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Smelling Therapeutic Landscapes: Embodied Encounters within Spaces of Care Farming

Richard Gorman ^{a*}

^a School of Geography and Planning, Cardiff University. Glamorgan Building, King Edward VII Avenue, Cardiff, CF10 3WT, United Kingdom. GormanR@Cardiff.ac.uk

* Corresponding author

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

"Odors have a power of persuasion stronger than that of words, appearances, emotions, or will. The persuasive power of an odor 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 anesthesia' 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).

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 [Anonymised 2017]), 55 semi-structured interviews were conducted with representatives from several Community Supported Agriculture¹ (CSA) projects across England and 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. 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 [Anonymised 2017]) 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, reputations, and experiences of health.

My interviews with representatives from CSA farms and groups visiting the farms were used to explore the ways in which participants viewed their embodied encounters as enacting a therapeutic engagement with place. Interviews provide a means of exploring the intense, affective, emotional, and embodied relationships between heterogeneous actants, and reveal the agency of more-than-human elements in the co-production of certain forms (Dowling et al., 2016). My interviews were audio recorded, following participants' consent, and later transcribed. At this stage, I also chose to anonymise my participants for reasons of

confidentiality and ethical research practice, generating pseudonyms by which to represent participants.

Alongside these interviews, participant observation was mobilised to explore peoples' everyday lived relationships on the farms. Drawing on the case selection criteria developed by Curtis et al. (2000) for qualitative research in health geographies, a CSA farm in Wales was chosen for 'selective intermittent ethnography' (Jeffrey and Troman, 2004), between March 2015 and September 2015. My observations served as a form of 'witnessing happenings', paying attention to the inchoate and processual life of the places I was emplaced within (Dewsbury, 2003).

Senses and sensorial experiences were something which was referenced heavily in both the interview phase of data collection, and my initial field notes:

Regular comments that we get are that people appreciate the sound of the horses working, the quietness, and yeah, having the horses around, its, you know, gives it an added dimension. [Al, a farmer at a horticultural CSA in England]

Thus, as part of this participant observation, I drew on methodological practices associated with 'sensory ethnography', an approach that involves self-consciously and reflexively attending to the senses throughout the research process (Pink, 2009). Being emplaced allows a researcher to experience the range of sensory experiences that their studied group are exposed to (Sunderland et al., 2012). Sensory ethnography offers a means of accounting for the idiosyncratic and contextual sensory experiences of encounters with space and place. As Madden (2014, p. 282) describes:

"Participant observation is a whole-of-body experience that goes beyond ethnographers observing with their eyes as they participate, but they also "observe" with all their senses. Touch, smell, taste, sound, and sight come together to form the framework for memories, jottings, and consolidated notes that form the evidentiary basis of ethnographic writing. Good ethnographers will use their whole body as an organic recording device."

A sensory approach directs attention to the ways in which the senses are implicated in an emergence of performances, practices, and interactions (Valtonen et al., 2010). Such an approach involves the mobilisation of 'thick sensory description' (Taylor and Hansen, 2005) through giving particular focus to the more-than-visual within fieldnotes, recording the richness, nature, and quality of the sound, smell, and tactile feelings of place (Roe et al., 2016). Fieldnotes about the senses can allow research to capture and explore 'relations-in-the-becoming' moving beyond representations generated in interviews (Bear et al., 2016).

For me, this involved regularly using my smartphone for the writing of short 'scratchnotes' (Sanjek, 1990; Gorman, 2016), recording my visual, tactile, aural, and olfactory observations of the farms, as well as those of my participants, many of whom were quite vocal about the myriad of different sensory experiences available on the farms. Attending to the senses in this

way allowed to me engage with different aspects of the therapeutic geographies I was attempting to explore, and draw attention to the multiplicities and contingencies of how therapeutic affects can emerge. Focussing on the senses also created a route to move beyond 'feelings about' place, to instead develop understandings of 'how places are felt and acted in the moment' (Andrews, 2011), providing different access points and registers (Andrews, 2016b). Following interviewing and participant observation, my fieldnotes and transcripts were imported into NVivo for coding and analysis. Coding served to make sense of the data, a means to understand connections and relationships not immediately apparent and begin to ask new questions (Cope, 2010). Here, I was particularly interested in the generative potential of embodied experiences and sensorial relations to enact a therapeutic engagement with place, as I now move to discuss.

4. Experiencing Care Farms as Therapeutic Through the Medium of Smell

The farms contained an eclectic and shifting assemblage of smells; the animal musk of livestock, the bouquet of fragrances from fruiting horticultural crops, concoctions of scents emanating from human exertions. I move to consider the relationships, co-existences, and dependencies between health, place, and smell through the lens of three specific themes, which highlight how embodied relationships with specific scents can shape and reshape therapeutic geographies. I firstly consider how smell can affect levels of participation and engagement in certain activities and therapeutic processes. Then, drawing on the intimate links between smell and taste (Low, 2005), I highlight how flavours and fragrances can aid in shaping therapeutic geographies. Finally, I consider the role of bodies in co-producing the specific smellscape of the farms, and how bodily odours become implicated in leading to a contingent potential for the farm spaces to 'become therapeutic'.

4.1 Olfactorial Activities

Smell can alter the way in which people move around and through space (Hoover, 2009). This was certainly true for how people navigated the spatiality of the care farms I was exploring; visitors would often prefer to work on tasks and socialise in areas away from the odoriferous chicken enclosure, with smell creating certain microgeographies within the therapeutic landscape of the care farm, influencing activities and the level of engagement which visitors had with certain individuals and species on the farms.

Activities on the farms were frequently embedded within ideas of the sensory, and used as a means of engaging visitors, encouraging them to participate in the activities taking place on the farm, or even simply to stick around and be present on the farm:

The task that Dan had set them was carving 'gypsy flowers'ⁱⁱ from some birch cuttings. The students themselves had a range of abilities and confidence levels. Some seemed eager and excited to have a go at the gypsy flowers, whilst others were more resistant and scared, there was lots of 'I can't'. One of the kids noticed that the birch wood they were carving 'smelt of melon', this seemed to be of great interest and excitement to the group, Dewi, noticing this, fetched other pieces of different woods, and encouraged them to smell them,

oak for example 'smelt like vinegar'. This attending to the senses encouraged some of the more resistant students to get involved. [Fieldnotes 22 May 2015]

This olfactorial engagement led to an increased desire to participate and becoming 'absorbed' in place, with therapeutic affect emerging through this smell-mediated level of 'flow' (Pitt, 2014). The scents that were valued by the visitors to the care farms were often those that were novel, and it is perhaps the absence of familiar fragrances that makes the space so appealing and enjoyable for visitors; the experience of the farm as somewhere therapeutic arising from the very fact that the smellscape of the farm is far from what visitors might experience on an everyday basis. Though, on this note, it is worth recognising Porteous's (1985) discussions of the role of habituation and adaptation regarding localised smellscapes, and that the perceived intensities of smells decline as a person is exposed to them, until gradually ignored. There is thus a temporal element to the way in which olfactorial relations shape a therapeutic engagement with space.

Whilst in the earlier example, smelling the aromas resonating from the freshly cut birch and oak staves had led to an increased level of engagement with the care farming practices for many of the visitors to the care farm, for others the smellscape of the farms instead came to constitute a space with which they were unwilling to occupy, disrupting the possibility of the farms having any potential to be therapeutic:

"OCD students in particular... they hated it! And I think it was just, for, the mud and the dirt, the smell" – Alys, staff member taking students with learning disabilities to animal projects, Wales.

Alys noted that those of her students diagnosed with obsessive-compulsive-disorder were more likely to be put off by the cornucopia of smells at the farms. Valerie, care farming project co-ordinator at a CSA in England, too noted that for some of the visiting groups they worked with, there were *"some people that find that whole sensory thing is too much... they can't cope with the smell, they find the dirt disgusting"*. Bell (2016) has previously highlighted that health experiences emergent from sonic interactions are not homogeneous, and that an engagement (and the capacity to engage) with soundscapes is influenced by a person's existing health assemblage. Smellscapes too are equally multiple and idiosyncratic. Hinton et al. (2004) describe how traumatic events are often encoded into memory by olfactory cues, with certain smells leading to panic attacks. They describe how for Cambodian refugees, car exhaust fumes can smell *'just like the sulfur of exploding bombs and fired guns'* (p. 171). Smellscapes can disrupt therapeutic geographies:

When we first walked into the farm, I noticed a dead sheep at the gate. Chatting to Dan later, he explained that the deadstock man was meant to come and collect the carcass this morning to dispose of it. Dan was quite concerned; he didn't want a dead sheep hanging around with the visitors coming. He'd been and covered it up with a sheet, but it was quite a hot day, and the carcass was creating a bit of a smell. [Fieldnotes 6 August 2015]

Whilst DeVerteuil and Andrews (2007) have highlighted the emotional labour that goes in to producing ‘therapeutic landscapes’, Dan’s concerns regarding the pungent nature of the dead sheep, and attempts to eliminate and mask certain odours, also highlights that a level of olfactorial work is often done to ‘therapeutic spaces’ in order to territorialise them as places of health. Dan’s decaying ovine is also another useful reminder that smellscape are not fixed, but rather fluidly and contingently constituted by a range of processes and actants. There is not a set nor permanent ‘smell’ of a care farm, nor a singular or universally replicable ‘care farm’ smellscapeⁱⁱⁱ, but rather each farms’ smellscape emerges as a unique assemblage of aromas, smells, and scents, continuously being (re)constituted by a variety of bodies, objects, technologies, ideas, and social organisations. In such a manner, homogeneous descriptions of smellscape, and the idea that certain places have ‘a’ defined smell become counterproductive; treating the spatiality of smell as uniform fails to fully attend to the intricacies of place.

For many of the visitors to the farms, there was a desire to preserve a certain geographic imagination of the smellscape of the countryside, with the young people actively self-regulating their smoking habits, leaving the bounded space of ‘the farm’ to smoke on the roadside, with the ‘natural’ smells^{iv} of the farm becoming a large part of the way in which the ‘therapeutic’ nature of place was performed and understood. Smell can play an active role in the type of behaviours and embodied practices that come to be understood as acceptable and appropriate in certain settings (Holloway and Hubbard, 2001). Over the course of my participant observation, many of the young people took up ‘vaping’ with an electronic-cigarette as an alternative to smoking cigarettes, and the farm gate was frequently permeated by a heady cloud of white vapour plumes and the smell of sickly sweet and artificial flavours; strawberry, apple, blueberry. Slightly ironic given that these scents themselves were present in a more ‘original’ manner within the farm itself. However, it demonstrates that smells are not uniform, and that ‘the smell of apple’ is differently constituted and constructed by and with different people in many different places. Smells mean different things to different people, resulting in different relationships existing between smellscape and ideas of health.

4.2 Smell and Food

At one farm, lunch times saw the local smellscape changing again, as visitors dived into packs of richly flavoured crisps and aromas of (or perhaps more correctly, interpretations of) ‘smoky bacon’ and ‘cheese and onion’ wafted through the communal eating area in the polytunnel. These smells were important in constituting a space of intersociality and signifying a morning’s work well done, and directly affected how people ate together, sharing food, and benefitting from the emotional and social-bonding benefits that commensality can provide (Fischler, 2011).

Lunch is an important part of the day on the farm, everyone stops and eats together. Dan cooked a lunch from tomatoes and onions harvested from the field for everyone. [Fieldnotes 13 August 2015].

The smells of food permeating the farm change from the humid scent of tomatoes on the vine in the polytunnel, and the earthy smell of onions drying in the sun, to a concoction of aromas

of roasted vegetables. Fahlander (2010) notes how the smell of cooking can bestow smellscape with connotations of 'hominess'. Cooking food from the farm, on the farm, thus helps to normalise the potentially unfamiliar place and context of a working agricultural space. Similarly, Longhurst et al. (2009) argue that *'food can evoke a familiar sense of taste, texture and smell as well as create a new sense of taste, texture and smell helping people to create new visceral associations'* (p. 342). These new visceral associations, produced through an embodied sensorial engagement with the food of the farm, create new relations and produce new bodily capacities (Buchanan, 1997), becoming places with health and wellbeing resonances that extend beyond specific single encounters (Foley and Kistemann, 2015).

Smell and food are intimately linked (Low, 2005), and the smell of food itself provides a useful lens to think about how therapeutic spaces come to be experienced in sensuous and embodied ways. Established research utilising the 'therapeutic landscapes' framework has mainly conceptualised food as a resource, something which creates a therapeutic engagement with place through its associations of a level of security (Sperling and Decker, 2007), a mobilisation of tradition and spirituality (Wilson, 2003; Williams, 2010), or even as a means of taking control (English et al., 2008). However, such treatment of food fails to engage with the more visceral and affective dimensions of consumption (Hayes-Conroy and Hayes-Conroy, 2008), the smells, tastes, and textures of food which produce a sensuous experience. Engagements with taste and smell can produce new experiences, expanding an individual's capacity to affect and be affected:

"They'd never tasted honey before, so we went to the farm and Dewi was there, and they said 'Well what's that', and I said 'Honey', 'What's honey? How's it made', 'Do you want to try it?', 'Ooh no I don't want to try it', and then one did, and then a second, third, fourth, fifth, 'Ooh, I've never tasted honey before', by the end of it they were all taking part" – Alys, staff member taking students with learning disabilities to animal projects, Wales.

This opportunity for a new experience leads to a level of confidence being created, and the acquisition of new knowledges and understandings; new relations produce new bodily capacities or close down existing ones (Buchanan, 1997). However, relations that can enact a therapeutic engagement with place are rarely neutral or spatially and temporally contained, but rather coloured and coded by other relations and agencies distributed elsewhere in time and space.

Dan was very proud and excited to bring out a jar of honey produced by his bees, letting everyone smell it, offering to people to try a bit. Some of the visitors were wary of the smell and didn't take him up on the offer. [Fieldnotes, 7 May 2015].

Phobias and negative past experiences and associations with certain smells may thus result in differently defining an actants capacity to affect and be affected, ultimately creating spaces which may be therapeutic to certain individuals and social groups, but not others. Importantly, these responses, as well as bodily reactions of disgust and abjection, to certain

smells and certain foods are not necessarily voluntary responses, but rather at times, unconscious sensibilities (Longhurst et al., 2008).

As well as the visceral smell and taste of the honey, there is also perhaps something to be said for the way in which the groups that did indulge in the honey tasting, like Alys's, were 'sensing together'. Doughty (2013) has previously discussed how shared movement can produce supportive spaces that come to be experienced as restorative, Largey and Watson (1972) similarly argue that smell can create shared experiences and generate a sense of unity. These shared experiences of smell act as both a social glue and a social lubricant (Anderson and Jack, 2002), a way to create cohesion amongst different groups, breaking down barriers and drawing people together.

Though equally, when thinking about sharing, it is important to recognise that smells have different connotations across space and time (Holloway and Hubbard, 2001). Similarly to how Williams (2010) questions the cultural specificity of certain spaces becoming territorialized as 'therapeutic', it is important to question the cultural specificity of certain smells being linked to ideas of 'healthy spaces', and how this can alternatively create conflict, tension, and othering, rather than therapeutic affect. As Classen (1992) recognises, smell is a pivotal index of moral, racial, ethnic, class, and cultural difference and marginality, a key constituent in influencing situated moral geographies and processes of control and exclusion (Holloway and Hubbard, 2001).

4.3 Smelling Odorous Bodies

Given the potential for olfactorial based segregation and othering (Classen, 1992), it is worth recognizing the ways in which close proximity and intimate relationships between the visitors and the farm can alter bodily constitution; smell marks otherness (Hoover, 2009). The individualised and personal reactions to the presence of certain aromas, smells, and scents can create tensions and politics, with the potential for othering those who have specific and different reactions to certain smellscape. Yet, for some farm visitors, being able to end the day coated with the redolent smells of animal contact and the exertions of accomplishment mediates an embodied engagement with the farm as a place with therapeutic potential:

"I think that's what we tap into, just being able to get our hands dirty and coming away a bit hot and sweaty and stinking" - Dave, an outdoor activities coordinator for a council scheme for disengaged young people, Wales.

While Foley and Kistemann (2015) discuss the 'emotional and life course resonances' of an engagement with therapeutic spaces, there is perhaps something to be said for a 'smellscape resonance', an odorous and aromatic embodied reminder of certain experiences. Dave's mention of being 'sweaty' in particular is a thought-provoking way to think about therapeutic geographies. Waitt (2014, p. 666-667) notes that it is rare to find discussion on bodily fluids within academic writing, and argues for more attention to be paid to the 'experiences of sweaty bodies' noting that such experiences '*offer possibilities to highlight the negotiations, tensions, unities and contradictions*' at play. Indeed, Waitt's (p. 667) descriptions of how sweat and sweatiness can trigger '*moments of pleasure that facilitate intimate relations and*

a sense of togetherness' describes Dave's experiences on the care farm well. Waitt goes on to talk about how certain spaces are created where the body feels at home, where individuals instead 'revel' in bodily odours and cultural conventions are cast off, Waitt attributes this mainly to domestic settings, but it is certainly characteristic in the emergence of therapeutic geographies too, with the mutual bodily aromas of the care farm visitors contributing to a sense of togetherness; people are components of smellscapes (Porteous, 1985).

Indeed, smell in this way came to constitute a level of identity for many of the visitors to the care farm. Particularly with regard to a willingness to embrace certain odours, and have such smells becoming inscribed upon their bodies and clothes:

There was a second group of young people visiting the farm today. One of the new group flat out refused to get involved. He complained to the leaders that he wasn't prepared to get dirty and smelly – when members of the regular group encouraged him to get involved, he said he'd rather be bored than go home smelling. This willingness to embrace the dirt and smells on the farm highlighted a big difference between the two groups. [Fieldnotes 19 March 2015]

A concern with becoming odorous can lead to a barrier to engagement with place-bound therapeutic processes. It highlights how the expectations that people have for their subjective experiences and encounters within place are important in affecting how places can become constituted as therapeutic (Watson et al., 2007). Individual preferences become important as a way of accessing an ethos of engagement that attunes individuals to a possibility of a therapeutic encounter. The main group's engagement in the sudorific farmyard activities gave them a level of ownership to the environment, allowing them to access a sense of belonging on the farm. A sense of identity is created through the relationship between the place of the farm and the visitors' musty bodies.

The odours resonating from such sweaty bodies highlight an opportunity for health geographies to attend to what Waitt describes as a 'visceral geography of sweat', with sweat and bodily odours as active constituents of therapeutic tensions and possibilities. Indeed, sweat-lodges (Wilson, 2003; DeVerteuil and Wilson, 2010; Wendt and Gone, 2012) and sweat-houses (Foley, 2012, 2014), have been a fairly popular arena for exploring the idea of therapeutic spaces, yet the viscosity of sweat has seldom been directly considered as part of the embodied encounter with these places. Sweat is multiple, with unstable and diverse meanings, framed as capable of both improving yet polluting bodies. The odour and material traces of sweat can evoke visceral disgust, making others feel uncomfortable (Waitt, 2014). Indeed, recognising Williams' (2002) argument that therapeutic spaces are often gendered spaces, Classen et al's (2002, p. 164) contend that '*while men are allowed to smell sweaty and unpleasant without losing any of their masculine identity, women who don't smell sweet are traitors to the ideal of femininity and objects of disgust*', echoing Longhurst's (2001) point that discourses around bodily fluids are widely employed in the maintenance of gender boundaries and binaries. Dave's group were mainly young males, and his point around the groups' enjoyment of leaving the farm '*sweaty and stinking*' is perhaps grounded in these specific gender performances and identities. The emergence of a place of freedom for the

expression of bodily odours enacts a therapeutic engagement with place only for certain groups, whilst simultaneously closing down therapeutic possibilities for others.

Picking up this idea of bodily based odours, Manalansan IV (2006) discusses how certain spaces – such as a tightly packed subway train – can amplify aromas (often those coded as unpleasant), but equally, for discussions of therapeutic spaces, it may be important to consider how a place where smells are quickly dispersed, diluted, and diffused may enact therapeutic possibilities:

“Because there is so much to do on the farm, you know, you could just probably make up a project anywhere on the farm which is the great thing about it, and yet keep so many people apart, you know you wouldn’t get on top of each other working” - Georgina, animal coordinator of a care farm, based on a CSA in England.

Although Georgina was referring to the care farm enacting a therapeutic space through the creation of a place for solitude and individuality to be practiced and expressed, her comment also bears consideration in terms of odourful bodies on the farm, allowing people to space themselves out. Indeed, many of the spaces explored through the lens of ‘therapeutic landscapes’ have been outdoor spaces; beaches (Collins and Kearns, 2007), coastal paths (Bell et al., 2015), forests (Milligan and Bingley, 2007), places where the mobilities and elemental geographies of wind forces (Adey, 2014) can affect local smellscapes in a diffusing and neutralising manner, compared to more stuffy and contained places of health and wellbeing. Therapeutic geographies are informed and constituted by a wide variety of more-than-human heterogeneous elements (Anonymised 2017), including smells, aromas, and scents, the presence of which can both disrupt and facilitate therapeutic possibilities, (re)shaping engagements with health and place.

Thinking about the more-than-human co-constitution of the farms, and the role of non-human presence in creating and facilitating therapeutic engagements with place (Anonymised 2017), the odorous bodies of the farms were not just human bodies. A concentration of the sweet smell of flowers will bring more bees to the area, whilst the presence of deadstock and the scent of decay will draw in necrophagous species such as blowflies and bluebottles. The smellscape actively influences the constitution of the local animal population (Hoover, 2009). Dan’s decomposing deadstock, mentioned earlier, became increasingly surrounded by flies as the hot day drew on, creating an unpleasant atmosphere on the farm. Smellscapes are intimately and multidirectionally entwined and entangled with the co-presence of non-human life within space, and thus the ways in which perceptions, reputations, and experiences of health come to be associated with certain places.

Conclusion

Smell is part of the rich tapestry that forms ‘therapeutic spaces’. Within this article I have drawn attention to the ways in which localised smellscapes can contribute to the ways in which perceptions, reputations, and experiences of health come to be influenced. This is an

area ripe for additional work, and this article calls for further research into the role of embodied sensorial experiences in the formation of therapeutic geographies.

Activities embedded and practiced through the medium of smell can lead to greater engagement and participation, and the realisation of spaces conducive to people's health assemblages. Though equally, there is a dissonance associated with smell, and the ways in which aromas and scents can shape and reshape a therapeutic engagement with place are highly discordant. Drawing on the links between smell and taste highlights the relationships between food, flavours, and fragrances in constituting the emergence of places that offer therapeutic potentials for those involved, and the emotional and social benefits that can develop through these food related smellscape. Thinking with smell also leads to exploring bodily odours, and applying Waitt's (2014) idea of a 'visceral geography of sweat' to the 'therapeutic landscape' concept, to explore how certain smells can enact the formation of gendered, but also at times, redolently resonant, therapeutic experiences.

Smells matter for discussions of therapeutic spaces. The variegated places that impact on peoples' health assemblages are always emplaced and embodied, affluently aromatic with multiple fluid smells, continuously being (re)constituted and idiosyncratically interpreted. These scents actively influence practices and engagement with(in) place, and the ways by which place can have a meaningful affect on health. Engaging with smell provides the opportunity to further understandings of 'therapeutic landscapes', moving beyond an audio-visual hegemony to a means which more fully engages with the sensory richness of places of health and wellbeing.

References

- Adey, P., 2014. *Air: Nature and Culture*. Reaktion Books.
- Anderson, A., Jack, S., 2002. The articulation of social capital in entrepreneurial networks: a glue or a lubricant? *Entrepreneurship & Regional Development* 14, 193-210.
- Andrews, G.J., 2011. 'I had to go to the hospital and it was freaking me out': Needle phobic encounter space. *Health & Place* 17, 875-884.
- Andrews, G.J., 2016a. Geographical thinking in nursing inquiry, part two: performance, possibility, and non-representational theory. *Nursing Philosophy*. doi:10.1111/nup.12137
- Andrews, G.J., 2016b. 'Running hot': Placing health in the life and course of the vital city. *Social Science & Medicine*. doi:10.1016/j.socscimed.2016.12.037
- Andrews, G.J., Chen, S., Myers, S., 2014. The 'taking place' of health and wellbeing: Towards non-representational theory. *Social Science & Medicine* 108, 210-222.
- Baer, L., Gesler, W., 2004. Reconsidering the concept of therapeutic landscapes in JD Salinger's *The Catcher in the Rye*. *Area* 36, 404-413.
- Bear, C., Wilkinson, K., Holloway, L., 2016. Visualising human-animal-technology relations: fieldnotes, still photography and digital video on the robotic dairy farm. *Society & Animals*. doi:10.1163/15685306-12341405
- Bell, S.L., 2016. The role of fluctuating soundscapes in shaping the emotional geographies of individuals living with Ménière's disease. *Social & Cultural Geography*. doi:10.1080/14649365.2016.1228116

- Bell, S.L., Phoenix, C., Lovell, R., Wheeler, B.W., 2015. Seeking everyday wellbeing: The coast as a therapeutic landscape. *Social Science & Medicine* 142, 56-67.
- Bignante, E., 2015. Therapeutic landscapes of traditional healing: building spaces of well-being with the traditional healer in St. Louis, Senegal. *Social & Cultural Geography* 16, 698-713.
- Buchanan, I., 1997. The problem of the body in Deleuze and Guattari, or, what can a body do? *Body & Society* 3, 73-91.
- Butterfield, A., Martin, D., 2016. Affective sanctuaries: understanding Maggie's as therapeutic landscapes. *Landscape Research* 41, 695-706.
- Charles, L., 2011. Animating community supported agriculture in North East England: Striving for a 'caring practice'. *Journal of Rural Studies* 27, 362-371.
- Classen, C., 1992. The odor of the other: olfactory symbolism and cultural categories. *Ethos* 20, 133-166.
- Classen, C., Howes, D., Synnott, A., 2002. *Aroma: The Cultural History of Smell*. Routledge, London.
- Collins, D., Kearns, R., 2007. Ambiguous Landscapes: Sun, Risk and Recreation on New Zealand Beaches, in: Williams, A. (Ed.), *Therapeutic landscapes*. Ashgate, Hampshire, pp. 15-31.
- Conradson, D., 2005. Freedom, space and perspective: moving encounters with other ecologies, in: Davidson, J., Bondi, L., Smith, M. (Eds.), *Emotional geographies*. Ashgate, Hampshire, pp. 103-116.
- Cope, M., 2010. Coding Transcripts and Diaries in: Clifford, N., French, S., Valentine, G. (Eds.), *Key Methods in Geography*, 2nd ed. SAGE Publications, London, pp. 440-452.
- Curtis, S., Gesler, W., Smith, G., Washburn, S., 2000. Approaches to sampling and case selection in qualitative research: examples in the geography of health. *Social Science & Medicine* 50, 1001-1014.
- Day, R., 2007. Place and the experience of air quality. *Health & Place* 13, 249-260.
- DeVerteuil, G., Andrews, G.J., 2007. Surviving profoundly unhealthy places: the ambivalent, fragile and absent therapeutic landscapes of the Soviet Gulag, in: Williams, A. (Ed.), *Therapeutic landscapes*. Ashgate, Hampshire, pp. 273-290.
- DeVerteuil, G., Wilson, K., 2010. Reconciling indigenous need with the urban welfare state? Evidence of culturally appropriate services and spaces for Aboriginals in Winnipeg, Canada. *Geoforum* 41, 498-507.
- Dewsbury, J.-D., 2003. Witnessing space: 'knowledge without contemplation'. *Environment and Planning A* 35, 1907-1932.
- Doughty, K., 2013. Walking together: The embodied and mobile production of a therapeutic landscape. *Health & Place* 24, 140-146.
- Dowling, R., Lloyd, K., Suchet-Pearson, S., 2016. Qualitative methods II: 'More-than-human' methodologies and/in praxis. *Progress in Human Geography*. doi:10.1177/0309132516664439
- English, J., Wilson, K., Keller-Olaman, S., 2008. Health, healing and recovery: Therapeutic landscapes and the everyday lives of breast cancer survivors. *Social Science & Medicine* 67, 68-78.
- Fahlander, F., 2010. The Nose, the Eye, the Mouth and the Gut: Social Dimensions of Food-Cravings and Commensality, in: Kjellström, A., Fahlander, F. (Eds.), *Making Sense of Things*:

- Archaeologies of Sensory Perception. Department of Archaeology and Classical Studies, Stockholm University, Stockholm.
- Fischler, C., 2011. Commensality, society and culture. *Social Science Information* 50, 528-548.
- Foley, R., 2012. *Healing Waters: Therapeutic Landscapes in Historic and Contemporary Ireland*. Ashgate, Farnham.
- Foley, R., 2014. The Roman–Irish Bath: Medical/health history as therapeutic assemblage. *Social Science & Medicine* 106, 10-19.
- Foley, R., Kistemann, T., 2015. Blue space geographies: Enabling health in place. *Health & Place* 35, 157-165.
- Fox, N.J., 2011. The ill-health assemblage: Beyond the body-with-organs. *Health Sociology Review* 20, 359-371.
- Gesler, W., 1992. Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science & Medicine* 34, 735-746.
- Gesler, W., 1998. Bath as a Healing Place, in: Kearns, R., Gesler, W. (Eds.), *Putting health into place: Landscape, identity, and well-being*. Syracuse University Press, New York, pp. 17-35.
- Gorman, R., 2016. Changing Ethnographic Mediums: The Place Based Contingency of Smartphones and Scratchnotes. *Area*. doi:10.1111/area.12320
- Hassink, J., Elings, M., Zweekhorst, M., van den Nieuwenhuizen, N., Smit, A., 2010. Care farms in the Netherlands: Attractive empowerment-oriented and strengths-based practices in the community. *Health & Place* 16, 423-430.
- Hayes-Conroy, A., Hayes-Conroy, J., 2008. Taking back taste: Feminism, food and visceral politics. *Gender, Place & Culture* 15, 461-473.
- Hinton, D., Pich, V., Chhean, D., Pollack, M., 2004. Olfactory-triggered panic attacks among Khmer refugees: a contextual approach. *Transcultural psychiatry* 41, 155-199.
- Holloway, L., Hubbard, P., 2001. *People and Place: The Extraordinary Geographies of Everyday Life*. Prentice Hall, Harlow.
- Hoover, K.C., 2009. The geography of smell. *Cartographica: The International Journal for Geographic Information and Geovisualization* 44, 237-239.
- Jeffrey, B., Troman, G., 2004. Time for ethnography. *British educational research journal* 30, 535-548.
- Kearns, R., Barnett, J., 1999. Auckland's Starship Enterprise: Placing Metaphor in a Children's Hospital, in: Williams, A. (Ed.), *Therapeutic Landscapes: The Dynamic Between Place and Wellness*. University Press of America, Maryland, pp. 169-200.
- Kearns, R., Joseph, A., 1993. Space in its place: Developing the link in medical geography. *Social Science & Medicine* 37, 711-717.
- Largey, G.P., Watson, D.R., 1972. The sociology of odors. *American Journal of Sociology* 77, 1021-1034.
- Longhurst, R., 2001. *Bodies: Exploring Fluid Boundaries*. Routledge, London.
- Longhurst, R., Ho, E., Johnston, L., 2008. Using 'the body' as an 'instrument of research': kimch'i and pavlova. *Area* 40, 208-217.
- Longhurst, R., Johnston, L., Ho, E., 2009. A visceral approach: Cooking 'at home' with migrant women in Hamilton, New Zealand. *Transactions of the Institute of British Geographers* 34, 333-345.
- Low, K.E., 2005. Ruminations on smell as a sociocultural phenomenon. *Current Sociology* 53, 397-417.

Madden, R., 2014. Animals and the Limits of Ethnography. *Anthrozoös* 27, 279-293.

Manalansan IV, M., 2006. Immigrant Lives and the Politics of Olfaction in the Global City, in: Drobnick, J. (Ed.), *The Smell Culture Reader*. Berg, Oxford, pp. 41-52.

Meijering, L., Lettinga, A.T., Nanninga, C.S., Milligan, C., 2016. Interpreting therapeutic landscape experiences through rural stroke survivors' biographies of disruption and flow. *Journal of Rural Studies*. doi:10.1016/j.jrurstud.2016.06.004

Milligan, C., Bingley, A., 2007. Restorative places or scary spaces? The impact of woodland on the mental well-being of young adults. *Health & Place* 13, 799-811.

Milligan, C., Gatrell, A., Bingley, A., 2004. 'Cultivating health': therapeutic landscapes and older people in northern England. *Social Science & Medicine* 58, 1781-1793.

Pink, S., 2009. *Doing Sensory Ethnography*. SAGE Publications, London.

Pitt, H., 2014. Therapeutic experiences of community gardens: putting flow in its place. *Health & Place* 27, 84-91.

Porteous, J.D., 1985. Smellscape. *Progress in Geography* 9, 356-378.

Prior, J., 2017. Sonic environmental aesthetics and landscape research. *Landscape Research* 42, 6-17.

Roe, M., Sarlöv Herlin, I., Speak, S., 2016. Identity, food and landscape character in the urban context. *Landscape Research* 41, 757-772.

Sanjek, R., 1990. A Vocabulary for Fieldnotes, in: Sanjek, R. (Ed.), *Fieldnotes: The Makings of Anthropology*. Cornell University Press, New York, pp. 92-138.

Serbulea, M., Payyappallimana, U., 2012. Onsen (hot springs) in Japan—Transforming terrain into healing landscapes. *Health & Place* 18, 1366-1373.

Sperling, J., Decker, J., 2007. The Therapeutic Landscapes of the Kaqchikel of San Lucas Tolimán, Guatemala, in: Williams, A. (Ed.), *Therapeutic landscapes*. Ashgate, Hampshire, pp. 233-254.

Sunderland, N., Bristed, H., Gudes, O., Boddy, J., Da Silva, M., 2012. What does it feel like to live here? Exploring sensory ethnography as a collaborative methodology for investigating social determinants of health in place. *Health & Place* 18, 1056-1067.

Taylor, S.S., Hansen, H., 2005. Finding form: Looking at the field of organizational aesthetics. *Journal of Management Studies* 42, 1211-1231.

Thrift, N., 2003. All Nose, in: Anderson, K., Domosh, M., Pile, S., Thrift, N. (Eds.), *Handbook of Cultural Geography*. SAGE Publications, London, pp. 9-14.

Thrift, N., 2008. Space: the fundamental stuff of geography, in: Clifford, N., Holloway, S., Rice, S.P., Valentine, G. (Eds.), *Key concepts in geography*. SAGE Publications, London, pp. 85-96.

Valtonen, A., Markuksela, V., Moisander, J., 2010. Doing sensory ethnography in consumer research. *International Journal of Consumer Studies* 34, 375-380.

Waitt, G., 2014. Bodies that sweat: the affective responses of young women in Wollongong, New South Wales, Australia. *Gender, Place & Culture* 21, 666-682.

Watson, D.B., Murtagh, M., Lally, J., Thomson, R., McPhail, S., 2007. Flexible therapeutic landscapes of labour and the place of pain relief. *Health & Place* 13, 865-876.

Wendt, D.C., Gone, J.P., 2012. Urban-indigenous therapeutic landscapes: A case study of an urban American Indian health organization. *Health & Place* 18, 1025-1033.

Williams, A., 2002. Changing geographies of care: employing the concept of therapeutic landscapes as a framework in examining home space. *Social Science & Medicine* 55, 141-154.

Williams, A., 2010. Spiritual therapeutic landscapes and healing: A case study of St. Anne de Beaupre, Quebec, Canada. *Social Science & Medicine* 70, 1633-1640.

Wilson, K., 2003. Therapeutic landscapes and First Nations peoples: an exploration of culture, health and place. *Health & Place* 9, 83-93.

ⁱ Community Supported Agriculture is a system of food production and distribution aiming to involve local communities in the growing and rearing of their food.

ⁱⁱ Wooden flowers carved on a shavehorse using a drawknife. The carving of these flowers was a frequent activity on this particular care farm, as it allowed the young attendees to create something to take away, through a task that encouraged the development of confidence, hand eye coordination, and motor skills.

ⁱⁱⁱ Though equally, there do exist moves to perform globalised ideas of certain smellscape.

^{iv} On this point, Porteous (1985) argues that '*the urban-rural distinction is clearly identifiable through the nostrils*' (p. 364), however, this assumptive dualism of 'natural' smells being considered preferable to those associated with industry is problematic.