

SUMMARY OF ARTICLE: doi: <https://dx.doi.org/10.12795/rea.2020.i39.01>

Blue Spaces as Resources for Health and Wellbeing: Comparing Indoor and Outdoor Perspectives

Maedhbh McNamara

maedhbh.mcnamara.2018@mumail.ie  <https://orcid.org/0000-0003-2846-6956>

Ailise Murphy

ailise.murphy.2015@mumail.ie  <https://orcid.org/0000-0003-1847-2180>

Fiona Dowler

fiona.dowler.2015@mumail.ie  <https://orcid.org/0000-0002-3123-8789>

Ronan Foley

ronan.foley@mu.ie  <https://orcid.org/0000-0001-6550-1410>

Department of Geography, National University of Ireland Maynooth, Co. Kildare, W23 F2H6 (Ireland)

KEYWORDS

Health
Wellbeing
Blue Space
Canals
Beaches
Swimming Pools

SUBJECT

Given an upsurge of recent interest in blue spaces and their associated health and wellbeing potential, this paper documents Irish studies that compare how different user communities and practices use indoor and outdoor blue spaces for such purposes. The studies employ qualitative methodologies to enact a form of 'place capture' in three different types of blue space; namely an indoor swimming pool in West Dublin, a single canal space in the Midlands and two different blue spaces, canal and beach, in Central/South Dublin. The accounts reflect the literature in identifying both health-promoting and health-reducing dimensions of blue space experience, as well as commonalities and variations in how users explicitly value blue spaces settings.

OBJECTIVES

The literature on blue space, health and wellbeing identified a number of topics of interest. Quantitative studies used a mix of psychological instruments, surveys and measurement to document numerically or in health improvement terms. In addition, there was a focus in such work on measuring access, utilisation and proximity. Qualitative studies of such spaces were less fully developed, especially related to how and why people used blue space for health and wellbeing as well as documenting more experiential and emotional responses to such spaces. Developing this review, the focus of our research was on uncovering different user perspective from both indoor and outdoor blue spaces that included a mix of positive/negative responses, yet also identified very clear health and wellbeing benefits. We asked users across a range of dif-



ferent spaces, and representing different cohorts, to specifically identify physical and mental health benefits as well as wider wellbeing responses. New themes emerged from the research that included self-discovery, socialisation and recovery; all of which showed that each blue space had value as a resilient public resource. Recognising that value and how people use very different blue spaces in very different ways is important to inform policy and promote the maintenance and development of such spaces for the public good.

DATA AND METHODOLOGY

The studies were part of an ongoing suite of 'affective practice' studies from the Geography Department at Maynooth University, that used qualitative methodologies incorporating participant observation, focused ethnographies and directed emotional mapping to enact new forms of 'place capture'. While primarily qualitative, each of the studies has slightly different forms of immersion implicit in that capture and contains some additional quantifiable evidence as well. All three studies included interviews, formal and semi-structured surveys and carried out 'in-situ' at the swimming pool, canal and beach spaces. Each also included some level of participant observation using some additional visual ethnography tools as well. From a policy perspective, the work was carried out with the approval of national agencies including Swim Ireland, Healthy Ireland and Waterways Ireland. The number of respondents varied across the three different settings, but overall included just under 100 respondents, with the largest (79) associated with the swimming study, with 12 involved in the canal study and 8 involved in the canal/beach comparative study. The latter two were more intensive interview/go-along studies, with the former involving short surveys with three different user cohorts. The work was primarily undertaken in the first six months of 2018.

RESULTS

Physical Health Benefits

The swimming groups involved three different groups with slightly different aims, but all were focused on learning or bettering swimming technique and ability, alongside everyday leisure. From both adult and child cohorts, initially weak swimmers gradually improved their strength and general fitness, including improved stamina, technique and breathing, through the programme; evident even in 3-5 year old children. Younger teenage swimmers used the pool for training for competitive sport, whereas adults and older adults used swimming to maintain fitness and bodily capacities was also regularly noted. Around 20% of swimmers had identifiable health issues and used swimming as part of rehabilitation; indeed for two respondents, swimming had been explicitly prescribed by medical professionals. For younger children, swimming was linked to the management of specific physical conditions including bone cancer, scoliosis and polycytic astrocytoma. From the canal studies, respondents linked the blue space with specific physical activities; sitting, walking, cycling, jogging, running, canoeing, all of which promoted a physically healthier population. In the comparative Dublin study, direct sensory responses in place shaped how respondents viewed them in turn as physically healthy places, with the freshness and openness of the sea air in generally preferred to the more diluted and closed spaces of the canal that reflected wider literature on urban coastal and canal spaces.

Mental Health & Wellbeing Benefits

While many respondents sometimes blurred physical and mental health benefits, specific identified benefits for mental health were also uncovered. For swimmers, these included stress relief, improved self-esteem and being relaxed and calm. For children swimming had a direct link to the management of psychological/emotional health and in particular the management of autistic spectrum disorders. Swimmers also noted restored mood and improved attention, while canal users liked the opportunity to think and relax in fresh air,



away from more 'stuffy' spaces such as homes and pubs. An identification of the importance of time to one's self and time spent in the fresh air of nature was also noted. From the Canal and Beach study the benefits of being outdoors were linked to attention-restoration and increased alertness to self and place that were in turn linked to calmed minds and bodies; the beach in particular identified as a positive cleansing space. There were also some more negative responses or disbenefits, with the murky muddied space of the urban canal seen as an unattractive blue space.

Across all three studies, three other key themes linked to wellbeing emerged as significant. The first was a sense of 'self-discovery' that emerged in embodied and emotional ways and was focused on both inner and outer strength. That sense of self-discovery was also triggered specifically in place, where it emerges as a relational sense of wellbeing linked to that 'new space knowledge'. These findings resonated with research on the capacities of nature to build people's autonomy and self-esteem. A second theme, while recognising the value of 'alone time', picked up on wellbeing benefits linked to socialisation that emerged in these different shared blue spaces. All respondents identified an enhanced role for shared socialisation for children and adults who were connected by a shared activity in that space. This was a strong element of both the indoor pool space and the outdoor canal/beach spaces to suggest that blue space was seen as a neutral and flexible/pliable space within which shared social ownership was an important component. Finally, a wider experience of recovery was evident across all three studies. While each space provided specific examples of rehabilitation from physical/mental conditions, they were also identified as producing spaces of recovery. Associated terms emerged included; restoration, renewal and various forms of relaxation and the calming of over-tired minds and bodies. Several respondents also identified the capacities of the different blue spaces to give them space and time to think and relax, in ways that re-emphasised the literature on exposure to blue space and its role in enhancing recovery in relation to both health and wellbeing. That recovery was both active and passive, with both movement and rest, part of a fuller set of place responses.

CONCLUSIONS AND SUMMARY

The studies provide assemblages of identified therapeutic outcomes, reflecting diverse user perspectives from different types and locations (rural, inland, suburban, and coastal) of blue space, based on a wider range of user cohorts from very young children to older people. This paper argues for a heterogeneity of place capture to identify shared outcomes, both positive and negative, in how blue space operates. There was a clear continuum in identified benefits, from the explicitly physical to slower and more contemplative mobilities and even stillness in blue space. A range of named physical health benefits included physical activity as well as strengthening and toning. There were strong overlaps between identified mental health and wellbeing benefits from that included established psychological indicators such as stress reduction or attention-restoration as well as enhanced levels of calming and focus. Additional responses picked out self-discovery, socialisation and recovery that reflected wider research on autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. They were also identified as valuable and either free or low-cost resources for health and wellbeing sense that connected relationally to other parts of people's lives. The research hints at the potential of 'place capture' and intimate sensed qualitatively focused 'emplaced blue community' studies to underpin and extend more quantitative survey-based research. We would also argue that from a policy and depth of understanding perspective, mixed quantitative and qualitative work provides different insights when taken directly in-situ (Spinney, 2015). All of the studies consider these resilient blue spaces as resources that promote a wider public health resilience these are not always valued or guaranteed.