



# Smelling therapeutic landscapes: Embodied encounters within spaces of care farming



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## ABSTRACT

The conceptual framework of 'therapeutic landscapes' has been used as a means of considering the significance of specific environments, spaces, and places for aspects of health. Building on a growing attention to the sensory elements of spaces of health and wellbeing, this article mobilises empirical research on 'care farming' practices to discuss how smellscape come to be crucial in fulfilling anticipations, imaginations, and expectations of a 'therapeutic space'. This article highlights how embodied relationships with specific scents can constitute a therapeutic encounter with place, actively influencing practices and engagement with(in) place, and the ways by which place can have a meaningful affect on health.

## 1. Introduction

"Odours have a power of persuasion stronger than that of words, appearances, emotions, or will. The persuasive power of an odour cannot be fended off, it enters into us like breath into our lungs, it fills us up, imbues us totally. There is no remedy for it."

—Patrick Süskind, *Perfume*

Geographers have considered in detail the role that particular places can play in the formation of perceptions, reputations, and experiences of health. However, often these places have been discussed and represented as anosmatic, with the aromas, smells, and scents that contribute to an embodied experience of place removed and forgotten. Recognising Thrift's (2008) point, that places are always embodied, I begin to address this by discussing how olfactory relations can serve to enact a therapeutic engagement with place.

I begin by discussing existing research on the significance of specific environments, spaces, and places for aspects of health. Within this body of work, I note a growing interest in the embodied and sensory elements of place-based experience that can lead to the emergence of a place conducive in certain ways to an individual's 'health assemblage' (Fox, 2011). Building on this growing attention to the sensory elements of therapeutic spaces, I then regard the 'olfactory anaesthesia' which

appears within this body of work, and bring discussions on therapeutic spaces into conversation with geographic work on smell to highlight the ways in which an embodied engagement through the nostrils can be an important relationship in realising spaces of health and wellbeing. I then move to explore these ideas empirically, based on data collected during a study of 'care farming' practices in England and Wales, demonstrating and discussing the ways in which the smellscape of these farms came to be crucial in fulfilling anticipations, imaginations, and expectations of a 'therapeutic space', and how embodied relationships with specific scents constituted therapeutic encounters with place. Through this, I call for a greater engagement with the sense of smell, both within health geography, and the discipline at large.

## 2. Therapeutic landscapes and the geographies of smell

Gesler's (1992) development of the therapeutic landscape framework was part of a wider move which saw geographies of health begin to adopt ideas from cultural geography, examining cultural aspects of health in place (Foley, 2012). Such involved moving from seeing space as simply a backdrop or container within which disease and treatments occurred, to instead recognising space as being an active agent in itself, capable of transforming and contributing to health experiences (Kearns and Joseph, 1993). The conceptual framework of 'Therapeutic Landscapes' has resulted in a large and fruitful area of research which has critically explored the links between health and place in a wide variety of contexts, from beaches (Collins and Kearns, 2007) to baths (Gesler, 1998), hot springs (Serbulea and Payyappallimana, 2012) to hospitals (Kearns and Barnett, 1999).

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Milligan et al. (2004) have noted that the opportunity for sensory experiences is particularly significant in enacting a therapeutic engagement with place. Butterfield and Martin (2016) also discuss how 'sensory richness' affords an opportunity for the emergence of therapeutic affect. However, there has been little interest in the olfactory composition of therapeutic spaces, despite researchers often reporting the presence of scented materialities (such as incense) in the places they explore (Williams, 2010; Bignante, 2015). Indeed, authors often quote respondents talking about smells, but tend to gloss over what their participants are saying about the aromatic qualities of place (Baer and Gesler, 2004; English et al., 2008), and the ways in which sensuous elements come together to form therapeutic geographies.

There is a strong trend within the literature on therapeutic spaces of attending to the emotional aspects of the ways in which perceptions, reputations, and experiences of health come to be associated with particular places (Milligan et al., 2004; Conradson, 2005; English et al., 2008; Foley and Kistemann, 2015), building on this, I move to explore the way in which smell can facilitate an emotionally evocative engagement with place (Hoover, 2009). Smell can serve as a powerful aide memoire, triggering memories, nostalgia, and a sense of familiarity, but it can also be more materially and physically provocative, Hoover (2009) for example notes how smelling vomit can often induce the act itself. Aromas, smells, scents, all set off bodily reactions, they serve as connections and codes, and produce new means of engaging with space (Thrift, 2003); an odour often defines a setting (Largey and Watson, 1972). Indeed, Thrift (2003) even goes on to say that "aromas can create an *ambience of wellbeing*" (p. 9).

Experiences of places associated with health and wellbeing are not just built up from solely visual cues, but informed by other sensuous engagements too: taste, touch, sound, and smell (Holloway and Hubbard, 2001). Humans simultaneously emit and perceive odours (Largey and Watson, 1972), altering both the composition and experience of place respectively and concurrently. And not just the composition of place, but also the composition of the 'nosewitness' themselves; whilst vision may distance the viewer from the object, smells penetrate and permeate the body (Porteous, 1985).

Smells are frequently linked to, and informative of, ideas surrounding air quality, pollution, and the distribution of environmental burdens (Porteous, 1985). Relatedly in regard to ideas of therapeutic spaces, Day (2007) has discussed how cultural ideas and understandings of air quality can impact the places that people understand as 'therapeutic'. Certain smells thus come to represent places where health can be 'found' or 'not found'. Indeed, Largey and Watson (1972) discuss how humans are prone to identify certain places with both real and alleged odours, altering the way in which people engage with and navigate space, generating specific reputations and stereotypes of both the place, and the people within. They go on to discuss how "while we tend to have avoidance feelings toward urine-smelling asylums, we are drawn to pine-scented parks; while we are disgusted by canneries, we are enticed by bakeries; while we find cesspools and polluted streams repugnant, we delight at beaches permeated by the smell of salt and sand." (p. 1027). They conclude by arguing that smell is often a crucial component in the definition of, and orientation to, a particular environment, or, as I go on to demonstrate, a particular 'therapeutic landscape'.

My intent here, however, is not to instrumentalise smell, dividing scents up into what is aromatically pleasing or displeasing, therapeutic or untherapeutic, within a given landscape. Indeed, drawing on Prior's (2017) arguments surrounding sonic environmental aesthetics, focusing on pleasure and displeasure 'provides a limited point of entry through which to consider the full scope of human and non-human sounds in landscapes, and also the variegated ways in which we aesthetically experience and respond to these sounds' (p. 14). Prior's argument can equally be extrapolated to smells. Thus, rather than arguing that certain aromas, smells, and scents are intrinsically or inherently therapeutic, what I instead show here is the generative

potential of situated and embodied olfactorial experiences in leading to perceptions, reputations, and experiences of health coming to be associated with place.

Though, rather than static links between health and place, here I draw on health geography's growing engagement with more-than-representational thinking to consider the 'taking place' of health (Andrews et al., 2014), examining the detail of what is happening in the moment, immediately and actively, to explore the processes through which health and wellbeing emerge (Andrews, 2016a). As Andrews (2016b) argues, such an approach allows for a conceptualisation of health as something 'unstable and amenable to immediate change, something both individual and collective, something both consciously and less-than-fully consciously known, thus as something both subjective and objective'.

### 3. Engaging with the senses in therapeutic spaces

As part of a study exploring the role of non-human presence in creating and facilitating therapeutic engagements with place (for a fuller discussion of this work, see (Gorman, 2017b)), 55 semi-structured interviews were conducted with representatives from several Community Supported Agriculture<sup>1</sup> (CSA) projects across England in Wales during 2015, as well as with representatives from groups who visit these farms for therapeutic purposes.

Many CSAs actively attempt to create ways for the farms to provide benefits to various groups, inviting people into the farm environment, and working in partnership with external organisations (Charles, 2011). In such attempts to 'involve people who could benefit therapeutically' (Charles, 2011, p. 367), many CSAs function, sometimes explicitly, sometimes implicitly, as 'care farms', a form of farming combining agricultural production with the provision of health, social, and educational services (Hassink et al., 2010). As a set of relationships and practices, 'care farming' involves utilising an agricultural setting to promote and maintain health (see also, Gorman and Cacciatore [2017] for a useful review of the benefits associated with care farming practices). Some farms provide specific therapies and interventions, whilst others take a more passive approach, simply inviting various vulnerable groups onto the farm to make use of a space that has the potential to be therapeutic. There is no formal registration process to become a 'care farm', rather, many agricultural enterprises (whether conventional, or alternative, like CSA) simply develop personal and localised relationships with various agencies and organisations looking for therapeutic and educational opportunities, as Dan, a CSA farmer, explains:

*I had approached a guy on the council and then he, he gathers people from various organisations and brings them out here in a minibus, so there'll be a group of leaders from, so there'll be someone from the young homeless project, some of their clients, someone from the mental health with a few of their clients, and then they'll all just come, part of the idea is that they all mix and they all work with each other and they just get out of [City] into [Countryside region], and so that's that side of it.*

Despite these links with ideas and practices of health and therapy, besides Charles' (2011) work, there has been little engagement within CSA literature with ideas of health. Similarly, while health geography has done a fine job of exploring the health relations emergent within spaces of gardening (Milligan et al., 2004; Pitt, 2014; Meijering et al., 2016), this has not branched out to more farm based spaces. Here (and elsewhere [Gorman, 2017b]) I move to draw these themes and literatures together to develop new understandings of the dynamic relations between spaces of food and agriculture, and perceptions,

<sup>1</sup> Community Supported Agriculture is a system of food production and distribution aiming to involve local communities in the growing and rearing of their food.

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