enacting therapeutic encounters with landscapes while overlooking the importance of other sensory facets such as smell, taste, sound, and touch (Gorman, 2017). Other studies have revealed the multisensory elements of healthy places or 'therapeutic sensescapes' (Bates, 2018). Butterfield and Martin (2016) pointed out that sensory richness is one of many essences of a 'therapeutic garden' in which people can experience a comprehensive and rich sensuous engagement (integrating vision, smell, taste, hearing and touch) with nature. For older people, colors, smells, and birdsong are powerful garden settings to obtain restorative effects (Milligan et al., 2004). Gorman (2017) highlighted the role of smell and taste in the formation of healing experience within spaces of care farming. In practicing yoga in nature, Lea (2008) confessed that the haptic experience of uneven and rocky ground offered her a different awareness of body, which was a new way to meet herself and could lead to 'deeply held emotions being unlocked and released' (p.95). All these studies support the idea of 'therapeutic sensescapes', where the sensory experience of place can generate healing effects.

Following the idea of therapeutic sensescapes, we focus on the therapeutic touch. Touching is a fundamental way for humans to create relationships with the world (Paterson et al., 2012). The sensation of touch involves the potential to dissolve the boundary between humans and the world, subjects and objects, interiors and exteriors, and oneself and others (Dixon and Straughan, 2010), thereby generating a proximal and intimate experience, which is a powerful source for therapy. Touch from both social and physical sources can be beneficial to wellness. For instance, the 'social touch' from nurses can help comfort and heal ill people (Krieger, 1979), while physical immersion in water when swimming can evoke feelings of calm, trust, and wellbeing (Straughan, 2012). As well, in art therapy, patients can reconnect to their authentic self through playing with sand and clay (Bingley, 2012).

It can be found that most of these haptic experiences produce positive feelings, affects and emotions. Brown (2016: 311) found that outdoor activities can produce 'energetic' ground-feel affects, such as 'pleasurable somatic sensation, sense of proximity, immersion and connection, sense of playfulness, feeling powerful, self-knowledge' and so on. In practicing nudism in a beach, it is a 'comfortable' haptic experience, 'opening up the body to the natural elements, letting the sun get in and enjoying the feeling of the water on the skin' (Obrador-Pons, 2007: 317). However, Collins and Kearns (2007) revealed that experiences on a beach may be risky for sun exposure, and hence may become a threat to human health. Regardless, it is reasonable and understandable that positive experiences and affects can improve the restorative effects, and risky experiences threaten health.

However, this study explores the less-researched phenomenon that *risky and painful* touching affects lead to subjective healing in sand therapy in China, which can only be understood through a cultural perspective. The painful haptic experience in the desert is not an intrinsic enabling quality, and its healing function only works in a specific Chinese cultural context. The therapeutic effects are relational outcomes as Conradson (2005) revealed.

2.2. Culture, health and place

Hofstede (1991:4) refers culture as 'software of the mind': the systems of communication and the preserved experience of prior generations, and also the shared values and beliefs. It plays an important role in shaping the relationship between health and place (Wendt and Gone, 2012; Wilson, 2003), and 'certain places are socially and culturally constructed as therapeutic landscapes' (Hoyez, 2007: 117). Individuals' understandings of health and well-being and their practices for seeking health are different in different social and cultural contexts (Fox, 2011; Lopez-Class et al., 2011; Wilson, 2003). As important components of therapeutic landscapes, the effects on health of the physical environment (Day, 2007), social environment (Doughty, 2013), and spiritual environment (Liamputtong and Suwankhong, 2015; Huang and Xu, 2018) are also related to culture (Wilson, 2003). Peoples' interpretations of a natural environment, influenced by cultural ideas, can impact the places that people understand as therapeutic (Day, 2007). Culture also influences individuals' cognition and psychological preferences for food, which is one of most important material elements for connecting health and place (Fox, 2011). In some cultures, people not only take necessary material items from nature (e.g., food, herbs), but also use a variety of ways to build spiritual relationships with nature to obtain healing, such as communicating with the spirits of rocks and trees (Wilson, 2003). Spiritual practices are determined directly by cultural beliefs, and are of particular importance in connecting place and health (Izugbara et al., 2005; Panelli and Tipa, 2007; Greeff and Loubser, 2008; Leache et al., 2008; Williams, 2010). As crucial components of culture, cultural beliefs refer to shared ideas of members of society (Murphy, 1988). Importantly, cultural beliefs can assist individuals in creating meanings with matters that 'seem uncontrollable', like the occurrence of serious illness (Lopez-Class et al., 2011; Huang and Xu, 2018).

People are aware of the potential for a particular place to create healing modalities, not only because of the materially therapeutic possibilities of the place, but also due to 'imaginative therapeutic geographies' (i.e., using imaginings of spaces and places to work embodiments in particular ways) (Lea, 2008; Doughty, 2013; Gorman, 2017). These imaginings of therapeutic potentials and effects connect the bodily experiences to the place where bodily practices take place (Lea, 2008) and enable individuals to gain affective significance as they absorb the experience (Doughty, 2013). While the imagined therapeutic

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