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## Seeking everyday wellbeing: The coast as a therapeutic landscape



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## ABSTRACT

Recent research suggests coastal environments may promote human health and wellbeing. This article explores the diverse coastal experiences sought out by residents of two towns in south west England to promote and preserve their personal wellbeing in the context of their everyday lives. It draws on the findings of an in-depth interpretive study conducted from May to November 2013 that examined the relative contribution of varied green and blue space experiences to individual wellbeing through the life course. Personalised activity maps produced using accelerometer and Global Positioning System (GPS) data were used to guide in-depth geo-narrative interviews with a purposive sample of 33 participants. This was combined with a subset of nine case study go-along interviews in places deemed therapeutic by the participants themselves, offering deeper insight into the lived experiences and relationships playing out within such places. Situated in a novel adaptation of the therapeutic landscapes framework, this article explores how symbolic, achievement-oriented, immersive and social experiences contributed to participants' sense of wellbeing in their local coastal areas. Participants expressed particularly strong and often enduring connections to the local coastline, with different coastal stretches perceived to cater for varied therapeutic needs and interests, at multiple scales and intensities. The findings suggest the need for greater acknowledgement of people's emotional, deeply embodied and often shared connections to the coast within coastal management policy and practice, both nationally and internationally. Importantly, such efforts should recognise the fluid, dynamic nature of this land-sea boundary, and the valued therapeutic experiences linked to this fluidity.

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## 1. Introduction

The health promotion (or 'salutogenic') potential of natural environments is now widely acknowledged and researched (Hartig et al., 2014). Much of this research has focused on the health and wellbeing benefits of 'green' space proximity or exposure – woodlands, parks, gardens etc – (De Vries et al., 2003; Maas et al., 2006), with less attention given to the specific benefits of 'blue' spaces. Blue spaces are environments defined by the presence of water and include inland and coastal aquatic environments (White et al., 2010; Völker and Kistemann, 2011, 2013). Positive associations between coastal proximity and indicators of general health, mental health and physical activity have been identified (Bauman et al., 1999; Witten et al., 2008), even after controlling for the level of green space in the living environment (Wheeler et al., 2012;

White et al., 2013a, 2014). In this paper, we explore the diverse therapeutic experiences sought out at the coast, drawing on the findings of an in-depth, interpretive, mixed methods study conducted with residents of two coastal towns in south west England. Grounded within the empirical data, we situate the experiences in relation to theoretical constructs (including therapeutic landscapes, flow, attention restoration, peak diminutive experiences) that seek to explain the sense of wellbeing gained by people through their coastal interactions.

## 1.1. Historical 'healing' at the coast

There have been various shifts in cultural interpretation of the coast over time, from its enjoyment amongst the Ancient Greeks and Romans as a place of pleasure and beauty, to its avoidance throughout the Middle Ages as 'wild and untamed' (Tuan, 1974), and its gradual integration into societal activities from the 1700s onwards. This reintegration saw the coast reframed as: a livelihood source and integral part of working life, in the 1700s (Lencěk and Bosker, 1998); a space for emotional release and spiritual

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renewal, driven by notions of the Sublime and the Romantic literary movement of the 1800s; a space for medicinal cold-water bathing, perceived as a hygienic alternative to inland public bathing houses from the 1700s–1800s; a setting for open air recreation and pleasure in the late 1800s to mid 1900s (Walton, 2000); and a peaceful site for retirement in the 1960s, leading to what Andrews and Kearns (2005) describe as ‘Costa Geriatrica’. Despite a significant drop in domestic seaside holidays following the rise in affordable air travel and package tours abroad in the 1960s and 70s, the continued role of the coast as a contemporary leisure space, valued by local residents for both individual and family wellbeing, is apparent within a number of recent studies (Ashbullby et al., 2013; White et al., 2013b). Cultural geographers, in particular (e.g. Game and Metcalfe, 2011; Kearns and Collins, 2013) have commented on the potential of the coast to “generate a palpable intensity of feeling” (Ryan, 2012: 3). In this paper, we draw on this work and new empirical data to explore how and why the coast is able to generate such intensity of feeling, specifically in the context of human wellbeing.

### 1.2. What do we mean by ‘wellbeing’?

This paper supports recent calls for a dynamic conception of health, emphasising the “capacity to maintain and restore one’s integrity, equilibrium and sense of wellbeing” (Huber et al., 2011, p. 12) through life. The concept of ‘being well’, and how best to measure wellbeing, has been the subject of much debate throughout recent history. As highlighted by Reid and Hunter (2011), personal wellbeing is rarely the same for all individuals, and people’s conceptions of wellbeing may change over time. This creates challenges for research since standardised measures of health and wellbeing may not resonate with the wellbeing priorities of individuals under study. With this in mind, we follow the example of Dinnie et al. (2013, p. 104), who advocate exploring people’s personal sense of wellbeing through asking “about their experiences, feelings and interactions with the world and their perceptions of those experiences”. Such in-depth narrative accounts provide nuanced insights into people’s own wellbeing priorities and the personal salience of different settings (including the coast) in meeting these priorities. This approach is consistent with the recognition in the therapeutic landscapes literature that place-based wellbeing encounters are best approached as “a relational outcome, as something that emerges through a complex set of transactions between a person and their broader socio-environmental setting” (Conradson, 2005, p. 338).

### 1.3. The concept of ‘therapeutic landscapes’

Historically, specific blue spaces have gained long-standing reputations for healing, including ‘sacred’ springs, holy wells, and coastal areas (Fox and Lloyd, 1938; Gesler, 1996, 2003; Foley, 2011). These have been described in previous studies as ‘therapeutic landscapes’; landscapes where “the physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing” (Gesler, 1996, p. 96). This definition conveys the importance of understanding the physical and social wellbeing potentials of a given space, but also the more subjective ways in which people engage in, experience and interpret that space (Braubach, 2007).

Much of the early therapeutic landscapes research focused on the wellbeing properties of widely acknowledged, ‘extraordinary’ places of healing, such as pilgrimage sites and spas (Gesler, 1992, 1996). Water featured in many of these places, often due to long-standing spiritual beliefs that spring water drawn from specific ‘sacred’ sites possessed healing powers (Williams, 2010; Foley,

2011). In the 17th Century, physicians began to analyse the chemical properties of these ‘healing’ waters in the hope of improving their use in medical treatments. Centuries of these experiments, however, found little evidence of any ‘healing’ properties. As such, these physicians catalysed the demise of many ‘therapeutic’ baths and spas (Gesler, 2003). Yet, in focussing solely on reductionist testing of the waters, these physicians had largely failed to appreciate the significance of the suite of embodied spiritual and social rituals performed at these sites. Several researchers have since returned to sites with reputational healing properties to understand these wider ‘therapeutic assemblages’ (Foley, 2011; Gesler, 1996, 2003; Williams, 2010).

Recognising the ‘exclusivity’ and increasing commodification of these ‘extraordinary’ places of healing – and the infrequency with which they are experienced through the life course (Willis, 2009) – researchers have also turned their attention to the therapeutic potential of places encountered routinely within everyday life. This is based on the perception that frequently accessed spaces – such as community gardens, woodlands, urban riverside spaces, beaches etc – may be more important for longer-term health promotion (Milligan et al., 2005; Milligan and Bingley, 2007; Cattell et al., 2008; Völker and Kistemann, 2013). This latter interpretation of therapeutic landscapes, as sites of health promotion (rather than solely healing), is adopted within this paper.

Notably, the places discussed in the therapeutic landscapes literature to date range from those with perceived aesthetic value (including green and blue spaces) to those whose therapeutic qualities may be imperceptible to an outsider, including a sense of security and inclusion nurtured through the development of supportive social networks over time (Smyth, 2005; Wakefield and McMullan, 2005). Valuable insights can be drawn here from the diverse body of literature on ‘sense of place’, increasingly considered central to positive wellbeing experiences in much of the therapeutic landscapes literature (Eyles and Williams, 2008). Kyle et al. (2004) discuss ‘sense of place’ as a broad construct, comprising four dimensions:

- *Place attachment*: the affective component, describing emotional attachments to a setting.
- *Place identity*: the cognitive component, including the values, attitudes and beliefs held by an individual in relation to settings that provide opportunities for individuals to both express and affirm their identity (that is, their sense of who they are and what defines them).
- *Place dependence*: the behavioural component, referring to a functional reliance on a setting to facilitate the achievement of goals and carry out desired activities.
- *Social bonding*: a social component, suggesting that settings can become meaningful through supporting significant social relationships and shared experiences over time.

As such, the idea that places are intrinsically therapeutic in some way has been increasingly contested in the literature (Williams, 2007). Instead, settings are likely to be experienced in different ways by different people, with users gaining a sense of wellbeing through appreciating various (personally relevant) phenomena within the setting (Cattell et al., 2008). For example, whilst some people perceived beaches as therapeutic spaces in which to relax, reflect, socialise or exercise, others were deterred from doing so by concerns about the health risks of sun exposure (Collins and Kearns, 2007). Similarly, drawing on the findings of a qualitative study with 16 young people in the North West of England, Milligan and Bingley (2007) argued that woodland encounters experienced as therapeutic by some were ‘anxiety-inducing’ for others. Variations in perceptions were not linked to age or gender, but to:

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