



# Swimming in Ireland: Immersions in therapeutic blue space

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## ABSTRACT

This paper explores swimming as a healthy body-water engagement in blue space at selected outdoor Irish swimming spots. Associated theoretical underpinnings draw from non-representational theories (NRT). Taking as a starting point the idea of immersion, the paper argues for a deeper application of NRT to blue space settings. In addition, the paper reflects recent therapeutic geographies research on differential experiences of health and wellbeing linked to such immersions. Methodologically, the paper uses observer participation and swimmer's own voices to draw affective and embodied accounts from on and within water. The act of swimming as an emplaced and performed therapeutic encounter is highlighted along with a more critical discussion of contested narratives associated with risk and respect. Theoretical learning suggests the need for greater attention to the production of affect from across the life-course and a fuller articulation of the in-betweenness of theory and empirical testimonies. Swimming emerges from the study as a potentially valuable health and wellbeing resource that can be more fully harnessed to inform wider public health policy.

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## 1. Introduction: Immersion, water and space

Swimming, and other forms of immersion in natural water-bodies, have long histories as therapeutic acts within blue space, both in antiquity, through the development of 18th century sea-side spas, and in more contemporary narratives around outdoor swimming (Corbin, 1994; Deakin, 2000; Parr, 2011)<sup>2</sup>. Such narratives have traditionally been associated with hydrotherapies and sports and exercise science, with measurable physiological benefits of swimming – in both cold and warm water – well-established components of public and private health policies and behaviours (Chase et al., 2008; Asbullby et al., 2013). In addition, swimming locations or places have wide cultural and emotional resonance and are intriguing examples of what we might conceptualise as therapeutic blue spaces, where water and sky are components of a wider environment producing health and wellbeing (White et al., 2010; Völker and Kistemann, 2011, 2013). In relation to wider health policy, the concept of therapeutic blue space draws from, yet complements existing literatures on the very active promotion of green spaces as environments for healthy living (Depledge and Bird, 2009; Mitchell, 2013).

This paper is concerned with less explicitly measurable, but more qualitatively expressed dimensions of swimming as a healthy activity. It uses a therapeutic landscapes framework in conjunction with emergent theoretical thinking within medical/health geography, specifically around non-representational theories (NRT) (Lorimer, 2008; Andrews et al., 2014). As a linked set of ideas drawn from wider cultural theory, NRT, with their concerns with pre-cognitive processes, embodiment and affect, explores the often ineffable everyday aspects of living in place (Game and Metcalfe, 2011; Anderson, 2014). Connecting such theoretical ideas directly with the act of swimming, itself a visibly non-representational practice, lie at the heart of the paper. At the same time, NRT concerns increasingly overlap with recent writing on therapeutic landscapes, including empirical studies associated with water (Collins and Kearns, 2007; Williams, 2007; Author, 2010, 2011; Foley, 2010, 2011; Wheeler et al., 2012). Recent critical writing from therapeutic geographies argue that place is experienced differently by different people and it is necessary to be mindful of differential therapeutic outcomes at all times (Conradson, 2005). This is especially the case with swimming, simultaneously capable of being joyful, open and healing, yet risky, terrifying and unhealthy (Collins and Kearns, 2007).

To date there has been little research on swimming based on its specific immersive and therapeutic components (Author, 2010; Game and Metcalfe, 2011). The idea of immersion draws on phenomenological concerns, updated within NRT, with person-place interactions and the specific relations between bodies, practices and multi-sensual environments, where surround-

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<sup>2</sup> It cannot be ignored that most contemporary swimming takes place in indoor and private pools, but this paper will focus on swimming in more natural outdoor environments.

sounds, touch, and proprioception have explicitly embodied dimensions (Lorimer, 2008; Andrews et al., 2014). Research on coastal landscapes identifies therapeutic potentials around immersion, though these tend to be more contemplative, based on views of water (Wylie, 2005; White et al., 2010; Ryan, 2012). This paper argues for a need to stretch this a little and ‘jump in’, both literally and literally. In so doing, and in uncovering narratives and responses from the water, a better understanding of swimmers’ motivations and psychologies may extend conceptions of health and blue space practice in public health terms. Interestingly, much global public health policy associated with swimming is understandably focused on risk and safety (World Health Organisation (WHO), 2006). I suggest however, that it may be important to counterbalance this in more positive ways; mindful of the voices of swimmers themselves, who respect the water, but are drawn to it for the emotional and physical supports it provides (Collins and Kearns, 2007; White et al., 2010; Parr, 2011).

The primary aim of this work positions swimming as a means to develop theoretical engagements within therapeutic landscapes research, specifically in the growing research area of blue space. In so doing, a number of additional objectives are identified, namely a critical assessment of swimming as; a potentially healing act, expressed in swimmer’s own accounts; as a development of NRT and lived everyday health geographies, and as a development of Conradson’s (2005) notion of differential and contested healing outcomes in place.

## 2. NRT, affect and therapeutic geographies

The theoretical frameworks that inform this paper are those of NRT or, reflecting the ongoing importance of traditional representation, more-than-representational theories (Lorimer, 2008; Thrift, 2008; Ryan, 2012). Within medical and health geographies, the use of NRT have been slowly making ground, if not always explicitly. There is a useful summary in Andrews et al. (2014) recent Canadian paper that documents how NRT have become more influential in the subject. Citing Cadman (2009), they identify NRT as having three theoretical antecedents, phenomenology, neovitalism, and post-structuralism. The first two are of specific interest to this research, as they reflect a concern for person–environment interactions with lived and active components (Harrison, 2008; Thrift, 2008). NRT seek to theorise everyday lives and practices beyond a purely representative take; and consider how place itself is produced through every-day practices and performances (Cadman, 2009). NRT are especially interested in the role of the body and its affective responses in, to and from place. These are not necessarily neutral agentive acts, unshaped by wider living structures and contexts, but have autonomy and expressive, felt and sensual realities of their own (Tolia-Kelly, 2006; Anderson, 2014). Cresswell (2012) notes that much NRT writing is theoretically dense and less commonly illustrated by empirical clarification. In part this reflects particular NRT methodological concerns that are resistant to being overly empirical, where interpretation, explanation and analysis of everyday acts, by definition, convert them into representational modes (Gregg and Seigworth, 2010). One might wonder how else one can describe and make sense of the seemingly inexplicable, though it’s worth noting that even foundational geographical writing on NRT, such as Thrift (1997) and McCormack’s (2002) work on dance, have recognisably material emplacements.

Bearing this in mind, and teasing out more fully this theoretical–empirical tension in NRT, debates on affect and emotion are a good starting point, though people sometimes use the terms interchangeably (Thien, 2005; Anderson, 2014). Affect is variously invoked as a body’s capacity to act or be acted on and as a bodily

becoming that pre-structures codified emotional responses to physical experiences (Dewsbury, 2003). Such philosophical definitions, avowedly distanced from concretised explanations or interpretations of everyday practice and encounter (such as feeling/emotion), have been critiqued for a contradictory abstraction that makes their utilisation in grounded research difficult (Thien, 2005; Tolia-Kelly, 2006). Andrews et al. (2014) suggest that NRT, considered in health and wellbeing terms, are loose enough to allow such tensions so that, ‘the key non-representational idea of ‘affect’ is employed as a study framework, indicating how wellbeing arises initially as an energy and intensity through the physical interaction of human bodies and non-human objects, and is experienced as a feeling state’ (Andrews et al., 2014, 211). Affect can be better seen as a form of mobile energy between people and things, encompassing a wide range of often inexpressible felt sensations. They illustrate this through auto-ethnographic descriptions of playing in water and teaching children to swim in the summertime in Canada, with the text invoking the ‘slip-slop’ of the sound of water or the ‘boom-boom-cha’ of music that becomes part of experiential place encounters that encompasses others (relational) and are acted out in open-ended environments (processual). Such instinctive and pre-cognitive components (central to affect debates) are co-produced by and in place. In this case, both individual and associated place energies are causally linked to heat and light and even the kinaesthetics of place-encounters. One can argue, especially when applied to swimming, that energies are stored up in and emerge from across the life-courses as well. They are essentially embodied in that sense, from received wisdoms and knowledges (how to swim, what not to do), but also through childhood and adult experiences that shape subsequent pre-cognitive feelings and memories and personal-place echoes (Ryan, 2012). In the author’s case this might be reflected in a near-drowning experience in waves as a four-year old, or through a family history of repeated visits to seaside locations. NRT have traditionally had a greater focus on the individual moment and while it does consider cumulative affects, it might be extended to consider multiple moments stored in body-place memories and how they shape affective encounters (Anderson, 2009).

Extending this discussion to aspects of active embodiment, similar discussions on affect (as latent sense) and feeling/emotion (as material expression) are identifiable (Spinney, 2006; Game and Metcalfe, 2011; Ryan, 2012). Affect, perched between anticipation and subsequent entry into action, is inherently latent until one lets go, both physically and mentally. Spinney, in an auto-ethnographic study of cycling up the long steep climb of Mont Ventoux in France, evokes place image and memory (its history as a Tour de France climb and shrine) but also his own kinaesthetic struggles with heat and aching muscles to express the inexpressible affects of the experience. For him movement and the coalescence of subject (cyclist) and object (bike), are enacted in a complex relational space to uncover an identifiably ‘pre-representational’ practice; ‘the character of the ascent is brought to life not just by describing a landscape visually but by describing the sensations of moving through it’, p724. Such thinking can be easily extended to swimming where body-subject within water-object are equally framed by affect, memory and context. Game and Metcalfe (2011) identify that same sense of movement and kinaesthetic response to and in place on Bondi Beach in Sydney. The respondents; walkers, joggers and swimmers, describe their activities in almost archetypal forms, and the authors note, ‘it is everyday recreation that takes them out of their subjective and human-centred emotional states into the spatial–temporal depths of the relational state of ‘well-being’. In particular they draw on Bachelard’s idea of being in ‘felicitous’ (blue) space that opens up affective healing possibilities, linked to recovery and restoration, identifiable in references to the beach as ‘Dr. Bondi’.

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