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 centers on healthy mobilities. We take inspiration from relational, multiscalar, and 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 humancentric, cure-oriented approaches to health, to understandings of how health takes shape among diverse living entities in motion. This focus can help foreground the interdependence of human, nonhuman, and planetary health in mobilities.

Keywords

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

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, well-being, 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 access,² migration and health inequalities,³ reproductive mobilities,⁴ the movement of medical materials,⁵ and extensive work on active travel.⁶ The diversity of these health mobilities has 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 centers on healthy mobilities. This approach works with and extends the concept of therapeutic mobilities by asking two central questions: what does being in everyday healthy motion 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, and we then trace it 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

lens.⁸ 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 while 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 on 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 Emmerson'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 well-being 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 exercise.¹⁵ Such practices may bring a sense of meaning, purpose, or connection in life, offering moments of pleasure or freedom, or perhaps rooting 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 practices,¹⁶ 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 mobilities,¹⁸ 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 nonhumans that 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 in order to foreground the interdependence of human and nonhuman.²¹

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 encapsulate [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 hiking,²³ running,²⁴ cycling,²⁵ and snowboarding,²⁶ among other topics. However, there is still a way to go in realizing the promise of sport–mobilities dialogues.²⁷

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 minimize risks of noncommunicable diseases. This has been a key driver in the authorizing of exercise during the COVID-19 pandemic in some countries,²⁸ and more widely in moves to "prescribe" green or blue exercise.²⁹ Although improvements in

biomedical health are a genuine motivation to exercise for many, mobilities perspectives could help us 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 and 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 collectively.³⁰

The empowerment that can accompany what might be considered "transgressive" exercise³¹ hints toward the expanded notion of health central to our healthy mobilities approach, something that mobilities' emphasis on meaningful movement is well placed to unpack further. 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 the embodiment of those alternative motivations. Work here has demonstrated the importance of pleasure in the experience, narration, and promotion of older adults' physical activity;³² of craftmanship in better understanding ourselves and the world through sport, resulting in personal growth and life meaning;³³ of sociality in producing supportive and restorative social spaces through walking;³⁴ and even of pain in solidifying running identities and gaining social recognition.³⁵ Exploring such transformative qualities of exercising mobilities, alongside the curative or ameliorative,³⁶ 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. While such practices are generally considered individualistically, the morethan-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 passersby (human³⁷ or other³⁸), and is this intensified during a pandemic, when our bodies' affective capacities have perceptibly extended?³⁹ Are the mobilities entwined with exercise mobilities⁴⁰ causing planetary harm or good?⁴¹ Is the ecological damage and pollution caused by sporting cultures and events⁴² adequately offset by funds raised at such events for environmental causes?⁴³ How does such human (mobility)-induced climate change affect the taking place of exercising mobilities? What is it like to cycle in polluted cities,⁴⁴ ski on artificial snow,⁴⁵ surf in radioactive seas,⁴⁶ or be physically active in bushfires?⁴⁷ How are interspecies health, equity, and sustainability affected by such planetary ill-health and more widely by the anthropocentricism⁴⁸ or anthroparchy⁴⁹ of many sporting practices? Healthy mobilities invites an unpacking of the relational, more-thanhuman health bound up in exercising mobilities to understand how we can move toward health for all.⁵⁰

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 to minimize sedentary behavior tends to dominate public health messaging around physical activity,⁵¹ 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 nondisabled people—largely fails to account for differential embodied approaches and responses to movement and acceleration.⁵³ Moving too fast or too far can be damaging for health, for example among people with chronic fatigue,⁵⁴ vestibular conditions,⁵⁵ or impaired thermoregulation (a concern of increasing importance in the

context of warming climates).⁵⁶ 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, Kim Sawchuk⁵⁷ calls for greater respect for "differential mobilities": the unique "movement-repertoires"—the gestures and practices—that are cultivated and adapted while 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 senses of personal agency, competence, self-acceptance and respect,⁵⁸ meaningful social connection,⁵⁹ freedom, and pleasure.⁶⁰ Conversely, such opportunities are undermined by poorly designed environments and physical activity initiatives informed by ableist mobility assumptions that fail to recognize disabled experiences as valuable ways of knowing and navigating the world.⁶¹ Instead, a set of collective "detrimental mobilities" may unfold, prioritizing and celebrating the mobility practices of a dominant few at the expense of others.⁶²

Interdependent relational configurations shape all mobility practices, from relations with sports coaches, teammates, "kit," and terrain, to mobility aids, such as scooters, wheelchairs, white canes, and service animals.⁶³ Recognizing and respecting these varied mobility co-constituents is important if transformations toward healthy mobilities are to be realized. From a more-than-human health perspective, there are calls to address prominent acts of "ableist forgetting"⁶⁴ among 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 with.⁶⁵ When managed with care, service animals can experience better quality of life than nonservice animals.⁶⁶ More-than-human relations can also stall or redefine healthy mobility practices. For example, 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 mobile.⁶⁹

Concluding Remarks

In this article, we have articulated a distinct conceptual direction at the intersection of health and mobilities scholarship that centers on healthy mobilities. Taking inspiration from multiscalar, 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 humancentric, cure-oriented approaches to health and mobility in order to understand how health takes shape among different living entities in motion, foregrounding the interdependence of human and nonhuman, health. The mutability of such entanglements has been brought into sharp relief in the context of COVID-19, which has dramatically reconfigured healthy mobilities relations worldwide.⁷⁰ Grasping these changing interdependencies of health 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 help us engage fully with urgent contemporary policy challenges of public and planetary health inequalities, we hope that 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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Notes

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