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Healthy Mobilities

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Abstract:

In this article, we articulate a distinct conceptual direction at the intersection of health and mobilities scholarship that centres on healthy mobilities. We take inspiration from relational, multi-scalar, more-than-human approaches to foreground an approach that asks what being in everyday healthy motion may entail and whose health is considered? We trace this approach through two brief provocations: exercise and differential mobilities, including the finely tuned movement-repertoires developed by disabled people. These illustrate the value of healthy mobilities beyond human-centric, cure-oriented approaches to health to understandings of how health takes shape amongst different living entities in motion. This focus can help foreground the interdependence of human, non-human and planetary health in mobilities.

Key words: differential mobilities, disability, exercise, health, mobilities, more-than-human, sport, therapeutic

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Mobilities and health

Intersections between health and mobility are significant, complex and life-changing. Since Gatrell's¹ observations that "[c]onnections between the literatures on mobilities and wellbeing have, in general, been neglected", mobility scholars have increasingly engaged with movements related to health, wellbeing, therapeutics and medicine. In parallel, ideas emanating from the mobility turn have dispersed through fields concerned with health. These entanglements have been traced variously, for example, through analyses pertaining to healthcare access², migration and health inequalities³, reproductive mobilities⁴, the movement of medical materials⁵, and extensive work on active travel⁶. The diversity of these health mobilities have been most thoroughly brought together through conceptualizations of therapeutic mobilities, consisting of "multiple movements of health-related things and beings including, though not limited to, nurses, doctors, patients, narratives, information, gifts and pharmaceuticals"⁷.

In this article, we seek to articulate a distinct conceptual direction for this intersection that centres on healthy mobilities. This approach works with and extends the concept of therapeutic mobilities by asking two central questions: what being in everyday healthy motion may entail and whose health is considered? These questions urge expanded notions of health and take inspiration from more-than-human thinking to consider mobilities as related to individual, collective and planetary health. Where opportune, we also briefly reflect on how healthy mobilities can take on particular significance and intellectual purchase during the ongoing Covid-19 pandemic. Our notion of healthy mobilities is outlined further in the next section, which we then trace through two provocations: exercise and differential

mobilities. We see these as important directions to advance thinking about healthy mobilities and to further develop work at the intersections of mobility and health.

Conceptualizing 'healthy mobilities'

Comprehensive efforts have been made to map out the scope and application of the 'therapeutic mobilities' concept. This has been so particularly in relation to movements (human and otherwise) that facilitate experiences of 'cure' or recovery from illness or impairment, alleviating 'suffering' and restoring health to 'normative' states as seen through a biomedical lens⁸. This emphasis is perhaps not surprising "in a world that places extraordinary value in cure"⁹. Yet, preoccupations with cure are rooted in the 'shadows' of what is considered "natural and normal"¹⁰, whilst cure or recovery are not always the desired (or desirable) end points for those embarking on embodied mobile practices. In seeking to move away from cure-oriented, therapeutic approaches to health and mobility, we ask if there is value in unpacking a new concept of 'healthy mobilities'. We offer initial reflections of how multiple visions of health that are sensitive to varied experiences of being in motion might open up emic perspectives on healthy mobilities, and question whose health is being considered when determining the healthiness of these mobilities. To some extent, this focus aligns with Gatrell's¹¹ notion of therapeutic mobilities as the idea that "movement itself can be conducive to wellbeing and health", and Emerson's¹² 'more-than-therapeutic' emphasis. It works with broader conceptions of health as our "ability to adapt and self manage"¹³; not necessarily in the pursuit of cure but in efforts to sustain one's health and wellbeing or, for some, to experience "health in illness"¹⁴. Doing so may include mobile practices that ask us to question the discourses of biopolitical governance or the disciplining of bodies that often accompany health-related mobilities, notably exercise¹⁵. Such practices may bring a sense of

meaning, purpose or connection in life, that offer moments of pleasure or freedom, or perhaps practices that root people as they come to feel 'at home' with – and accepting of – their own (and other) bodies through movement. In attending to the affective, social and material relations that co-constitute such mobile practices¹⁶, we aim to go further in understanding what health means and feels like across different people in motion, and how, when and why such experiences may unfold.

When reflecting on the locus of 'health', we echo recent calls for more-than-human approaches to health¹⁷ as they relate to healthy mobilities. This demands a commitment to understanding the diverse agents that enable or disable such mobilities¹⁸ but also an aspiration to explore how health manifests at individual, collective and planetary levels. How might qualities of planetary health support or undermine opportunities for embodied health in motion? Conversely, how might our embodied mobile practices compromise the health of the environments and non-humans we move through and with? How healthy, for example, are mobilities that "interrupt and disrupt animals' own health capacities and assemblages"¹⁹, prioritizing human health while "relegating non-humans to a state of utility"²⁰. In this article, therefore, we also signpost more-than-human approaches to healthy mobilities to foreground the interdependence of human, non-human and planetary health²¹.

Exercise as healthy mobility?

In our first healthy mobilities provocation, we contemplate opportunities for mobilities research to engage more critically with exercise, physical activity and sport. Despite being "cultural formation[s] that vividly encapsulates [the] core logics of mobilities"²², sport and exercise practices are surprisingly marginal within mobilities. Nascent engagement demonstrates the potential of sport for mobilities thinking through analyses of hiking²³,

running²⁴, cycling²⁵ and snowboarding²⁶ among others. However, there is still a way to go in realizing the promise of sport-mobilities dialogues²⁷.

Expanding mobilities engagement with sport and exercise has much to offer. Through a biomedical lens, exercise is an archetypal 'health' mobility, with prominent policy discourses calling for reduced inactivity to minimise risks of non-communicable diseases. This has been a key driver in the authorizing of exercise during the Covid-19 pandemic in some countries²⁸, and more widely in moves to 'prescribe' green or blue exercise²⁹. Although a genuine motivation for many, mobilities perspectives could help better understand the dynamic socio-cultural-political-spatial contexts that enable, sustain and constrain the taking place of exercise practices. For example, Palestinian running groups in Jerusalem are challenged by, but also challenge, the spatial/mobile constrictions and discriminations that are part of everyday life for many Palestinian Jerusalemites. Running here is both exercise and an exercise of rights to the city, each heightened when done collectively³⁰.

The empowerment that can accompany what might be considered 'transgressive' exercise³¹ hints towards the expanded notion of health central to our healthy mobilities approach, something mobilities' emphasis on meaningful movement is well-placed to further unpack. In this regard, productive conversations can be established with wider social and cultural approaches to exercise that are already exploring beyond biomedicalized motivations for engaging in exercise as well as their embodiment. Work here has demonstrated the importance of pleasure in the experience, narration and promotion of older adults' physical activity³²; of craftsmanship in better understanding ourselves and the world through sport, resulting in personal growth and life meaning³³; of sociality in producing supportive and restorative social spaces through walking³⁴; and even of pain in solidifying running identities

and gaining social recognition³⁵. Exploring such transformative qualities of exercising mobilities, alongside the curative or ameliorative³⁶, is an important direction in which to advance mobilities' engagement with sport and exercise.

Healthy mobilities also invites considerations of whose health is prioritized in sport and exercise practices. Generally considered individualistically, the more-than-human emphasis of healthy mobilities compels attention to entanglements of collective, interspecies and planetary health that are bound up in such practices. How may going for a run place one's own health in conflict with that of passers-by (human³⁷ or other³⁸), and is this intensified during a pandemic when our bodies' affective capacities have perceptibly extended³⁹? Are the mobilities entwined with exercise mobilities⁴⁰ causing planetary harm or good⁴¹? Is the ecological damage and pollution caused by sporting cultures and events⁴² adequately offset by funds raised at such events for environmental causes⁴³? How does such human (mobility)-induced climate change affect the taking place of exercising mobilities? What is it like to cycle in polluted cities⁴⁴, ski on artificial snow⁴⁵, surf in radioactive seas⁴⁶, or be physically active in bushfires⁴⁷? How are interspecies health, equity and sustainability affected by such planetary ill-health and more widely by the anthropocentrism⁴⁸ or anthroparchy⁴⁹ of many sporting practices? Healthy mobilities invites an unpacking of the relational, more-than-human health bound up in exercising mobilities to understand how we can move towards health for all⁵⁰.

Embracing differential healthy mobilities

In our second provocation, we reflect on opportunities for healthy mobilities to embrace differential mobilities. Advice to be active, to move more and minimise sedentary behaviour tends to dominate public health messaging around physical activity⁵¹, with walking celebrated as a "best buy for public and planetary health"⁵². Yet this approach to messaging – often

rooted in the experiences and normative values of non-disabled people – largely fails to account for differential embodied approaches and responses to movement and acceleration⁵³. Moving too fast or too far can be damaging for health, for example amongst people with chronic fatigue⁵⁴, vestibular conditions⁵⁵, or impaired thermoregulation (a concern of increasing importance in the context of warming climates⁵⁶). An inclusive conceptualization of healthy mobilities needs to reflect the plurality of people’s mobile rhythms and practices, and the limits to health through mobility.

Recognizing the many ways of getting from A to B, and the varied meanings and affective transitions involved in the journeys undertaken, Sawchuk⁵⁷ calls for greater respect for “differential mobilities”; the unique “movement-repertoires” – the gestures and practices – that are cultivated and adapted whilst negotiating aging, injury, illness, impairment and relational change. Opportunities for healthy mobilities may unfold when the environments we move with support these diverse mobile practices, for example through inclusive physical design and social norms. These include mobilities that promote a sense of personal agency, competence, self-acceptance and respect⁵⁸, meaningful social connection⁵⁹, freedom and pleasure⁶⁰. Conversely, such opportunities are undermined by poorly designed environments and physical activity initiatives informed by ableist mobility assumptions that fail to recognise disabled experiences as valuable ways of knowing and navigating the world⁶¹. Instead, a set of collective ‘detrimental mobilities’ may unfold, prioritizing and celebrating the mobility practices of a dominant few at the expense of others⁶².

Interdependent relational configurations shape all mobility practices, from relations with sports coaches, teammates, ‘kit’ and terrain, to mobility aids, such scooters, wheelchairs, white canes and service animals⁶³. Recognizing and respecting these varied mobility co-

constituents is important if transformations towards healthy mobilities are to be realized. From a more-than-human health perspective, there are calls to address prominent acts of "ableist forgetting"⁶⁴ amongst protesters of accessible trail development in the name of eco-protection, and to understand how service animal health can be promoted alongside the healthy mobilities of the humans they work with⁶⁵. When managed with care, service animals can experience better quality of life than non-service animals⁶⁶. More-than-human relations can also stall or re-define healthy mobility practices. For example, in recent months, Covid-19 has transformed the prominent patterns and representations of movement⁶⁷ that make sense for health at a global level. This viral presence has created new tensions between individual and collective mobilities, stalling mobile sociabilities⁶⁸ and fragmenting the wider networks of socio-environmental relations in which people can be safely mobile⁶⁹.

Concluding remarks

In this article, we have articulated a distinct conceptual direction at the intersection of health and mobilities scholarship that centres on healthy mobilities. Taking inspiration from multi-scalar, more-than-human approaches to health, we have sketched out two brief provocations of what being in healthy motion might mean and whose health is entangled in such movements. We suggest value in the concept of healthy mobilities for moving beyond human-centric, cure-oriented approaches to health and mobility to understand how health takes shape amongst different living entities in motion, foregrounding the interdependence of human, non-human and planetary health. The mutability of such entanglements has been brought into sharp relief most recently in the context of Covid-19, which has dramatically reconfigured healthy mobilities relations worldwide⁷⁰. Grasping these changing

interdependencies of health (individual and planetary) in motion would be fruitful lines of future inquiry.

That said, we are acutely aware that our provocations are partial. They focus on experiences of exercise and differential healthy mobilities that are largely rooted in Anglo-Western literature and scholarship. To engage fully with urgent contemporary policy challenges of public and planetary health inequalities, we hope this piece will instigate deeper and more expansive critical discussions about health in motion; discussions that would be much enriched by Indigenous intellectuals, activists and decolonial scholars from the Global South. Ongoing work in this area needs to look "beyond Western tides"⁷¹, to expose, disrupt and counter entrenched colonial and Eurocentric assumptions about what health is, and importantly, how and why it unfolds unevenly in motion through a plurality of messy mobile entanglements. These perspectives are central to healthy mobilities' questioning of *exactly* what healthy movements may be and whose health they affect.

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