



Therapeutic mobilities: walking and ‘steps’ to wellbeing and health



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ABSTRACT

There is now an extensive literature on therapeutic landscapes, those settings and places that can contribute to wellbeing and good health. Less attention has been paid to the therapeutic qualities of the act of moving from one place to another. The recent emergence of a significant mobilities ‘turn’ in social science is welcome, but this has as yet had relatively little to say about the consequences of mobility for health and wellbeing. This paper maps the relations between one form of mobility – walking – and wellbeing and health. Such relations may be theorised as ‘therapeutic mobilities’, a concept that sits comfortably alongside that of therapeutic landscapes. I explore three elements of such relations: activity; connection; and context. Although only one form of mobility is considered, the notion of therapeutic mobilities can be extended to other forms of travel.

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1. Introduction

An understanding of the relations between health and location, place and landscape lies at the heart of health geography. Whether engaging in a traditional medical geography, or a health geography that engages with the social and cultural, the movement of people and non-humans (animals, viruses, technologies) has also played a prominent part in the discipline. For example, a large literature in medical and health geography sees distance as a friction to be overcome, as when we seek to map and improve accessibility to health services (see, for example, Gatrell and Wood, 2012). Similarly, much medical geography has focused on the movement (diffusion) of diseases from place to place (reviewed in Sabel et al., 2010). As a third example, both the daily movements of individuals (Kwan, 2009) and the more enduring migration of people during the life-course (Gong et al., 2011) are crucial in understanding the intersections between human health and spatial settings. All these research foci are of major public and policy significance.

However, among these concerns with health and movement, relatively little attention has been paid to the therapeutic qualities of the act of moving from one place to another. What are some of the health and wellbeing gains to be had from the journeys that we undertake? Here, I wish to explore these gains in the context of one form of mobility: walking. In so doing, I shall argue that a new concept of ‘therapeutic mobilities’ can be set alongside the now well-established concept of ‘therapeutic landscapes’ to convey the notion that movement, as well as place, can benefit human health and improve wellbeing.

Just as particular spatial settings can impact negatively, as well as positively, on human health, so too can movement. For example,

living in close proximity to green space is known to improve health and wellbeing (Mitchell and Popham, 2007) but if the green space is littered with broken glass or discarded needles it may be a place to avoid rather than enjoy (McCormack et al., 2010). Equally, while I hope to show that walking is an example of ‘therapeutic mobilities’ it is quite clear that it has dis-benefits too. Busy urban streets can be hazardous environments if the pedestrian is forced to step into the road by the movement of others, or exposed to air pollution from vehicular exhaust emissions, or if travelling along an ill-lit path late at night. I do not consider these dis-benefits here (see Gatrell, 2011 for a fuller overview). Just as the therapeutic landscapes literature excavates the positive qualities of places, I consider here mostly the positive aspects of walking.

Walking is only one form of everyday movement and the ideas considered here can, in principle, be extended to other modalities, such as cycling, travel by car, bus, train and boat, and air travel. All of these connect the places that promote (or otherwise) the health and wellbeing studied by health geographers. All of them can impact negatively on our wellbeing, whether because of the stress of the journey, exposure to pollutants, or the risk of accidents and other dangers. Yet all can convey benefits of various kinds, ranging from enjoyment of the journey, the excitement of the travel mode, or the social interactions encountered on the move. It is these potential and realisable benefits that motivate the concept of ‘therapeutic mobilities’.

2. Mobilities and the marginalisation of health and wellbeing

Social theorising is questioning traditional notions of ‘societies’ and ‘nations’ and the ‘perceived prioritisation of more rooted and bounded notions of place as the locus of identity’ (Urry, 2000; Cresswell, 2010: 551). Social life and human identity is being produced and reproduced in the movements of people, things and

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ideas rather than being located in territories with fixed borders. As Cresswell (2010) has suggested, mobility is a primary feature of modern or postmodern life. While a concern with movement is nothing new in social science, a focus on 'mobilities' may offer a new paradigm for social science (Sheller and Urry, 2006). Features of the mobilities 'turn' include: a concern with the meaning of movement, as much as the physical act; an interest in all forms of movement, whether at a global scale or that of the human body; and the interconnection of people, images, information, objects and ideas as moving things (Cresswell, 2010). A mobilities perspective considers the practice, politics and cultures of movement, as well as the emotions and meanings ascribed to such movement (Cresswell, 2006; Urry, 2007; Adey, 2009). While this is not to deny the importance of places and territories, Sheller and Urry (2006: 214) suggest that the mobilities paradigm counters any simple distinction between people and places; instead, they see a 'complex relationality of places and persons', arguing that places 'are not so much fixed as implicated within complex networks by which hosts, guests, buildings, objects, and machines are contingently brought together to produce certain performances in certain places at certain times' (Sheller and Urry, 2006: 214).

The early, important programmatic statement by Sheller and Urry (2006) illustrated the new paradigm with reference to modern international airports (see also Adey, 2010; Cwerner et al., 2009). Others have written extensively on the automobile and its effects (for example, Featherstone, 2004; Urry, 2007, Chapter 6). But while some have explored alternative mobilities (Vannini, 2009), and slower modes of travel such as cycling and walking, the focus has been more on the so-called 'kinetic elite' than on everyday travel. Indeed, Urry's key text (2007) begins by speculating that 'all the world is on the move' and that 'criss-crossing the globe are the routeways of...groups intermittently encountering one another in transportation and communication hubs' (Urry, 2007: 3).

Where attention is given to slow mobilities the focus has tended to be on the practices, performances, politics and 'poetics' of the walk (see, for example, Wylie, 2005; Pinder, 2011). Some of these engagements are not new; for example, interest in the Parisian *flâneur* (first popularised in the writings of Walter Benjamin) pre-dates the mobilities 'turn'. In addition, the coming together of groups of people on city streets for the purposes of political protest is also hardly new. Cultural theorists have also returned to de Certeau's well-known monograph (1984) and drawn attention to his chapter on walking that, like many others, emphasises walking in the city rather than in the countryside and draws parallels between the walk and the act of speech. Some writers (Ingold and Vergunst, 2008; Solnit, 2001; Frello, 2008) have looked at walking styles, practices or performances. In three linked essays Jennie Middleton (2009, 2010, 2011) has examined walking in the built environment, the routines involved, and decisions taken about where to walk. Her focus is on the 'less remarkable, unspectacular, and unreported everyday experiences associated with walking' (Middleton, 2010: 576) and she attends primarily to 'what it means to different people, and the multiplicity of those experiences' (578). Middleton's work and that of others has raised the profile of walking as practice and performance, and I draw on some of her observations later; nonetheless, I contend that - in the main (an exception is the important paper by Ziegler and Schwanen, 2011)—mobilities researchers have not made much of the connections between such practices and human health and wellbeing. Exploring these connections is the focus of the present paper.

3. Wellbeing and the marginalisation of mobility

Wellbeing as a concept is 'difficult to pin down, heterogeneous and contested' (Schwanen and Ziegler, 2011: 719), reflecting in

part the different disciplines (including psychology, economics, sociology, geography and public health) that have sought to illuminate a slippery concept. I do not attempt to dissect its multiple meanings; these have been explored in detail by Fleuret and Atkinson (2007) who also note that the growing use of the term in various political and policy contexts 'reflects a broad appeal based, at least in part, on its unspecified nature' (Fleuret and Atkinson (2007: 110 and 112)). As they and others (Schwanen and Ziegler, 2011: 727) assert, part of the attraction of wellbeing reflects a neo-liberal political agenda that wants to see people look after themselves in order to limit demands on health and social services. This is mirrored in much of the academic literature, which posits an individualistic perspective on wellbeing. Here, there is a distinction between two basic approaches. One, a *eudaimonic* view, defines psychological or subjective wellbeing in terms of personal growth and autonomy, having a purposeful life and high-quality relationships with others. A second, *hedonic* view, sees wellbeing as happiness and positive affect. Other approaches, such as Amartya Sen's *capabilities* approach (see Nordbakke, 2013) refer to individuals' resources, skills and choices, as well as the context within which individuals are able to flourish.

Ryan and Deci (2001: 161) argue that 'wellness should be defined not simply as the absence of psychopathology, but instead as an array of positive aspects of functioning that are promoted by attainment of strong attachment relationships, acquisition of age-appropriate cognitive, interpersonal, and coping skills, and exposure to environments that empower the person'. Put simply, wellbeing embraces human 'flourishing'; it involves *being* well and *feeling* well (Kearns and Andrews, 2010; Curtis, 2004). Although the consensus is that health and wellbeing are not to be conflated, as Riva and Curtis (2012: 54) acknowledge, the two are interconnected: wellbeing contributes to good health and good health aids wellbeing. I do not consider further here the relations between health and wellbeing; my aim is to explore relations between wellbeing as a broad concept-embracing good health-and walking.

Geographical approaches to wellbeing have tended, I suggest, to adopt a place-based perspective. Fleuret and Atkinson (2007: 113) are quite explicit on this point, arguing that the relations between place and wellbeing operate in both directions: '*settings* can influence health-related wellbeing, and health-related wellbeing can influence *settings*' (my italics). In an important overview, Kearns and Andrews (2010: 309) observe that wellbeing suggests 'being somewhere', and they go on to focus attention on wellbeing in neighbourhood settings. The classic social indicators approach to wellbeing (reviewed briefly by Conradson, 2012), sometimes referred to as 'welfare geography', was territorially based, aggregating individuals to spatial units. Such *place-based* contributions to our understanding of wellbeing are invaluable. But they tend to see wellbeing as experienced in places or contained within discrete administrative units; nowhere is this more explicit than when Schkade and Kahneman (1998) pose the question (from a hedonic perspective): 'Does living in California make people happy?' Conradson identifies four streams of research in health geographic scholarship on wellbeing. These are: therapeutic landscapes; access to greenspace; healthy cities; and emotional geographies. This set is largely endorsed by Kearns and Andrews (2010) who make the interesting point that attending to wellbeing serves to link together the study of emotional geographies and geographies of health. But, fundamentally, wellbeing is constructed as *emplaced*.

Ziegler and Schwanen (2011: 764; 771) refer to a number of dimensions that characterise wellbeing. These include: good physical and mental health; a strong network of social relations; a secure income and home; and the capacity to access activities and to be involved in social life. These attributes are endorsed by

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