



Swimming as an accretive practice in healthy blue space



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ABSTRACT

Cultural geographers are increasingly interested in research on water and water-based practices as sites of study. Parallel literatures on therapeutic landscapes, especially emergent work on healthy blue space, have also begun to explore emotional geographies. This paper is an empirical study of outdoor swimming in Ireland with a specific focus on health and wellbeing. A key aim is to uncover evidence on how specific blue places and practices enable health. The idea of a continuum is utilised to link theory and practice and connect rather than divide affect, feeling and emotion. This is articulated through a set of embodied experiential practices that proposed swimming as a process of therapeutic accretion. Both personal and shared histories are used to identify the importance of both swimming practices and places to show how therapeutic accretions emerge to build healthy resilience. Additional insights suggest aspects of embodied health that are enhanced by outdoor swimming, especially in relation to bodies perceived to be inactive due to age, illness or disability. While the risks are not ignored, the need to better value outdoor swimming in cooler climates for public health is proposed, suggesting new directions for research on outdoor swimming to simultaneously capture active and passive embodied and emotional experiences within blue space.

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1. Introducing outdoor swimming: water, health and place

“Swimming stretches my body beyond its earthly limits, helping to soothe every ache and caress every muscle. But it's also an inward journey, a time of quiet contemplation, when, encased in an element at once hostile and familiar, I find myself at peace” (Sherr, 2012: 5).

In recent cultural geographical writing, oceans, seas and other bodies of water have been re-discovered as sites and subjects of interest (Ryan, 2012; Anderson and Peters, 2014; Brown and Humberstone, 2015). Earlier writing on coastal and inland settings focused on how water and swimming historically improved and sustained human health and wellbeing (Deakin, 1999; Parr, 2011; Sherr, 2012). More recent texts document experiential human responses to the sea and its non-human subjects and to a range of practices within and around it (Hoare, 2013). In all cases, those experiences and practices are shaped by explicit references to emotions and feelings that emerge in place (Edensor, 2010). In the ever-widening range of writing on emotional geographies, health

and wellbeing have also become increasingly explicit dimensions (Davidson et al., 2005; Parr and Davidson, 2010), while psychologists have also explored nature-based health (Hartig et al., 2015). How those emotional and healing strands build and come together as a *therapeutic accretion* through the practice of swimming within ‘healthy blue space’ is at the heart of this paper (Foley and Kistemann, 2015).

Such research in health geography has traditionally been associated with two separate but closely related strands of literature; therapeutic landscapes and healthy spaces. Therapeutic landscapes have been defined as, “a geographic metaphor for aiding in the understanding of how the healing process works itself out in places (or in situations, locales, settings, milieus)” (Gesler, 1992: 743). This is the starting point in thinking about blue space, defined by Foley and Kistemann (2015: 158) as; “health-enabling places and spaces, where water is at the centre of a range of environments with identifiable potential for the promotion of human wellbeing”. Such spaces have become fertile settings for health geographers working on well-being and place, with a focus on more qualitative approaches that reflect therapeutic landscapes perspectives (Coleman and Kearns, 2015; Foley, 2015).

A second and closely linked strand of literature on healthy spaces, has antecedents in environmental psychology and environmental health (Kaplan, 1995; Hartig et al., 2015). More typically

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experimental and quantitative in focus, such research traces active and passive associations between place and wellbeing (Mitchell, 2013; Pitt, 2014). Specific blue space studies, incorporating both water and skies, explore how health is enabled in a range of global settings (Völker and Kistemann, 2011, 2015; Wheeler et al., 2012; White et al., 2013). More recently, Duff (2011) has called for better understandings of what he terms '(health-) enabling places' and how they work. Emerging literatures on diving, surfing and swimming highlight how particular emotional encounters – on, in and under water – shape health in both physical and imaginative forms within blue space (Evers, 2009; Merchant, 2011; Foley, 2015). Such experiential and affective perspectives remain central in this work.

This study of outdoor swimming focuses on how blue space enables (and occasionally impairs) health. Swimmers' accounts of the physical act of swimming and more emotional dimensions of the experience uncover how place has an additionally significant role (Edensor, 2010). The empirical material draws from a qualitative study at outdoor coastal swimming locations in Ireland that combines (auto)ethnography, oral history and visual research with swimmers. The findings indicate how health and wellbeing emerge from an accretive practice within blue space, through repeated affective and emotional encounters (Edensor, 2010; Duff, 2012).

2. Emotional geographies within therapeutic landscapes

2.1. Affective and emotional geographies

In discussing emotion and place, debates on key theoretical terms such as feeling and especially affect, feature prominently, with complex associated definitions (Duff, 2010; Pile, 2010). Spinney (2015: 235) suggests that, "*the study of affect is concerned with how emotions, sensations, atmospheres and feelings arise out of relational encounters between objects, spaces and people*". Affect is also a central theme in writing on non-representational theories (Thrift, 2008), wherein the 'half-second' delay is identified as a way of distinguishing between some deep sense lurking inside us (affect) and its identification as a feeling or emotion, especially when triggered by an interaction with the world around us.

There are considerable debates on how the relationship between affect and emotions can be understood (Pile, 2010). One line of argument suggests that emotions are expressible and graspable, whereas affects are impossible to represent, given their specifically pre-conscious nature (Conradson, 2005a; Thrift, 2008). Pile (2010: 9) cites Anderson (2006), in describing affect, feelings and emotions as a series of layers, in turn non-cognitive, pre-cognitive and cognitive. While the non-cognitive might be identifiable as a sort of 'stored' affect, the pre-cognitive identifies intuitive elements that lie between affect and emotion while the cognitive is seen as expressed emotion. An alternative argument takes issue with the splitting off of these elements in favour of a more unbounded and continuous emotional geography framed by use and context (Bondi and Davidson, 2011). Bondi and Davidson argue persuasively that a more productive route is to consider affect, feeling and emotion as continuous elements, rather than separating them out from one another. This tallies with Spinney's more open definition above, especially the identification of affects that emerge through relational encounters. This paper similarly takes a continuum approach to how affect and emotion might shape how health is produced in place and considers both theory and practice in tandem.

When applied to emotional geographies, there are potential positive and negative experiences that run from the instinctive and inexpressible elements of affect – both non- and pre-cognitive – to more cognitive elements – feeling, moods, urges, reactions, intentions (Anderson, 2006). There is a space for all of these within a

theoretical model that is open to movement along a spectrum; they are different yet connected through bodies and wider material assemblages, even if that connectivity is often blurred and indistinct. A continuum approach draws from a more experiential and enacted perspective; citing Kobayashi, et al., (2011: 873) who:

"see the process of experiencing affect as a cumulative, and therefore historical, process of interaction between human beings and place (including other human beings) through which the capacity for individual feelings arises. In other words ... affect is always contextual; therein lies its value for geographers who study place".

Of special interest is the idea of the cumulative, which will be revisited below. For Simonsen (2012), citing the work of Merleau-Ponty, such a 'non-dichotomous' approach, cuts through distinctions between affect and emotion and sees them as a blending together of inner and outer relations with the world. The affective and emotional continuum contains both the 'expressive space' of bodily movement and the 'affective space', that opens up bodies to the world. Given that affect and emotion are central to writing on non-representational theory (Thrift, 2008), the hard-to-explain parts are often described in specifically performative and embodied ways – dancing or cycling – that highlight expressive embodied elements. Spinney 2006 account of cycling up Mont Ventoux effectively captures affect through describing kinaesthetic practice and emergent affects/emotions linked to the site's contextual history; apprehension; the communitas of fellow-cyclists; physical pain, the hot sun, the laboured pedal-stroke and surges of effort and will that combines into a set of actions that, at their completion, produce a profound feeling of wellbeing and achievement.

Used here with specific reference to the healthy act of swimming (Foley, 2015), an affective and emotional continuum emerges from repeated individual and communal embodied and emotional acts, portray swimmers as complex active subjects and blue space environments as affective settings. Swimming places are permeable spaces that produce permeable responses that cross over between affect and action. Macpherson (2010:5) notes that:

"... our actions and conscious thoughts in any given environment may be the result of pre-conscious thought shaped by the technologies and objects available; and the contexts and cues of a particular landscape. So objects available and physical landscape contexts are implicated in what the body is and what the body is likely to do in any given moment".

These (therapeutic) landscape cues and associated intentions matter, especially for applied medical/health geography; as active and embodied end-points along the affective and emotional continuum.

2.2. Active and passive therapeutic geographies

Concerns with activity are evident in recent studies on healthy living and human movement. Typically these are driven by public health concerns over sedentary lifestyles and the rise in obesity; as seen in a range of studies on green space, active living and the planning of healthy environments to improve health outcomes (Mitchell, 2013; Richardson et al., 2013). In contrast, affective and emotional concerns are central to recent research on therapeutic landscapes, combining both physical and mental health (Bingley, 2003; Conradson, 2005b). Duff (2012) argues persuasively that the role of place in producing affect (and vice-versa) is under-

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