



Walking together: The embodied and mobile production of a therapeutic landscape

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ABSTRACT

This paper draws on a case study of led group walks in the South-East of England to explore the affective potency of shared movement for producing therapeutic landscapes (landscapes that through placed practices become associated with health and healing). The paper addresses the lack of attention to embodiment and movement in work on therapeutic landscapes through an exploration of how shared movement can produce supportive social spaces that are experienced as restorative. Drawing on an expansive conception of mobility inspired by the 'mobilities turn' in the social sciences in the last decade, the paper explores how the therapeutic landscape concept can be enriched by being approached through the lens of the body in movement. A complimentary concern in the paper is the ways in which supportive socialities and group dynamics are integral to many therapeutic landscape experiences. Walking together is found to have a significant impact on social interaction and together embodied mobilities and supportive socialities transform the countryside walkscape into a mobile therapeutic landscape and a site for shared therapeutic body work.

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1. Introduction

This paper contributes to work in health geography and beyond that uses the 'therapeutic landscape' metaphor to explore the relationship between health and place. Through an empirical focus on led group walks in the countryside, this paper explores modalities of sharing therapeutic spaces and the value of joint movement in the creation of an environment that supports the pursuit of better wellbeing. In so doing, this paper engages with two dimensions of the therapeutic landscape that have remained under-explored in the literature to date; firstly, the value of social interaction within these environments and secondly, foregrounding embodiment and mobilities within the constitution of therapeutic geographies. Thus, the therapeutic landscape concept is used as a framework to explore shared embodied processes that unfold in a concrete historical and cultural context.

Much of the work in health geography which 'recognises sense of place as central to positive health experiences' (Eyles and Williams, 2008, p. 6) has been concentrated around the concept of 'therapeutic landscape'. Therapeutic landscape is one of the few conceptual frameworks developed exclusively by qualitative health geographers (Andrews and Moon, 2005) and is one of the ways that wellbeing has been approached geographically through

a concern with 'how the healing process works itself out in places (or situations, locales, settings and milieus)' (Gesler, 1992, p. 743). This stream of research in health geography has been focused around qualitative explorations of the dynamic processes through which therapeutic spaces are constructed, emphasising the relationship between aspects of health and ill-health and processes within certain material settings.

This paper seeks to contribute to work on the therapeutic landscape concept by taking seriously people's embodied experiences and interactions in the creation of therapeutic geographies. The paper seeks to further an understanding of the primacy of embodied experiences in the 'doing' of therapeutic landscapes and that this bodily doing is necessarily mobile.

When it comes to literatures concerned with the qualitative interplay between health and place, (im)mobility has often been neglected in the effort to investigate the specificities of place. Explorations of therapeutic landscapes have often been place-specific, exploring questions such as 'how does this particular setting affect health in positive or negative ways?', and this approach has been applied in various contexts – e.g. traditional healing places, retreat centres, forests, hospitals, the home, the garden and so on – and to some degree the relations within them. The way that movement has been dealt within these literatures is often indirect or in passing, even when critiques are levied at static conceptions of 'healthy places'. On the whole, movement as a necessarily inseparable dimension of sensate being is an area that has met inadequate attention in studies of therapeutic practices and spaces.

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A second, and related, gap is to further an understanding of intersubjectivity in the encounter with therapeutic landscapes. The notion of intersubjectivity is a complex one, however if we contend that subjectivity (and subjective experience) is formed through 'dialectic processes of relationships with others' (Fenner, 2011, p. 852) we can start to challenge the subject-centred nature of most health interventions and forms of psychotherapy by privileging context, place and others (including non-human others) as instrumental for the formation of healthy selves. A relational and transdisciplinary 'psychosocial' approach (Stenner and Taylor 2008) to wellbeing conceives it to be a relationship between the individual and the social. Taking such a relational definition of wellbeing on-board within a health geographical framework, which takes into account the spatial and material anchoring of these relations, can help us develop a more comprehensive understanding of how wellbeing plays itself out in different places. In this paper I hope to show that the contention that wellbeing is relational opens up for further exploration of the ways in which we produce therapeutic landscapes through shared embodied and mobile engagements with places.

The challenge for health geographies is to bring about an understanding of how health and wellbeing is emergent in and through complex contexts of experience of place which unfold within a relational field, often in group environments and as part of shared human practices. There has been little direct attention paid to the therapeutic potential located in the act of sharing such spaces and practices, even though many previous explorations of therapeutic landscapes have studied what are essentially social spaces, such as the spa (Gesler, 1993, 1996, 1998), the countryside retreat (Conradson, 2005), the summer camp (Kearns and Collins, 2000), woodland play (Milligan and Bingley, 2007) and wilderness group tours (Palka, 1999) to mention just a few of the places and contexts that have received attention. This paper addresses the particularities of bodily and social interactions in a countryside walkscape in order to explore how embodied social practices can be generative of therapeutic spaces that emerge intersubjectively through shared bodily engagements.

2. The empirical context

The empirical basis for this paper is found in an ethnographic exploration of led group walks in Hampshire, England. In its focus on the green spaces of the countryside, the research intersects with previous work that locates the therapeutic in environments that are not explicitly created to benefit health but nonetheless are symbolically associated with innate health-giving properties and have become popular sites for health-enhancing human practices (e.g. Palka, 1999; Milligan and Bingley, 2007). The Ramblers, as Britain's largest walking charity, was chosen as a gateway organisation, which gave access to a wealth of local group walks as well as providing the opportunity to walk with individuals of different ages and bodily capacities and who would have a range of different motivations for their walking practice. Participants for the study were recruited from active group walkers in the Hampshire area, which snowballed from Ramblers groups to affiliated and independent groups. Fieldwork was carried out between April 2009 and April 2010 and 40 participants were recruited across 5 different walking groups with an age range of early 20s to late 70s.

The objective of the empirical study was to explore the ways in which the group walk facilitated a collective production of a particular therapeutic space. The 'therapeutic landscape' metaphor was approached in this study as a dynamic and relational process, a moving space that unfolds within and through interactions with the environment (including other humans as well as non-humans), rather than a fixed geographical location, what van Ingen (2004) refers to as 'place-aware' rather than 'place-bound'.

2.1. Walking and talking

There is a need for qualitative inquiries into the interactions between health and place, while remaining local and site-specific, to develop a greater concern with movement. The landscape is, following Ingold (2000, p. 193), the embodiment of cycles of movement; a terrain to move with rather than across. Such a contention naturally has methodological consequences and in response methods have increasingly gone mobile across the social sciences (Fincham et al., 2010). However, as noted above, mobility and mobile methods have not been picked up in a big way by scholars working on the concept of therapeutic landscape, which is addressed in this paper. My methodological approach rested on my immersion in the local landscape of walking; participating, observing and talking to walkers *whilst walking*. In this I took inspiration from a 'talking-whilst-walking' (Anderson, 2004; Anderson and Moles, 2008) approach to mobile interviewing. 'Talking-whilst-walking' adapts ethnographic go-along methods by placing its focus on the significance of bodily movement in place. Through walking together, the researcher is present to harness those elements of social knowledge that are unstated, or recalled prompted by the practice of moving one's body through place. Anderson (2004), following Casey (2000, 2001), suggests that relations between people and place – what Casey refers to as the 'constitutive coingredience' – can be harnessed to access deeper insights into human constructions of the world. What Anderson calls 'talking-whilst-walking' is a method for 'harnessing the inherently socio-spatial character of human knowledge' (Anderson, 2004: p. 254). While walking, participants could reflect on their walking practice in a way that was more immediately embodied and lived than should they have talked about it in a seated interview elsewhere.

3. The therapeutic value of mobile and embodied socialities

That walking together is a social activity may seem like stating the obvious, yet, apart from Ingold and Vergunst's (2008) anthology on ethnographies of walking, very little attention has been paid to the social dynamics of embodied movement. When it comes to health geographical work, a focus on walking socialities in relation to wellbeing is entirely absent. However, there is a growing literature in geography and related disciplines on walking focused around the self-landscape encounter, and of particular note are more-than-representational accounts (e.g. Carolan, 2008; Wylie, 2006), and accounts of walking as a way to create new embodied knowledges of place and performative practice (e.g. Myers, 2008; O'Neill and Hubbard 2010; Pink et al., 2010), phenomenological approaches and methodological developments that take the embodied encounter with place into account (Anderson, 2004; Hall, 2009). This paper contributes to this rich literature by exploring of how the two interrelated therapeutic dimensions of embodied movement and supportive sociality play out in a countryside walkscape. I argue that the shared walk can be generative of a supportive sociality that is embodied through movement and that this can result in a particular mobile therapeutic practice, which is produced and experienced intersubjectively.

What emerged strongly in my ethnography with group walkers in the Hampshire countryside was that their walking practice in relation to their pursuit of wellness was intertwined with various desires, as well as anxieties, about sociality. Their walking practice was significant for their well-being not only because it involved physical exercise and engaging with the countryside landscape but because it provided an opportunity for (temporary) social congregation. The embodied co-enactment of shared walking and the affective processes involved in establishing walking sociality stand

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