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A fragmented sense of home: Reconfiguring therapeutic coastal encounters

in Covid-19 times

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**Highlights** 

Coastal practices can contribute to people's extended networks of home

• Aquatic immersion offers opportunities for positive affective transitions

Coastal residents have felt a fragmented sense of home with Covid-19

Covid-19 has significantly reconfigured therapeutic coastal practices

**Abstract**: A growing body of research suggests positive links between coastal proximity,

interaction, human health and wellbeing. In 2020, following the onset of the Covid-19

pandemic, many people in the UK could not engage in their usual coastal practices due to a

national lockdown and associated restrictions, including government bans in entering the

sea. This paper shares findings from an exploratory study examining how these restrictions

shaped the recreational coastal practices, perceptions and emotions of residents in the case

study region of Devon, South West England. In-depth semi-structured interviews were

conducted with a purposive sample of 12 residents, with varying domestic and employment circumstances in the pandemic. We foreground three key themes identified through an inductive thematic analysis of the interviews: feeling 'at home' with the sea, experiencing a fragmented sense of home with Covid-19, and reconfiguring the coast as a therapeutic landscape. While important to understand the links between coastal proximity, health and wellbeing, we highlight the value of gaining more nuanced insights into the emotional, social, material and temporal dynamics that can re-shape the therapeutic potential of coastal encounter in the largely unprecedented situation of a global pandemic.

**Key words**: therapeutic landscapes, coast, wellbeing, Covid-19, qualitative

### Introduction

There is growing awareness of positive links between coastal proximity, human health and wellbeing (White et al., 2020). Studies suggest people may enjoy the coast for physical activity (White et al., 2014), restoration (White et al., 2013), social activities (Ashbullby et al., 2013), relaxation and reflection (Bell et al., 2015). The importance of proximity in shaping such opportunities has become particularly pertinent in recent months, in the face of the global Covid-19 pandemic. Covid-19 is an infectious, zoonotic disease that has instigated prolonged phases of restricted movement, lockdown and physical distancing in the UK and beyond (WHO, 2020). Most people who are infected with Covid-19 will suffer from mild respiratory illness and recover without hospitalisation, but at the time of writing, there have been over 100,000 recorded deaths in the UK due to Covid-19 and over 2.5 million deaths worldwide (WHO, 2021).

The virus causing Covid-19 (named 'SARS-Cov-2') spreads through droplet transmission, with growing evidence to suggest it may be airborne (Lancet, 2020). People have been advised to wear face masks and stay at least two metres apart to prevent the virus from spreading. In March 2020, the UK entered its first eight-week national lockdown in response to the virus, where friends and families were unable to meet, non-essential driving was banned, people were only allowed outside for one form of exercise a day and people could only go to the shops for essential items unless they were shielding (N.B. 'shielding' refers to the need for people at high risk for Covid-19 to reduce potential exposure by staying at home and minimising face-to-face contact with anyone outside of the household). Some people were asked to work from home while others were furloughed. UK Government guidelines during this first lockdown were to only walk, run or cycle and not take part in higher risk activities, such as water sports (UK Government, 2020). The Royal National Lifeboat Institution (RNLI, 2020) paused lifeguarding services in line with government guidelines that people should not be taking part in water-based activities to prevent extra strain on the National Health Service, which was reinforced by advice from Surfing England (2020).

The Covid-19 pandemic has had far-reaching consequences for people's everyday routines and movements and — as one of the few types of spaces that people could still engage with under the resulting restrictions — there has been growing interest in the role of 'green' and 'blue' spaces (e.g. parks, woodlands, gardens, coasts, countryside) in helping people to cope with and adapt to these changes. While a nascent body of research is examining the role of green spaces in this regard (discussed below), this paper presents the findings of an exploratory qualitative study into the ways in which this first lockdown, from March — May 2020, shaped people's use of the UK's southwest coastline for health and wellbeing.

## Therapeutic coastal encounters

The potential for health and wellbeing benefits through coastal encounter has long been recognised in research, policy and practice (Britton et al., 2020; Dempsey et al., 2018). Such encounters gained particular prominence in the UK during the interwar period, with the Open Air movement and 'coastal convalescence' in response to growing concerns about another infectious disease, tuberculosis (Walton, 2012). Contemporary research has examined experiences of recreational blue space use amongst outdoor swimmers, surfers and scuba divers (Denton and Aranda, 2020; Straughan, 2012; Wheaton et al., 2020), pointing to a range of perceived benefits. For example, Throsby (2013) identified challenges amongst women involved in marathon sea swimming in overcoming gender sporting stereotypes but also pleasures in doing so, as swimmers felt a sense of escape from everyday demands. Foley's (2015, 2017) in-depth research with sea swimmers in Ireland examined participants' swimming encounters and biographies to understand how and why swimming shapes their sense of wellbeing. Foley describes a process of 'therapeutic accretion' through swimming; the repetitive motion easing the discomfort of chronic health conditions, such as arthritis, building strength and drawing people to the sea on a regular basis.

Within the broader literature, the coast has been conceptualised as a 'therapeutic landscape' (Bell et al., 2015; Foley, 2015). The concept of therapeutic landscapes was first introduced by Gesler (1992) in the 1990s to understand the potential for social, physical and symbolic place qualities to shape opportunities for healing. Since first posited, the concept has evolved, with subsequent research recognising the importance of maintaining a sense of health and wellbeing (beyond experiences of healing) and, importantly, the relational

quality of people's therapeutic landscape experiences (Conradson, 2005). This shift acknowledges that places are not intrinsically therapeutic but rather that opportunities for health and wellbeing emerge through dynamic relationships between the person engaging with a setting (their life circumstances, identities and histories) and physical, social, sensory and cultural qualities of that setting (Bell et al., 2018). Some people cannot, or do not choose, to access the coast or other blue spaces through safety risks and fears of open water (Assmuth et al., 2017; Pitt, 2019) and deep-seated structural exclusion along axes of ethnicity, race, disability and class (see: Phoenix et al., 2020; Haeffnera et al., 2017; Lobo, 2014).

Underpinning the therapeutic landscape concept is the idea of developing a 'sense of place'; feelings of belonging or 'home' and opportunities to express one's self identity in and with place (Eyles and Williams, 2008). Such feelings may be developed through repeated – or less regular but significant – individual encounters, or through meaningful social connections and relations that come to be inscribed and evoked by a particular place, acting as a marker of salient relationships and shared experiences (Kearns and Collins, 2013). Such relationships may nurture idealised 'homely' notions of security, familiarity and community in place. Alternatively, they can be 'unhomely', resulting in place experiences characterised by risk, loss or fear (Ratnam, 2017), and these feelings and experiences can change over time. The therapeutic landscapes concept recognises these temporal shifts in the wellbeing potential of people's place encounters, and allows consideration of the varied sensory, social, cultural and physical qualities of experience that influence those shifts; changes that are particularly pertinent in the face of the global Covid-19 pandemic.

Prolonged periods of lockdown and quarantine have been linked to Post Traumatic Stress Disorder (PTSD) symptoms, confusion and anger (Brooks et al., 2020). In the context of Covid-19, fear and anxiety of infection, coupled with widespread bereavements and financial losses, have significant and potentially long-term emotional repercussions (Ali, 2020).

With much social interaction restricted to outdoor areas, the pandemic has prompted renewed interest in the role of green and blue spaces in supporting people's health and wellbeing during this time of change and uncertainty (Gray and Kellas, 2020). For example, 89% of adults in a survey of 2000 people conducted in England in April 2020, agreed that natural outdoor spaces are good places for their mental health and wellbeing, with 87% of adults describing time in nature as a place that makes them feel happy (Natural England, 2021). During the first 2020 lockdown, urban residents indicated spending more time walking to small public gardens (in Italy) and to tree-lined streets (in Spain and Israel) (Ugolini et al., 2020). In an online survey of 3000 residents in Tokyo, people who frequently visited green spaces and/or had a window view of green space reported less depression and loneliness and better life satisfaction, subjective happiness and self-esteem compared to those without (Soga et al., 2020). Much of this work has focused on green space use and access, and there is growing interest in the role of 'blue' encounters within this. A survey of 3403 residents under strict lockdown in Spain identified more positive emotions amongst respondents with views of blue-green features (Pouso et al., 2021).

While these survey-based studies offer useful insights into how green spaces have been perceived and engaged with following the onset of the Covid-19 pandemic, there are few in-

depth qualitative studies exploring how the risks and restrictions associated with the pandemic have reshaped the meanings, emotions and materialities that co-constitute people's coastal practices. In this paper, we seek to complement this work by providing indepth exploratory insights into the role of the Covid-19 pandemic in reconfiguring people's therapeutic coastal encounters in the case study area of Devon; a county in South West England with over 450 miles of coastline and a thriving tourism and water sports industry that attracts residents and visitors throughout the year.

Two research questions guided the study: How are Covid-19 related restrictions influencing people's recreational coastal perceptions and practices? How have these shifts in recreational coastal use and practices influenced resident feelings of health and wellbeing through the pandemic? In this paper, we introduce the methodological approach used to address these questions, before presenting three key strands of findings; feeling 'at home' with the sea, a fragmented sense of home with Covid-19, and reconfiguring the coast as a therapeutic landscape.

### Methodology

An exploratory qualitative approach (Green and Thorogood, 2013) was used to understand and contextualise people's coastal practices and perceptions during the rapid reconfiguration of people's everyday routines instigated by the Covid-19 pandemic. Due to government guidance to self-isolate and minimise physical contact with anyone except key workers, a series of in-depth semi-structured interviews were conducted by telephone and over Skype (according to participant preference) from 3<sup>rd</sup> April to 23<sup>rd</sup> May 2020 by the lead

author. Semi-structured interviews enabled 'a conversation with purpose' (Holloway, 1997: 94), exploring participants' feelings, emotions and perceptions about shifts in their coastal interactions in response to Covid-19.

An interview topic guide with open questions was developed allowing for core topics to be covered, while also providing flexibility to engage in non-judgemental, empathetic active listening and follow new, unanticipated lines of relevant discussion as introduced by each participant (Sparkes and Smith, 2014). Key topics included participants' routine and memorable coastal interactions prior to Covid-19, life since Covid-19 and resulting shifts in the meanings, emotional resonance, materialities and temporalities of coastal practices. Questions about blue space memories were included to situate current coastal practices and perceptions in people's broader life trajectories and biographies.

Following ethical approval through the University of Exeter Medical School Research Ethics Committee, a purposive sample (Patton, 1990) of 12 participants were recruited to the study, providing information-rich insights into changing coastal perceptions and practices during the first Covid-19 lockdown in the UK. The sample focused on regular coastal visitors and residents whose routine coastal encounters were directly interrupted by Covid-19, recognising these participants as 'critical cases' in relation to the study questions. Within this, the sample sought variation in participant age, gender, living situation and employment situation (Table 1). Given the specific interest in the wellbeing implications of *interrupted* coastal practices, participants were only included if they had adhered to government guidelines around physical distancing, lockdown and, most importantly, the RNLI ban on entering the water.

Table 1: Participant sample

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Twelve Devon residents were recruited to the study by including a notification in relevant Devon-based social media groups (e.g. linked to surfing, outdoor swimming etc.) in April and May 2020. The notification introduced the study aims, methods and invited people who had adhered to the lockdown guidelines to get in touch to find out more about the study and/or to volunteer to take part in an interview if of interest. The limited time in which to recruit and interview participants (given uncertainties regarding the likely duration of Covid-19 related restrictions at the time), and the time pressures experienced by people balancing care, formal employment and home-schooling commitments, necessitated a focus on interviewing those who responded to the study information first and therefore resulted in a more socio-culturally homogenous sample than initially hoped for.

Informed consent to take part was sought after giving provisional participants a full study information sheet, and a suitable interview time was arranged. Interviews lasted for up to 90 minutes. Interviews were digitally recorded, transcribed and pseudonymised. Each transcript was subject to inductive thematic analysis (Sparkes and Smith, 2014) by the lead author, following a period of data immersion in which initial codes of relevance to the research questions were identified e.g. specific coastal practices and perceptions, feelings of wellbeing, sensory, emotional, physical, material, social and temporal qualities of coastal encounter. In discussion with the co-author, as a 'critical friend' (Smith and McGannon, 2018), these codes were linked and further developed to generate interpretative themes. This exploratory study strove for analytical generalisability (Smith, 2018), offering new empirical and conceptual insights around coastal therapeutic encounters in the unprecedented contemporary context of a global pandemic.

As someone with a strong sense of connection to the coast, including a love of surfing, swimming, paddle boarding and other forms of active embodied coastal immersion, the lead author kept a reflexive field diary throughout the design, fieldwork, analysis and reporting stages of the research to reflect on all interactions with participants and with their narratives. The co-author – study supervisor and 'critical friend' (Smith and McGannon, 2018) – also enjoys visiting the sea, but feels more comfortable near the water than within it. Mindful of these coastal connections, we sought to design a study that would allow participants to share their experiences in their own words rather than imposing our thoughts on them. In what follows, we share key study findings pertaining to three broad themes; the coast as 'home', a fragmented sense of home with Covid-19, and reconfigured therapeutic encounters.

#### The coast as 'home'

The role of the coast as 'home' was apparent across participant accounts; a feeling developed through repeated encounters over time characterised by specific sensory, affective and social qualities of experience. As highlighted by Blunt and Dowling (2006: 23), 'home does not simply exist, but is made' through home-making practices, such that 'home is a process of creating and understanding forms of dwelling and belonging'. All participants walked at the coast, whether for exercise, with a dog or during other coastal practices. Prior to Covid-19, nine study participants swam in the sea and 11 surfed, each living within three miles of the sea. One participant, Pauline, lived 40 miles from the sea and preferred bodyboarding. Notions of home are also 'relational across space and time' (Blunt and Dowling, 2006: 198), combining material and imaginative realms and shaped by memories

including, for our participants, those of fond formative childhood coastal encounters.

Participants continued to practise these memories through engaging in activities such as swimming, belly-boarding, surfing and water skiing, skimming stones, rock-pooling and building sandcastles (for example with children in the family) and either camping or visiting family by the sea. When describing these memories, participants conveyed a range of emotions, from excitement and anticipation to happiness, pleasure and awe.

Some participants had deliberately chosen to move to the coast as adults as a result of these childhood memories. Familiar childhood coastlines, in particular, became markers or 'containers' of valued social relationships (Smaldone et al., 2005), seeding strong emotional place attachments that pulled them back as adults (Kelly, 2018), settling in a place where they could access the sea and re-enact cherished memories more frequently once their life circumstances permitted. These emotional coastal attachments developed through the accumulation of both independent and shared coastal experiences. For example, Robert who was in his early 30s and moved to the coast 10 years ago commented:

"I first picked up surfing with my dad at a North Devon beach at sunset when I was 13 years old. It was the most amazing surf. I thought to myself I wanted to live here. Whenever I am in the water now, it reminds me of the happy memories I had when I was a kid and I am now living that dream that I wanted. I feel accomplished. It means more than just surfing at sunset but accomplishing all those things I wanted a few years ago".

The importance of these earlier immersive memories reflects Edensor's (2012: 1114) suggestion that one's 'affective experience of space is usually conditioned by previous experience, by habit, by familiar emotions and sensations that produce feelings of belongness or otherwise', such that bodies develop certain sensuous and emotional

dispositions through cumulative experience. Some participants felt their earlier experience of living in non-coastal cities enhanced their coastal appreciation. For example, William, a participant in his 40s, commented:

"The feeling when sitting out back waiting for a set to come in is the best thing. It is amazing. Often, if I am in a mood in the house my wife tells me to go in the sea, get in the water, even if there are no waves, it is amazing... I think it is because I was brought up in the city, it makes me really appreciate it".

Apparent across participant accounts were the varied and positive emotions that participants experienced through their coastal encounters, both in childhood and later in adulthood, ranging from feeling playful and engaged to uplifted, positive, peaceful and free. As participants Simon and Liam, who were in their 40s, explained (respectively):

"It is a sense of escape, the way the water engulfs you. To me, I also find I am able to stop thinking and worrying about stuff. I am just thinking of the moment at that present".

"I love the all-consuming environment the ocean is, the sights and smells and senses and all that. Consuming in a positive way. I like being disconnected from the land and feeling like you can look back at it physically and emotionally from the shore".

The use of the words 'all-consuming' and 'engulfing' reflects those used by scuba-divers in Straughan's (2012) study, describing the water as enveloping, cleansing, releasing and freeing the body. Feelings of escape and detachment from everyday ('land') life have also been highlighted by sea swimmers (Throsby, 2013). Reflecting this, one participant in her 40s, Jane, explained:

"When I enter the water, I instantly feel the crisp sensations of the water breaking on my skin and as I get deeper into the sea and am fully immersed by it, I often bob up and down with my head at water's level watching the movement of the sea around me. I love trickling my fingers and watching the water's reaction and feeling every part of my body touched by the sea".

Jane linked these immersive encounters with a sense of coming 'home', a place where she felt connected, safe, calm and stress-free. This reflects the role of home as an 'affective construct' (Ratnam, 2017: 1), understood here in the context of idealised 'homely' feelings of security, comfort, familiarity and belonging:

"What I love about being in the water so much is the overwhelming sense of freedom and happiness that I feel. As soon as I wade in above my waist, I feel as though I have come home, and the ocean is alive around me and welcoming me into it".

Jane's feelings of home are consistent with findings by Bell et al. (2015) who found that people can feel connected to a place where they feel unconditionally rooted and secure (Game and Metcalfe, 2011). Jane went on to highlight the importance of cumulative social bonding experiences in enhancing this expanded sense of coastal home (Smaldone et al., 2005). She enjoyed sharing her coastal experiences with like-minded others, taking pleasure in their joy and achievements, as well as feelings of sociality with the sea itself:

"I often find myself talking to the water as I initially get into the sea, whether that's just swimming but always when surfing, as if I am returning and so pleased to be back... I am a really social surfer, I love to chat and relax with friends. I must admit I am a bit of a

screamer, cheerer and encourager in the water and I do love celebrating other people's waves".

Participants spoke about the strong community they have developed through frequently visiting their local coastal 'home'. Mike referred to this community as one of "the joys of our home", while Rebecca and Eric, respectively, shared:

"More often than not you just go there and bump into friends. The joy of the small community we live in. Even if you don't see friends, everyone around you is smiling and happy and it is infectious".

"The joy of living in a small community is that you always bump into friends and especially as we all watch the same surf forecast we generally are all in at the same time of the day – when the waves are best!"

In this way, the coast constituted what might be considered a 'third space', located outside of the demands of people's domestic homes (first place) or work (second place). It can be characterised as a 'home away from home' (Gardner, 2011: 266) with familiar 'regulars' and a convivial, playful atmosphere, offering 'a nourished sense of self, companionship, a sense of purpose, and a more positive outlook on life' (2011: 267).

Participants also explained the role of the sea in providing feelings of stability and comfort through times of ill health or injury, allowing them to process challenging emotions, re-build a sense of strength, and learn to feel 'at home' in and with their changing bodies (Kaley et al., 2019). For example, Claire, a participant in her 30s, explained:

"I have spent so much time there historically through so many different states of being — through happiness, crisis, grief, sense of adventure that I know how it makes me feel when I am there".

Several participants engaged with coastal activities, such as surfing and swimming, to negotiate challenging life transitions, including the onset and progression of chronic fatigue, stroke, family ill health, depression and anxiety. For example, Simon, a participant in his 40s, explained:

"After suffering a stroke, I realised I needed to get back in the water ASAP. I slowly built up my surfing. It helped with my anxiety and gave me confidence... I go to the ocean as I know it will improve my mental and physical state. Being in the ocean supported my physical strength since suffering from a stroke. My mental health was supported as I don't worry about other things when in the water".

For our participants, such coastal encounters were supporting both ameliorative and transformative therapeutic experiences (Kaley et al., 2019), prompting people to think and feel differently, and reflecting Foley and Kistemann's (2015: 160) suggestion that in certain contexts, coastal settings can 'embrace bodies of difference in ways that are gently enabling'.

### A fragmented sense of home with Covid-19

Covid-19 created new emotional and practical challenges for participants; three were furloughed, two were self-employed with no work or funding, three participants were used to working from home but normally worked in cafes or shared spaces, one was unemployed

due to an illness, two were retired and one participant was a key-worker. Three participants were instructed to shield, whilst others lived with individuals deemed vulnerable and were therefore also shielding. Five participants had already experienced Covid-19 symptoms and self-isolated in response. While many would usually have turned to the coast to process the ensuing emotions, the risks, restrictions and varied social responses to these restrictions created new challenges, fragmenting their sense of home.

In following RNLI and Surfing England guidelines not to enter the sea, participants missed the feeling of embodied immersion in the water, with one participant, Angus, running to the beach three times simply to touch the water to feel present and connected to it. As highlighted by Claire:

"I feel a real longing for the ocean and an acknowledgement that my mental health could definitely be improved by being there and I obviously can't be there due to the bans. The need to immerse myself in water for my emotional and mental state is not just important but necessary for me. I rely on it".

Another participant, Rebecca, in her 40s, found it difficult to enforce clear socio-spatial boundaries between the spheres of work and home (Blunt and Dowling, 2006) with the shift to home-working, particularly as her husband was unemployed. She craved the opportunity to get into the sea to escape these new domestic tensions:

"I took walks to get views of the sea. They tended to give me an initial tranquil, calming feeling, which isn't always the feeling you get when actually visiting the sea. There are tactile and additional senses that you experience there that you don't get from the views. I

miss the greater connectedness to the physical environment and having the cobwebs blasted away by the ocean air being lifted and thrown at you".

In this quote, Rebecca highlights a different sensory experience at the coast through lockdown, a replacement of the haptic with more visual forms of encounter; an experience she still valued but without the depth of emotional transformation. This was echoed by Eric, a self-employed participant in his 40s, living alone:

"I live by the sea so when I go for a run I see the sea but I don't connect with it like when I go surfing and surrounded by the water".

As discussed by Rodaway (1994: 35), 'geographical experience is a complex mix of sensuous (and emotional) geographies', such that our emotions are closely entangled with our senses and sensuous dispositions. Our senses are integral to how we experience home (Ratnam, 2017), generating deeply emotional place encounters, while the emotional dispositions we develop over time can influence what we come to sense and make sense of as 'home' (Rodaway, 1994). When articulating home-making practices at the coast, our participants demonstrated what Anderson (2014: 237) describes as a 'surf-shore identity co-constituted by both the watery world of the surf zone itself, and the local shores to which surf breaks are connected'. For some, this did explicitly involve the acts of surfing and body-boarding, while for others, the gentle embrace of the sea while swimming offered a similar sense of 'coming home'. Following RNLI and Surfing England guidelines not to enter the sea, our participants felt unable to connect with the deeper, more immersive 'watery' materialities of these surf-shore practices.

Another participant, Mike, a teacher and avid surfer in his 20s who had moved to North

Devon specifically for the waves, was transitioning to online teaching through lockdown. He

missed the classroom, and although he still gravitated to the coast to manage these

emotions, he did not experience the full release that he would through surfing:

"I walked along the coastal path more than I used to. However, I would get more angry with the conflicts of everything around me. Why was it ok for me to weave in and out of people on the path but not drive to the beach and find space?... It drove me crazy as I didn't get it.

Other people were still surfing yet we were told not to. It was too hard to process".

Several participants shared frustrations in seeing people flouting the surfing ban. The previously taken-for-granted convivial qualities of the coast that contributed to their sense of home, were compromised by what they felt were disrespectful practices of other people. To protect themselves emotionally and physically, many participants chose to avoid these places as lockdown continued. For example, Simon had lived with anxiety for several years but disclosed how his anxiety had become worse during lockdown: "I have suffered from anxiety for many years but since Covid-19, I have had more anxiety attacks in two months than I have in two years." By avoiding the coast, Simon engaged in self-protective behaviours, seeking to minimise both anxiety and anger:

"I missed not having the water on my face and found it made me more frustrated not being able to go in especially when you saw people breaking the government advice and going in".

At a time when participants most needed to engage in the finely-honed coastal practices that had come to support their sense of wellbeing through enabling positive emotional transitions over time, the introduction of the ban and the inappropriate responses of others

to the ban, compromised opportunities to find such relief. Social tensions at the coast are often considered in the context of localism, 'the sense of ownership and entitlement that a sustained relationship to place can bring' (Olive, 2015: 503). Tensions can arise when fractured relations unfold between local 'insiders' or residents of an area – who feel a sense of 'authority' and 'proprietorship' locally – and 'outside' visitors deemed disrespectful or naïve to the local context (Olive, 2015). In our study, these tensions were apparent *between* locals exhibiting divergent responses to the new risks and restrictions encountered in the first Covid-19 lockdown period. Notably, as restrictions started to ease, concerns were also directed at the additional risks that might be introduced by incomers to the area.

After eight weeks of lockdown, in mid-May 2020, the UK Government allowed people to drive for exercise as long as they continued to stay physically distant from others. The Surfing England and RNLI ban lifted and beach car parks began to re-open. However, many participants expressed new forms of stress over the subsequent weeks; although desperate to return to the beach, the risk of crowding created new tensions to navigate. What had been empty beaches during the non-essential driving ban became increasingly crowded, compromising social distancing efforts, and many participants, such as Angus, continued to avoid the coast:

"I haven't been going to the beach. It is impossible to social distance. I understand everyone travelling to get here but it is tough on us locals who don't want to be amidst the crowds so consequently are having to avoid the beaches. It also eases the stress on the people who run the car parks as the car parks have been getting ridiculously full".

This quote demonstrates the tension between the privileges of living close to such valued coastal settings and the loss of safe open local spaces when they transition into tourist

hotspots. Our study participants tried to balance their desire for emotional refuge, with their concerns for local people working in those settings (not wishing to add more stress to people running the car parks). In contrast to the more violent or threatening acts of exclusion that have been identified previously in the context of coastal localism (Olive, 2015), our participants retreated in an act of self-preservation, choosing to step away temporarily while their coastal home was enjoyed by those without such everyday routine coastal access.

In this way, the new social dynamics of participants' previously valued coastal settings were compromising their perceived therapeutic potential. Participants' sense of the coast as home became fragmented, with everything feeling 'surreal', 'edgy', 'disjointed' and 'different'. Participants missed the freedom and ease of being able to go to the sea without the added worries of encountering an undetectable virus through their interactions with other people, with many realising that a return to that safety may be a long time off. In this way, participants described what could be interpreted as a temporary form of solastalgia. Solastalgia is a concept that has previously been used to understand the implications of

climatic and environmental change on mental health and wellbeing (Galway et al., 2019). It was developed to make sense of people's emotional responses to environmental change within personally (and, for some, collectively) valued landscapes or settings (Askland and Bunn, 2018). In much of the solastalgia literature, these valued places are described as 'home', or 'cherished landscapes' (Galway et al. 2019: 11). We suggest the invisible but pervasive presence (actual or feared) of a new virus resident in the environment created parallel (albeit temporary) emotional transformations for our participants. Through the direct risks to health posed by Covid-19, and the associated political and social changes in

coastal practices unfolding in response to these risks, many expressed feelings of temporary loss; their coastal 'home' being impacted, firstly by not being able to use it as they normally would, and secondly from avoiding it altogether as lockdown eased and the coast became increasingly congested.

### **Reconfiguring coastal therapeutic encounters**

In the face of lockdown, physical distancing restrictions, and people's varied responses to them, participants shifted their daily activities, seeking new ways of managing the emotional challenges they were experiencing in the face of the pandemic. This led many to reconfigure the role of the coast in their routine therapeutic place encounters.

Some participants explained how avoiding the beach gave them an opportunity to discover new spaces or to explore the same places but in new ways. For example, Rachel, a participant in her 30s who used to enjoy the peace of rowing when she lived in a city with river access, had started walking along her local canal more since lockdown, and Pauline, a retired participant, explained a new appreciation for a local river:

"Before lockdown, I would not have gone to the river to sit and read, I would have been going solely for a walk. Now I go down to the river to sit, watch and listen to the bird life and watch the flowing water. I love listening to the water's movement and watching the colours change".

Before lockdown, Pauline walked by the river but never used it as a place to sit, listen, watch or reflect, yet had come to value such therapeutic potential during the pandemic. Turning away from public settings, participants also spent more time in private gardens, engaging in

home-making practices within their own green 'safe' spaces (Corley et al., 2021). As Mike explained:

"We have been converting a concrete jungle into a colourful garden. It is now a wonderful green space where I spent a lot of lockdown".

Mike described his active role in shaping the garden through varied sensory practices, using colour to create an uplifting, welcoming space in the immediate vicinity of home. Gardens can instil a sense of purpose, creativity and restoration (Pitt, 2014), with the tactile experiences of feeling tree bark, turning over soil and clasping gardening tools, fostering intimate relationships between the garden and the gardening body (Tilley, 2006). Therefore, although these participants were not immersed in water, they found alternative ways to immerse their hands in soil and in the colours, soundscapes and tastes of their domestic green space. This hints at the importance of garden access in the context of pandemic life, and the added health inequalities that can emerge amongst those without (Gray and Kellas, 2020).

Many participants gravitated towards public green spaces that remained quieter than the coast during lockdown and the subsequent easing of restrictions. For example, Claire explained:

"I am connecting with green space a lot more. Time I would have spent at the beach before, if I am now feeling anxious I will find green space and explore, watching birds and sitting and touching grass and connecting with green space. I am definitely getting a lot from green spaces as I would from the beach in terms of reducing anxiety and calming but they don't fill me with awe, excitement or desperation to be there like the ocean does".

While these encounters offered feelings of relief and peace, for example through hearing bird song and touching the grass, many participants still felt emotionally drawn to the coast. For example, Liam missed the energy of the ocean:

"I feel the ocean has such life and energy. Gardens and woodlands and the countryside are beautiful and calm but don't possess the energy and rejuvenating qualities of the ocean".

In walking along the beach, Liam and other participants appreciated the familiar taste of salty air, some would splash their faces in the sea while others felt mesmerised tuning into the crashing waves, bringing a sense of 'calm', 'happiness', 'contentment' and 'relief'. All participants explained that if they went to the beach for a walk and to feel the elements, it was either very early in the morning or late in the evening; altering their temporal routines to minimise the likelihood of meeting too many people. Jane, who lived with acute asthma and vulnerable parents, felt the risks of Covid-19 were too high to practise her usual coastal routines:

"I felt anxious that Covid-19 might mutate and turn into a virus we could catch from seawater. I suffer with acute asthma and felt the lack of freedom was the wisest move and my response has been to exercise very early or late to avoid people".

In this quote, Jane demonstrates how anxieties were exacerbated by the unknown nature of the virus; how it behaves, how it might mutate, and how it might impact on people with existing lung conditions. Such anxieties encouraged people like Jane to take extra precautions, re-working the temporalities and forms of coastal practice in the process (e.g. going at different times, not entering the sea itself). Jane reflected on how she might adapt the material and social qualities of her coastal practices to minimise her sense of risk once

the surfing ban was lifted. Although she expected the experience to be different, she hoped such changes might help sustain some sense of connection with both the sea and friends:

"I don't think it will be quite the same surfing with friends... I am going to wear ear plugs to reduce water and infections going in my ears which will cause difficulty to hear them".

Participants' narratives suggest an emotional longing to spend time at the coast, not just through detached visual forms of coastal encounter but through the more intimate multisensory home-making practices they had developed and refined over time. However, they had become unsure how to navigate the coast safely in the pandemic context. Their narratives reflect notions of the 'domestic uncanny', where sudden forms of environmental change can engender a sense of feeling both in and out of place at the same time, as one's home becomes unfamiliar, fragile and 'unhomely' (Blunt and Dowling, 2006). Demonstrating efforts to 're-build' their material and imaginary senses of home at the coast, participants tried to re-work the *sensory* qualities of their coastal activities to minimise their sense of risk therein by spending time beside the sea and not in it, as well as the material qualities of coastal interaction (changing their clothing/equipment), the temporal qualities (visiting at different times), and the social qualities (visiting alone or with partners/close family rather than in social groups). In this way, opportunities for therapeutic coastal encounters were reliant on the reconfiguration of participants' home-making practices in response to the changing contexts of the pandemic.

### **Concluding remarks**

This paper offers three important contributions to our understanding of the coast as a therapeutic landscape. Firstly, it emphasises the need to move beyond measures of coastal proximity to understand how or why people may experience a sense of wellbeing at the coast; that living close to the sea may not in itself guarantee wellbeing benefits if specific relational qualities of therapeutic coastal encounter are compromised. To understand such experiences in the context of an unprecedented global pandemic, this study has focused primarily on the narratives of people living within three miles of the coast for whom distance is not a primary constraint on use. While many described the coast as an integral part of their extended networks of home, proximity alone was not enough to sustain feelings of coastal wellbeing in the context of the interrupted access caused by Covid-19. Both the risk (perceived and actual) of encountering the virus, and the shifting social dynamics emerging in response to these risks, had reshaped such feelings during the pandemic.

Secondly, it demonstrates the role of an unprecedented global pandemic – Covid-19 – in forcing people to reconfigure their therapeutic coastal encounters through instigating shifts in the sensory, material, emotional, social and temporal dynamics of their surf-shore homemaking practices. In negotiating the new risks of encountering the SARS-Cov-2 virus at the coast, potentially present with other coastal visitors, participants no longer felt the full sense of freedom, uplift, peace or pleasure they had prior to the pandemic, with some seeking out other, quieter spaces altogether. This reflects the immersive relational quality of therapeutic landscape encounters (Conradson, 2005); how opportunities for wellbeing

emerge through relations between person, place and other people/agents in place, and can equally be closed down through social and sensory ruptures in these relations, shaped by relational shifts at local, national and global scales. In this sense, wellbeing is framed as an emergent quality of dynamic, multisensory emplaced relationships (Atkinson and Scott, 2015).

Thirdly, we suggest the loss of participants' valued experiences of 'home' at the coast (i.e. loss of familiarity, safety and rootedness) reflects a temporary form of 'solastalgia' as new 'unhomely' qualities began to undermine opportunities for the rich haptic seawater immersion that co-constituted the surf-shore home-making practices of many of our participants (e.g. feeling sea spray, the 'crisp' sensation of water breaking on and surrounding the body, and the feeling of being physically supported by the sea). Whilst solastalgia has previously been used to understand the emotional impacts of loss of place through environmental changes caused by, for example, extreme weather events, to our knowledge it has not been used to understand how a global pandemic (and challenging social responses to the risks posed by the new virus) can also create this sense of loss. This paper demonstrates how the introduction of a micro-scale virus into people's extended networks of 'home', shaped by well-practised and cherished coastal routines, can evoke similar (albeit temporary) feelings of loss, anxiety and distress.

There are important limitations to this research to be addressed in future work. As an exploratory study, conducted in the limited timeframe of the RNLI and Surfing England ban on entering the sea, it draws on the experiences of a relatively homogeneous sample in terms of race, ethnicity and socio-economic status. This narrow focus risks perpetuating

misplaced notions of the 'English seaside' as racially neutral (Burdsey, 2013: 98), while 'racialised bodies' are 'constructed as corporeal markers of undesirability and non-belonging'. Indeed, as noted by Lobo (2014: 101) in the context of beachgoing practices in Darwin, Australia, the 'hypervisible non-Anglo body' is often made to feel out of place through the force of Whiteness encountered at the coast, demonstrating a stark contrast to the idealised pre-Covid-19 homely and convivial qualities of coastal encounter described by our study participants. It would be useful to conduct further qualitative work with a more diverse sample of coastal residents, perhaps focusing on larger, urban coastal areas, to understand their emotional experiences of the pandemic, the associated restrictions and coastal home-making practices during that period. It would also be helpful to understand the coastal experiences of people living in countries where severe infectious disease is a daily reality (perhaps with little or no medical care). Did these residents avoid previously valued places following the Covid-19 outbreak or did socio-spatial home-making practices continue as before, be it through economic necessity or varied perceptions of relative disease risk?

Although small-scale, we hope this paper goes some way towards highlighting the importance of promoting safe access to the coast to support population health and wellbeing amongst people who may not be able to integrate homely coastal encounters into day-to-day life, while recognising the tensions this can create for those who live nearby. As articulated eloquently by Olive (2015: 507), how can people (residents and visitors) become 'invested in the wellbeing of places and communities without claiming ownership over them, and without marginalising the relationships of others'? How can we address power geometries of coastal inclusion and exclusion in ways that nurture care-full forms of local

and non-local therapeutic coastal encounter, without undermining material or imaginary geographies of home?

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# **Declaration of Interest**

No conflicts of interest.

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