

What are we “getting back to” and what are we “getting past”? Some freewheeling reflections

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Introduction

What is the appeal of Geography or Medicine compared with, say, Political Science or Political History? To simplify crudely, the study of human institutions concerns itself with things that for the most part don't work. They have ceased to function well, if they ever did; or they do work, but only sometimes, and nobody can really pin down why. In short, human institutions don't live up to the (self-professed, rationalized, moralized) theory.¹

Not so when we are dealing also with natural systems, systems that are larger or smaller than any of us. To the extent that non-human systems are observable at all, we are often describing how they *do* work – and we are then led to say a bit more about what “working”, “functioning”, amounts to. All parts of a bicycle have form and function, when they go wrong we hopefully perceive some new friction or noise before anything dramatic happens. No less than Robert M. Pirsig², Heidegger's beings with their tools and workshops clearly own bikes and know how to fix them.

An unmitigated good?

James Rebanks³ describes how one form of farming constructs landscape over the centuries, and his irritation with some of the tourists merely passing through. In quiet and indirect ways cycling—in sufficient volume—also does some work on the land, contributing to transport, leisure, retail and yes, tourism infrastructure. Certain cycling livelihoods like drugs or gig deliveries, we could live without. Mountain bikes and e-bikes especially, can erode softer footpaths: a case of over-tourism. Racks of municipal or corporate eco-bling spoil places aesthetically, and create hazards for the elderly or disabled. Come to that, competitive cycling has not been averse to regime PR or greenwashing the fracking industry.

¹ If someone was to explain how politics *works* in the sense of “succeeds, keeps systems in good working order” they might either be offering (a) an account shorn of disturbing conflicts, and therefore of analytical power; or (b) an account that brings the unspoken and conflictual (amoral, immoral, irrational) to the fore – disturbingly so. This is the dilemma for political/citizenship education.

² Pirsig, R. M., *Zen and the Art of Motorcycle Maintenance: An Inquiry into Values* (New York: William Morrow 1974)

³ Rebanks, J., *The Shepherd's Life: a Tale of the Lake District* (London: Allen Lane, 2015). If you have ever been raced or chased by border collies, this book is instructive about what they bring to the task.

But leaving the negatives aside for a moment, my naïve proposal is that cycling *works*: it's an unsurpassed biomechanical invention and a practice that is overwhelmingly healthy, sustainable and enriching. With looming energy and climate crises, cutting household costs and diversifying is a concern for urban and rural populations alike. Cyclists also work on their physiology and state of mind – work that kicks in immediately, if they are to stay upright on two wheels. (In therapeutic context, this presumably marks a difference from sitting on a static exercise machine). Of course, I have first and second-hand knowledge of physical or psychological traumas associated with cycling, but these have been mostly about interactions with other transport systems and/or with alcohol. As a child, following near misses with vehicles and one hospitalization for concussion, I was each time encouraged to get back riding on the roads, and not allow that to become aversive.

For children and adolescents, cycling offers independence and mobility as well as fun. For adults too, it can be a socially sanctioned form of non-competitive play, an escape from routines and status anxiety. With its serious and expensive fun, the industry's adulescent marketing style plays this (works this?) both ways. At pedestrian or car speeds, setting off without yet knowing your route is often inconvenient. But at those intermediate bike speeds—and with the full range of options from towpath to dual carriageway, to even traffic jammed streets—it works. Cycling offers that autonomy from scheduled departures and arrivals: whether commuting or leisure cycling, detours can be added at will. Now that we tend to schedule social life through our phones, it is also a rare space of spontaneity (and more than just a spontaneous act of consumption).

Only in South Asia have I seen traffic jams of bicycles themselves, and those were passenger rickshaws twenty or thirty abreast. The smoke killing the rickshaw riders was from different technologies.

A healthy level of control

Conventionally, trauma and more severe anxiety are about memory, triggers, compulsion to repeat⁴ or avoid. It's about loss of control and compensatory efforts to regain it, including control over what is remembered. I find the muscle-memory of cycling can be a *positive* trigger, or gateway: to memories of other rides, earlier stages of life, prior conversations in and with the landscape. I find this not only tops up confidence (“This is something I remain skilled in/am becoming more knowledgeable about”) but also a feeling of the continuity of self (“I have always enjoyed this/I'm still the same person I was before x or y happened”).

No doubt this is similar to other methods of movement, other technologies that become the user's second skin – especially where they involve some degree of positive risk taking. (To what extent is the pleasure of a fast descent bound up with the fact that falling off would be a problem?) Cognitive Behavioural Therapy might place this under the heading of “power and mastery”. But a longer cycle ride can also induce a meditative state where the locus of control appears to undergo a shift; impersonal nature—gradient, surface, wind—makes some of the decisions for the rider and their cognition starts to go along different patterns.⁵

⁴ But geographers seeking to better locate trauma in space, time and context have questioned this aspect of passive repetition. See Pain, R. ‘Geotrauma: Violence, place and repossession’, *Progress in Human Geography*, 45/5 (2021), pp. 972–989.

⁵ For a discussion of mobilities and drift, see Clark, N., and Szerszynski, B., *Planetary Social Thought: the Anthropocene Challenge to the Social Sciences* (Cambridge: Polity 2021)

So control shifts from self to environment, but also from conscious mind to body. Steering is via the autonomic nervous system and with practice, braking and cadence/gear-shifting become reflexes too. There might be a case for keeping them there, and refraining from digitally and mentally monitoring performance in ways that reintroduce the impulse to control. Endlessly browsing or buying bits of new equipment can also become compulsive, falsely standing in for the experience (or the fitness) itself. It depends on what kind of life we want to “get back to”, or what barrier we’re trying to “get past”; whether fitness training is part of the goal, whether cycling is sociable, whether sociable is competitive. Some people may genuinely need to swap one addiction for another, less damaging one.

Considerations of safety at the micro-scale should not drown out all others (like personal freedom) that may sustain an institution like cycling – especially in times of climate emergency, when the costs of *not* making structural transitions grows ever higher. But this only reinforces the point that we need to value environments, life and health differently, and make more connections between policy choices. We now know more about the financial incentives and regulatory gaps that make construction traffic so lethal in UK cities, for example. But what motivates unprovoked aggression towards cyclists by motorists, beyond the physical power differential? (Boredom, envy, high spirits?) This is a broader question about money, work, class, difference, education and childhood – whole ways of life.⁶

Research questions

My own experience of university teaching flowed from an experience of mental ill-health – I became involved with teaching and assessing nursing students from a service-user perspective. From what I could see, R&D in healthcare still had a long way to go in exploring exercise-based therapies, let alone in understanding the different benefits of specific sports. I suspect the knowledge base might reflect the cramped nature of in-patient facilities (unconducive to journeys of more than a few metres), and broader factors like the 20th Century car economy itself. Most fundamentally, medicine’s interest in the side-effects of psychiatric drugs or finding alternatives to drug-centred approaches,⁷ of any kind, is still young and still contested.

Since well before Covid, during the austerity years if not before, social psychiatry, destigmatization and service-user involvement have also been effectively stalled by crises of under-capacity in even acute services. Arguments about early intervention and de-institutionalization have given way to questions about what kind of drastically task-shifted worker can safely dispense first line medication, and where. Here, social and biopsychiatry are in total agreement that the situation is highly unsafe. Meanwhile service user involvement—if it happens at all—is often poorly conceived and managed, deeply confused about the status of lay knowledge or lay roles, and unreflective of either society or basic HR standards.

I’m left with my own recovery experiences and those of a few colleagues, and questions of what is typical or atypical about them. Among these, how might a different mode of movement that you can pick up again (“like getting back on a bike”) contribute to mental resilience, either before or after a crisis? What could cycling offer in reducing social isolation? In combating the weight gain, diabetes

⁶ To elicit friendliness and gendered humour instead, just ride a bicycle made for two: judging by strangers’ reactions, the humble tandem is also a time-machine to a happier, more innocent age.

⁷ As shown by, e.g., Prof Joanna Moncrieff at UCL. Interest is wider spread across allied health professions as a whole, and mental health NGOs.

and heart problems routinely introduced by psychiatric medications? In dealing with combat stress, or empowering survivors of other carceral environments, like refugees camps? And so on.

The magpie mind – and professional ethics

I'll finish with an anecdote from a therapeutic community. The horticultural therapist would commute there through the woods and moors by bike. One spring morning he arrived bleeding from his scalp, explaining breathlessly that for several days the same bird of prey had been buzzing him as he rode along, protecting a nest (it was springtime). That particular day, the therapist had deliberately set out without his helmet thinking it might have been what was aggravating the bird.⁸

I was struck by his manner: his being exhilarated and still slightly shocked by this close encounter with wildlife, and eager to relate the experience – but at the same time, aware that he was among people in recovery. They too were living surrounded by nature, and it was his job to help them feel comfortable and confident in it.

Researchers, too, need to be mindful about the meeting point of curiosity, enthusiasm and medical or social vulnerability. In a setting of social learning, rigid lay or professional identities can easily lend themselves to discursive violence – as can lack of role clarity. It is almost impossible to get right all the time, and being realistic, service users don't expect or demand that. Conversations that go round in circles for long enough are ultimately not respectful or generative, yet they continue and for identifiable reasons. Let's have confidence that dialogue can instead meander, and reach meaningful destinations.

⁸ I was there as a visitor rather than a resident: therapeutic communities are vanishingly rare in the UK. In the US and Australia, riders modify their headgear with plumes, zip ties or pictures of eyes, as protection against by magpies and other birds.