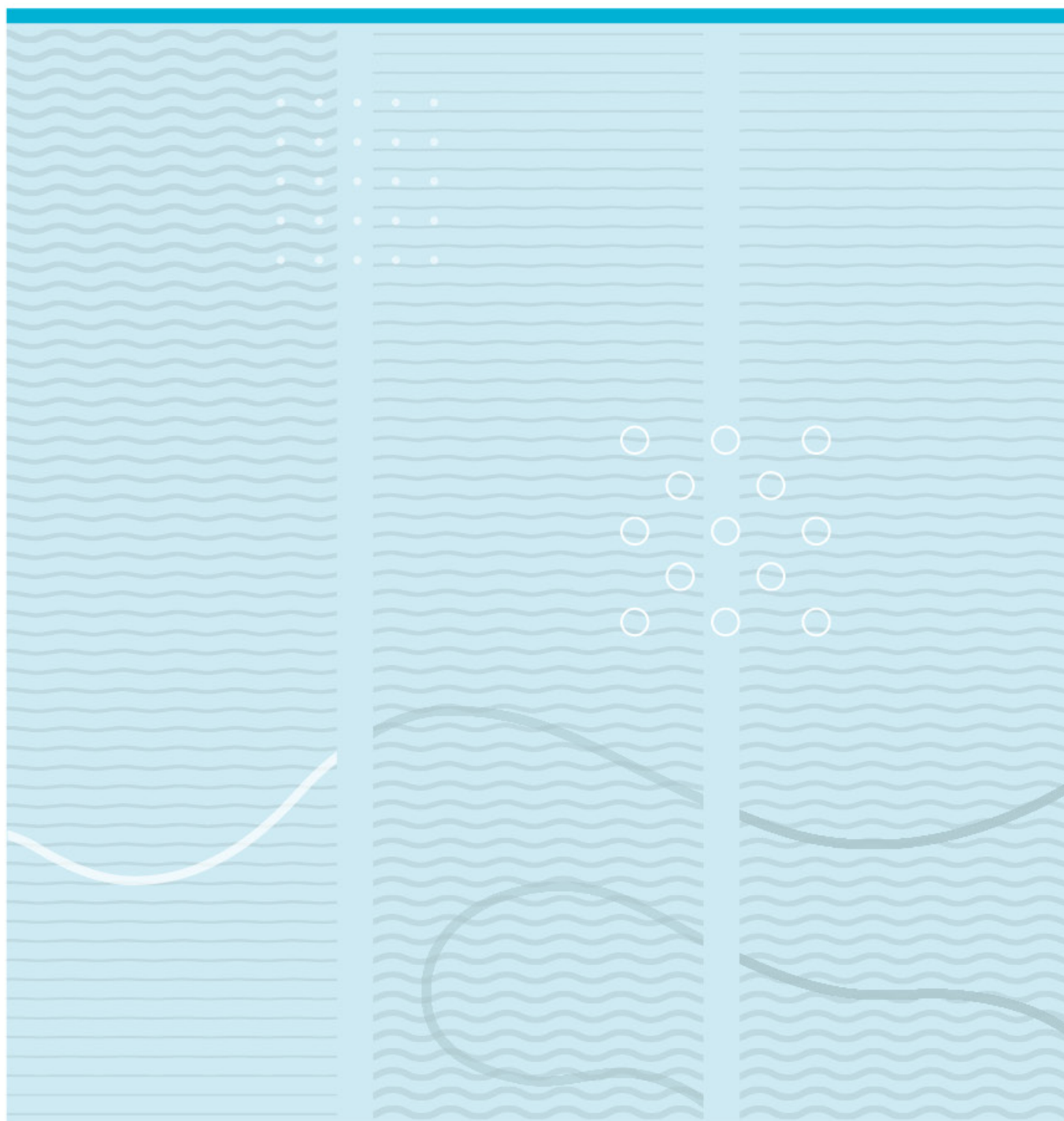


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Sauna and Ice-bathing in Enabling and Disabling 'Blue spaces'



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This thesis is worth 30 study points

Summary

This study contributes to a body of research on health-enhancing 'blue spaces' by elaborating on the optimal conditions for promoting physical activity at the coast, what makes 'blue spaces' attractive for spending leisure time in general, and how negative experiences might affect positive well-being outcomes. The relationship between 'blue spaces' and well-being will be studied in the context of wintertime sauna and ice-bathing in Oslo, the capital city of Norway. The study applied *grounded theory* methodology together with the *extended therapeutic landscape concept* and the *interdisciplinary model of therapeutic landscape experiences at the coast* to answer the research questions: 1. How and why individuals' well-being is enabled and disabled through engaging in wintertime sauna and ice-bathing in various 'blue spaces'? 2. How do the enabling and disabling aspects of the therapeutic experiences relate to each other? A mixed qualitative approach was conducted, combining ethnographic field observations and individual interviews. The data consisted of six individual interviews with five participants, with various experiences of sauna and ice-bathing during wintertime in Oslo, and one facilitator of a sauna and ice-bathing facility in central Oslo. In addition, seven ethnographic participant observations in urban sauna facilities in central Oslo were conducted over a period of two months between January and March 2023. The results indicated that participants' well-being was enabled and disabled through social, achieving, immersive and symbolic experiences. The results further indicated that enablement and disablement could occur simultaneously and were highly dependent on contextual factors. The results support a relational understanding of 'blue health' promotion, in which health enablement and disablement arise from the relationship between a specific person, place, and context. Understanding the relationship of well-being and 'blue spaces' as a dialectical relationship of enablement and disablement experienced through social, achieving, immersive and symbolic dimensions can highlight the contextual factors necessary to consider, when aiming to provide effective and equitable health policies and interventions in relation to 'blue spaces'. This includes the understanding of the specific benefits and limitations for marginalized groups in various 'blue spaces'.

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1 Introduction

This study aims to contribute to a body of literature on health-enhancing 'blue spaces' to elaborate on how and why 'blue spaces' are experienced as therapeutic in the context of wintertime sauna and ice-bathing and how negative experiences can affect positive outcomes. This chapter will introduce the topic and background of the study, followed by the research problem, aims, objectives, and finally, the research questions that will guide the study.

Resulting of the increasing urbanization, designing health-promoting interventions in city environments have been recognized as an important goal for public health policy (Kronsted Lund et al., 2023; Rydin et al., 2012; United Nations, 2014). The health-promoting potential associated with the presence of 'green spaces' (parks, trees, forests, etc.) in urban environments has been widely established (Who, 2016; Hartig et al., 2014; Abraham et al., 2010; James et al., 2015; Dadvand et al., 2016) while less substantial, but growing developments regarding the presence of 'blue spaces' (ocean, lakes, rivers, and canals, etc.) has been suggested to offer health benefits through similar pathways to those associated with 'green spaces' including stress reduction, increased physical activity, promotion of positive social contacts, increased place attachment and decrease in extreme temperatures (Grellier et al., 2017; Gascon et al., 2017).

While much of the research documenting the positive associations between health and 'blue spaces' has been focused on the common characteristics of watery places, some studies have shown how differing social, material, and cultural contexts can result in ambiguous outcomes (Pitt, 2018). While 'blue spaces' can be experienced as places of well-being for some, for others, they can act as sites of fear, pollution, and social exclusion (Kronsted Lund et al., 2023; Evers, 2021; Phoenix et al., 2021; Byrne, 2012) thus having the potential to result in both health enabling and disabling encounters. Furthermore, accessing the health benefits of 'blue spaces' is mediated by socio-cultural and economic differences and varying qualities of the water bodies (Haeffner et al., 2017), thus resulting in unequal opportunities to engage with watery places in ways that can be health-enabling. Interventions and policies that don't consider these contextual factors in relation to health promotion in 'blue spaces' risk

reproducing these inequalities (Kronsted Lund et al., 2023). Thus, to promote inclusive health initiatives regarding 'blue spaces,' more understanding is needed on how health enablement and disablement are experienced and are related to different types of contexts (Juster-Horsfield & Bell, 2022; Kronsted Lund et al., 2023). To fill this knowledge gap, this study aims to contribute to the understanding of how well-being is enabled and disabled through experiencing blue spaces in the context of wintertime sauna and ice-bathing in and around Oslo, the capital city of Norway. In this chapter, I will first introduce the background of this study, followed by the research problem, aims, objectives, and research questions. I will then elaborate on the significance and limitations.

1.1 Background

A substantial body of research has shown how contact with 'natural elements' can promote physical and mental health through multiple different pathways (Hartig et al., 2014; Who, 2016; Gascon et al., 2017; Abraham et al., 2010; James et al., 2015; Dadvand et al., 2016). The features associated with health benefits has been commonly termed 'green spaces' (Dadvand et al., 2016), which can be seen to contain various 'features and processes of non-human origin' such as 'flora and fauna, together with still and running water, qualities of air and weather, and landscapes comprising these and showing the influence of geological processes' (Hartig et al., 2014). While global urbanization is predicted to rise to a level where 60% of the world population will be living in cities by the year 2030 (Rydin et al., 2012), promoting health and well-being in city environments has been recognized as an increasingly relevant issue (Sarkar & Webster, 2017; United Nations, 2014; Kronsted Lund et al., 2023). Reflecting these global trends, the United Nations 2030 agenda for sustainable development states as one of the important global targets to 'ensure healthy lives and promote well-being for all at all ages' (United Nations, n.d.). Recognizing the potential of natural infrastructure to ensure sustainable urbanization and promote public health, terms such as 'urban green space' has been established (Who, 2016; Dadvand et al., 2016). Access to water has historically benefited societies in multiple ways, including transportation, provision of food, drinking water, and hydropower, and providing possibilities for recreation and tourism. As a result, some of the world's biggest settlements are located near water

(Grellier et al., 2017). As global urbanization trends, climate crisis, and migration will lead to increasing pressure on the coastlines, cities must resolve complex challenges of sustainable development of waterfront space and equitable access for well-being benefits for the citizens (Rydin et al., 2012; Sairinen & Kumpulainen, 2006; Gascon et al., 2017; Kronsted Lund et al., 2023).

Drawing from the well-established field of 'green space' research, more recent developments of multidisciplinary research on healthy 'blue spaces' has explored the well-being potential related to contact with bodies of water (Gascon et al., 2017; Völker & Kistemann, 2011; Foley & Kistemann, 2015; White et al., 2020; Kronsted Lund et al., 2023). More specifically, the term 'blue space' has been defined as 'health-enabling places and spaces where water is at the center of a range of environments with identifiable potential for the promotion of human wellbeing' (Foley & Kistemann, 2015, cited in Kronsted Lund et al., 2023). While the research documenting the well-being benefits of 'blue spaces' is relatively disparate compared to 'green spaces,' it nevertheless indicates that exposure to bodies of water can promote well-being (White et al., 2020). Furthermore, pathways leading to health promotion through engagement with 'blue spaces' has been suggested to be similar to 'green spaces,' including stress reduction, promoting physical activity, increased place attachment, and reduction of extreme temperatures (Grellier et al., 2017; Gascon et al., 2017) while still having their distinct set of benefits and risks. Across different natural environments, 'blue spaces' has been shown to be particularly suitable places for socializing, enhancing nature connectedness, and promoting stress relief and restoration (White et al., 2020).

While one of the most prominent findings in 'blue space' literature is the positive correlation between increased levels of physical activity and residency near the coast or other types of waters (Gascon et al., 2017, cited in White et al., 2020), the studies have demonstrated significant regional differences (White et al., 2020). While it is unclear what explains the variation, it has been hypothesized that quality, access, and attractiveness might influence the results. Thus, more research remains needed to understand the favorable conditions for promoting physical activity at the coast and what makes them attractive places for leisure (White et al., 2014). Furthermore, the health-promoting benefits of 'blue spaces' has been shown to be mediated by contextual factors such as different types and qualities of water, individual traits, and

social, cultural, and economic differences (White et al., 2020; Haeffner et al., 2017) thus suggesting that access to, and outcomes of the well-being benefits are distributed unequally within the society. While the research on 'blue spaces' has mainly focused on positive benefits (Foley & Kistemann, 2015), some research has shown how depending on the context, water can also be experienced as 'disabling' (Pitt, 2018), thus raising concern about ambiguousness in its health-promoting potential. Challenging the understanding of 'blue spaces' as a health resource equally available for all, some authors have shown how waterscapes can be reflected through experiences of fear, pollution, and histories of racial discrimination (Evers, 2021; Phoenix et al., 2021; White et al., 2020), thus potentially repelling certain types of groups from these environments. Thus, to ensure that interventions aiming for health promotion in 'blue spaces' can benefit a wide variety of people in ways that avoid reproducing inequalities (Kronsted Lund et al., 2023), it is necessary to understand how the possibility of health 'enablement' and 'disablement' work for different people in differing contexts (Juster-Horsfield & Bell, 2022).

To better understand the variety of the experiences through which individuals attain well-being in coastal landscapes, Bell et al. (2015) drew on the *therapeutic landscapes framework* of Völker & Kistemann (2013) to develop an *interdisciplinary model of therapeutic landscape experiences at the coast*. The model seeks to explore and enhance the understanding of why and how coastal environments are experienced as therapeutic by integrating several relevant theories related to 'blue space', health, and well-being. As the model was constructed based on a study of a small, self-selected sample in a specific context of two towns in southwest England, applying the model to different types of contexts could help strengthen the findings and the associated theoretical constructs. Like much of the research on 'blue space' (Foley & Kistemann, 2015, cited in Pitt, 2018), the model focused mainly on the positive aspects of landscape interactions. This approach might lead to simplified representations, masking the negative outcomes that may be present simultaneously and, in some cases, preventing access to or limiting the therapeutic benefits (Völker & Kistemann, 2013).

1.2 Research problem, aims, objectives, and questions

Health-promoting 'blue spaces' are being increasingly recognized as a potential public health resource (Grellier et al., 2017; Kronsted Lund et al., 2023). While several studies have demonstrated positive associations between 'blue spaces' and well-being (Gascon et al., 2017; Völker & Kistemann, 2011; Foley & Kistemann, 2015; White et al., 2020), understanding of the underlying mechanisms remains limited (Grellier et al., 2017). Some of the associations between the assumed benefits and 'blue spaces' appear ambiguous and relatively unexplored (White et al., 2014; White et al., 2020). The current research is lacking in elaborating on the optimal conditions for promoting physical activity at the coast, what makes blue spaces attractive for spending leisure time in general (White et al., 2014), and how negative experiences might affect the positive outcomes (Pitt, 2018). Given these limitations, the currently existing body of research on 'blue health' is inadequate in its applicability to inform effective and equitable public health interventions and policies aiming to promote health and well-being among a wide variety of citizens.

Given the lack of research on how and why 'blue spaces' are experienced as therapeutic in various contexts and how negative experiences can affect positive outcomes, this study aimed to gain an understanding of how and why individuals' well-being was enabled and disabled through engaging in wintertime sauna and ice-bathing in various 'blue spaces' in and around Oslo, the capital city of Norway. To attain this understanding, this study engaged with two main objectives. Firstly, to identify how and why individuals' well-being was enabled and disabled through experiences of wintertime sauna and ice-bathing in the context of various 'blue spaces' in and around Oslo. And secondly, to identify how health-enabling and disabling aspects of the therapeutic experiences related to each other. By engaging with these objectives, this study answers the following two research questions:

1. How and why individuals' well-being is enabled and disabled through engaging in wintertime sauna and ice-bathing in various 'blue spaces'?
2. How do the enabling and disabling aspects of the therapeutic experiences relate to each other?

This study will contribute to the growing body of research on therapeutic 'blue spaces' by identifying how and why the experiences of sauna and ice-bathing can be

experienced as enabling and disabling in various contexts and how the aspects of enablement and disablement relate to each other. This will address the current gaps in the literature on the health-promoting potential of 'blue spaces' by attending to several under-discussed topics, including inland waters, comparisons of urban and non-urban 'blue spaces,' and acknowledging the complexity of the outcomes arising from a relational understanding of person, place, and context (Pitt, 2018). This study can inform the development of effective and inclusive policies and interventions aiming to promote well-being by providing therapeutic 'blue space' experiences (Kronsted Lund et al., 2023).

Chapter two, *Theoretical Framing*, will introduce the relevant existing research and theories that this study will build on to develop the understanding of health promotion in 'blue spaces'. This will include discussing the limitations of the existing literature and how this study will contribute to addressing these limitations. Chapter Three, *Methods*, will introduce the overarching research framework that was applied for conducting this study. This includes elaborating on ethical considerations and the researcher's role, sampling, data collection methods, analysis, and strengths and weaknesses of the study. Chapter four *Results* will present the findings of the study, together with analytical discussion and connections to relevant theories. Chapter Five *Discussion* will explicate how the results help to answer the research questions and how they relate to the existing research on 'blue spaces.' Chapter Six *Conclusion* will summarize the key findings of the study and how they relate to the research aims and questions. Contributions to the existing theory on 'blue spaces' will be explicated and recommendations for practice and future research will be given.

2 Theoretical framing

A 'narrative review' was conducted to develop a background theory for this study. As opposed to 'systematic review', 'narrative review' does not follow a strict set of methodologies for searching the relevant literature related to the research topic (Clark et al., 2021). To review the literature, this study followed a method previously called 'snowball sampling' (Lecy & Beatty, 2012). This refers to a technique of choosing one or more relevant publications or articles related to the research topic and finding new, relevant literature by examining the articles referenced in those publications. Then the consecutive articles referenced in the newly found articles can be examined further to find more research articles. During the research process, I was introduced to an unpublished manuscript of *Whose blue healthy space? A scoping study on blue health promotion and recreation, planning, and management* (Kronsted Lund et al., submitted to review). This manuscript was later published, and thus in this thesis, I will refer to the published version (Kronsted Lund et al., 2023). This scoping study was a starting point of my literature review and served as an introduction to the research area of 'blue health' promotion. Beginning from the scoping review and employing 'snowball sampling' (Lecy & Beatty, 2012) to find more research articles, the theoretical framing for my study was developed. In this chapter, I will introduce the relevant theory related to my research topic in three different themes. The first theme, *from urban green to urban blue spaces* serves as a general introduction demonstrating the relevance of this study regarding the wider body of research on urban 'blue spaces' and 'green spaces'. It will show, why research on the topic is needed and identifies limitations of the existing knowledge that this research will aim to contribute to developing. The second theme, *conceptualizing well-being*, discusses how the meaning of health can be understood in several different ways (Liamputtong et al., 2012). Following an example of authors on previous works of 'blue health' promotion (Kronsted Lund et al., 2023; Völker & Kistemann, 2013; Bell et al., 2015) within this theme, I will elaborate on the conception of health as a state of well-being that this study subscribes to. Identified as part of an increasingly multidisciplinary body of research on 'blue spaces' (Olive & Wheaton, 2021), the third theme *therapeutic landscapes* introduces the specific framework of theories that this study will adopt in its pursuit to explore the research questions.

2.1 From urban green to urban blue spaces

More than half of the current global population lives in urban environments. This proportion is estimated to rise to 68% by the year 2050 (United Nations, 2018). The urban migration, together with an aging population, unhealthy exposures, and sedentary lifestyles has been associated with a shift of the global burden of disease from infections to non-communicable diseases such as diabetes, cancer, cardiovascular diseases, obesity, and mental disorders (van den Bosch & Bird, 2018; Sarkar & Webster, 2017). On average, urban citizens have better health compared to people who reside in rural areas, while health inequalities between different socio-economic classes are higher (Dye, 2008). To achieve a sustainable future reducing inequalities and 'ensuring healthy lives and promoting well-being for all at all ages' has been stated in the United Nations 2030 agenda for sustainable development as one of the important global targets (United Nations, n.d.). The health benefits of being in contact with natural elements in urban environments have been widely recognized (Who, 2016; Rydin et al., 2012; Hartig et al., 2014). A concept of 'nature' can be said to include 'flora and fauna, together with still and running water, qualities of air and weather, and the landscapes that comprise these and show the influence of geological processes' (Hartig et al., 2014 p.208). While 'nature' can be defined by its objective characteristics, it can also be experienced subjectively and thus appear socially constructed. Nevertheless, Implying the health-enhancing potential of 'nature,' places containing natural elements have been commonly termed as 'green spaces' (Who, 2016; Dadvand et al., 2016). A well-established body of research has documented how 'green spaces' can promote physical, mental, and social well-being health through promoting physical activity, reducing stress, anxiety, and depression, promoting socializing, and reducing exposure to pollution (Abraham et al., 2010; Dadvand et al., 2016; Tzoulas et al., 2007; James et al., 2015; Hartig et al., 2014). Drawing from this body of research, the presence of bodies of water has been suggested to provide health benefits through similar pathways (Grellier et al., 2017; Gascon et al., 2017). The places containing the water bodies assumably with health-promoting characteristics have been previously defined as 'health-enabling places and spaces where water is at the center of a range of environments with identifiable potential for the promotion of human wellbeing' (Foley & Kistemann, 2015, cited in Kronsted Lund et al., 2023). While promoting health

potentially through similar pathways to 'green spaces,' 'blue spaces' has been suggested to be particularly beneficial in promoting social relationships, nature connection, stress relief, and mental restoration (White et al., 2020). The restoration and stress reduction potential of 'green spaces' and 'blue spaces' has been commonly elaborated through the theory of attention restoration by Kaplan & Kaplan (1989, cited in Abraham et al., 2010; Kaplan, 1995, cited in Bell et al., 2015). According to this theory, natural environments may have characteristics that are particularly suitable for individuals to recover from so-called 'attentional fatigue' (Kaplan, 1995 p.169) by providing pleasurable multisensory stimuli that capture individuals' attention and fascinates them without exertion of much effort. 'Green spaces' and 'blue spaces' has been found to have the potential to be attractive, accessible, and safe environments to be physically active, thus having the potential to reduce the problems of non-communicable diseases resulting from sedentary lifestyles (van den Bosch & Bird, 2018). However, studies have shown that these associations are socially differentiated, and variations have been demonstrated between different places and across gender, age, and ethnic backgrounds (Kronsted Lund et al., 2023; Abraham et al., 2010; White et al., 2020; White et al., 2014). While the physiological benefits of physical activity are well understood in terms of disease prevention, the way physical activity can promote mental well-being through engagement with meaningful challenges has been explained through the theory of 'flow experiences' (Csikszentmihalyi, 2002). This theory suggests that by engaging in an optimal level of challenge, pleasurable experiences involving intense focus can be achieved. Through this mechanism, it can positively influence individuals' mental states. Finally, urban 'green spaces' and 'blue spaces' especially, have been shown to be appreciated among urban residents to nurture their social relationships. These places have the potential to provide an arena for building social networks, facilitating transient social encounters, and contributing to community building (Abraham et al., 2010; White et al., 2020). While much of the research has focused on the positive sides of health promotion, some authors have pointed out how socially and spatially differentiated experiences of well-being benefits remain a challenge for implementing inclusive health policies and initiatives related to 'blue spaces' (Kronsted Lund et al., 2023; Juster-Horsfield & Bell, 2022). For this reason, more research on how well-being can be enabled or disabled in various contexts with

different types of people is needed (Bell et al., 2015; White et al., 2014). This research needs to take into consideration how 'blue spaces' can be experienced through negative associations and thus potentially limit the access to and possibility for health enablement (Pitt, 2018).

2.2 Conceptualizing well-being

The word health can have many meanings, which can be perceived differently during times and among different individuals and cultures (Liamputtong et al., 2012). While much of the research on health promotion through engaging with 'green spaces' and 'blue spaces' has been focusing on pathogenic disease prevention (van den Bosch & Bird, 2018), some studies have focused on the salutogenic aspects of health promotion (Völker & Kistemann, 2013; Bell et al., 2015; Kronsted Lund et al., 2023). Commonly referred definition of health by World Health Organization (WHO) as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 1948 p.100, cited in Fleuret & Atkinson, 2007) reflects a shift away from the understanding of health in medical terms to more holistic understanding. Some authors have conceptualized health in this way (Völker & Kistemann, 2013), while others have referred to concepts such as the 'capacity to maintain and restore one's integrity, equilibrium and sense of wellbeing' (Huber et al., 2011, cited in Bell et al., 2015) and some have included consideration of natural environment through socio-ecological health (Kronsted Lund et al., 2023). The understanding of health as well-being is what connects these approaches. Well-being can be understood through the 'social model of health' that connects individual experiences to its wider social context and their subjective experiences of it. This way, health is defined through the relations that exist between individuals' places and their social contexts and 'are best measured subjectively' (Dinnie et al., 2013 p.104). Advocating this approach, Bell et al. (2015) studied individuals' therapeutic experiences in coastal environments. Drawing from the framework of Bell et al. (2015), I situate my research into this conceptualization.

2.3 Blue spaces as therapeutic landscapes

To understand how certain places, including 'blue spaces' can promote health the concept of *therapeutic landscapes* has been used to understand the types of

experiences, that people engage in their quest for well-being (Olive & Wheaton, 2021). The term was originally developed by Gesler (1996) to understand the well-being experiences in the context of traditional 'healing places' connected to religious practices. It was later developed and adapted to understand how natural places can enhance health (Duff, 2011). The study of therapeutic landscapes attends to the complexity of relational aspects of how environment, culture, and individuals come together to produce experiences of health (Duff, 2011). Given the limited understanding of the underlying mechanisms of health promotion in 'blue spaces', and the spatial and culturally differentiated experiences (Grellier et al., 2017; White et al., 2020; Kronsted Lund et al., 2023; White et al., 2014) this framework can be particularly relevant in shedding light to the unresolved gaps in understanding of equitable 'blue health' promotion. The *therapeutic landscapes framework* has been applied to understand how 'blue spaces' including urban riversides and coastal settings can support well-being by providing a space to attain various therapeutic experiences. By studying well-being experiences in urban riverside settings, Völker & Kistemann (2013) conceptualized the different experiences as 'experienced space, symbolic space, activity space, and social space, ' while acknowledging how these dimensions can contain unpleasant experiences that can limit the experiences of well-being. Attending to these negative experiences has been discussed to be an important but relatively neglected aspect within the 'blue space' literature (Pitt, 2018). Conceptualizing 'blue spaces' as therapeutic landscapes has been further developed by Bell et al. (2015) in the context of coastal experiences. By integrating theories of flow (Csikszentmihalyi, 2002, cited in Bell et al., 2015), attention restoration (Kaplan, 1995, cited in Bell et al., 2015), and peak diminutive experiences (Pomfret, 2012 cited in Bell et al., 2015) an interdisciplinary model of therapeutic landscape experiences at the coast was developed to gain deeper understanding of how and why 'blue spaces' can be experienced as therapeutic. Drawing from Völker & Kistemann (2013), the health-promoting experiences were conceptualized as immersive, achieving, symbolic and social. However, the study consisted of a small, self-selected sample from a specific context; thus, the framework may be limited in its application to different contexts. It has been suggested that further research is needed to develop the understanding of health promotion in 'blue spaces' further and in different contexts (Bell et al., 2015). Another limitation of the framework

was its focus on predominantly positive aspects of the health-promoting dimensions. This limitation can lead to a simplified understanding of health promotion and thus might overlook the occurrences of unequal access and possibilities to attain well-being. Regardless of the limitations, this model can be a valuable tool to explore the research areas that are generally lacking in 'blue space' literature including the underlying mechanisms of health promotion and understanding of the cultural and spatial differences as mediators of the well-being experiences (White et al., 2020; Pitt, 2018; Olive & Wheaton, 2021). Thus, considering the benefits and limitations of this model, my study seeks to apply it to the context of wintertime sauna and ice-bathing in Oslo, the capital city of Norway, to enhance understanding of how well-being can be enabled in different urban and non-urban 'blue spaces.' I will also acknowledge the importance of attending to negative aspects of the experiences, and thus adapt the model to include health-limiting aspects of the dimensions.

3 Methods

3.1 Overarching research framework

The research design was built around a flexible qualitative interpretive/constructivist approach. This leads to examining lived experiences of individuals and how they construct meaning in relation to their everyday lives and contexts. For this study, a constructivist approach was fitting, as it allowed the emergence of complex and multiple perspectives of how individuals' subjective well-being was enabled or disabled as they were subjected to contextualized sociocultural processes (Creswell & Poth, 2017). For this study, a flexible methodology of constructivist grounded theory (Charmaz, 2006) was adopted to provide a guiding framework for the methodology that could be adjusted throughout the research process, thus allowing the emergence of unanticipated topics, responding to the possibility of access issues, and following leads. Ethnographic participant observations and Intensive interviewing in the form of individual interviews were used as the main data-collection methods to generate a set of rich data in the form of 'thick description' (Geertz, 1973) to provide a basis for data analysis. Following Tjora's (2006) suggestion, I used the two data collection methods in an 'interactive' way, thus using observations to suggest probes for interviews and using interviews to suggest leads for observations. Comparing data from the two different sources was also used as a form of cross-checking between two different sources of data (Adler & Adler, 1994, cited in Tjora, 2006). This approach complements the core principle of *grounded theory*: 'constant comparative methods' (Glaser & Strauss, 1967, cited in Charmaz, 2006), which was used throughout the study for advancing emerging theoretical ideas through the identification of similarities and differences.

3.2 Ethical considerations and researcher's role

Ethical considerations for this study were part of the research process from the beginning. They started by applying for ethical clearance from Norwegian Agency for Shared Services in Education and Research (SIKT). The application process consisted of filling out a notification form, where I submitted relevant information about my plans for the research project, the responsible institution, and the procedures for data

processing that I would follow. In addition, I submitted several different documents for assessment, including my research proposal alongside information letters and interview guides for three different samples: participant, non-participant, and facilitator (Appendix D, E, and F). The assessment granted the legal basis to conduct the study, which involved collecting and processing study participants' personal information. In addition to communication with SIKT, additional considerations for general ethical research practice were made. I will discuss these considerations by drawing from Humberstone & Riddick (2020, p.21-32), who discussed the ethical considerations in the areas of 'informed consent; risk of harm; and confidentiality and anonymity.' Regarding the interviews, informed consent was gained by providing an information letter to the interviewees with all the relevant information about the study, data processing methods, and the participant's rights (Appendix B and C). The letter was sent to the interviewees beforehand by email to be read and then signed by the interviewees before the interview was conducted. For the letter, I used a template provided by SIKT, which had suggestions for all the relevant information. The form was then uploaded within the notification form to be assessed. I received an assessment with suggestions for adjustments to my information letter and some clarifications for the notification form, which I responded to. After re-assessing my notification form, I received approval to proceed with the data collection according to the information provided in the form (Appendix A). Regarding the participant observations, the issue of gaining informed consent was more complicated. I had to consider before and during the participant observations whether to adopt an 'overt' or 'covert' approach towards disclosing my role as a researcher to the study participants. As Clark et al. (2021) have noted, the distinction between the two approaches can appear blurred. Before deciding, I consulted SIKT, who was supervising my research process, on how to proceed with the issue of informed consent regarding the participant observations. The advice that I received was that there was no legal requirement to apply for informed consent if I would not collect any personal information that an individual could be identified from. Regardless of this, I was aware of the general ethical research practices and the ethical dilemma of studying participants' behavior without informed consent (Clark et al., 2021). On the other hand, while conducting observations in a public setting with multiple people passing by, I considered it to be intrusive to ask for informed consent

from all the study participants. Balancing these considerations, I decided to adopt a flexible role and engage the setting with 'situation ethics' (Fletcher, 1966, p.31, cited in Clark et al., 2021). I thus emailed the organization leaders, explaining my intention of conducting observations during my public sauna and ice-bathing visits. For this, I received a positive answer. However, I was aware that the organization could not grant consent on behalf of the participants. Thus, I remained open about my role as a researcher when visiting the saunas and discussing with the study participants. I decided to avoid initiating conversations with participants to gain informed consent, as I considered this to be intrusive and possibly cause reactivity among the study participants. This underlines the view that 'in certain situations seeking informed consent may be considered impractical or inappropriate' (Spicker, 2011, cited in Humberstone & Riddick, 2020). The benefit of the flexible approach was that when I was discussing my role as a researcher with the study participants in naturally occurring situations, this opened the opportunity also to recruit participants for individual interviews.

The risk of harm is one of the issues discussed as important ethical consideration. This includes 'physical, psychological/emotional harm, and loss of privacy (Humberstone & Riddick, 2020, p.25). While constructing my interview guide and conducting the interviews, I was aware that some questions might make participants uncomfortable. Therefore, following Charmaz's (2006) advice on conducting interviews, I approached the interviews from the standpoint that 'participants' comfort level has higher priority than obtaining juicy data' (Charmaz, 2006, p.30). This principle influenced my interviewing so that I considered the questions I would present and when to present follow-up questions. For example, I wondered whether it would be appropriate to ask participants' age. I consulted SIKT regarding this issue and received an answer that there would be no ethical problems according to their standards. I decided to shape my question instead of asking their age directly, to whether it is okay if I ask about their age, thus allowing participants to decline to answer that question. In addition, I communicated to the study participants at the beginning of the interview that all questions were optional for them to respond to. As mentioned before, during the participant observations, I was careful not to record any aspects of the observations that could be connected to a specific person. I also followed the general practice of

good manners, politeness, and sensitivity when attending to situations to ensure my presence does not insult or violate their privacy. This included not interfering with participants passing by to explicate my role as a researcher, as I considered this to make participants potentially uncomfortable. However, I was open about discussing my role as a researcher when it came up naturally in discussions with the study participants. All of the research was conducted anonymously and confidential. This meant that no individuals could be connected to the collected data by anyone other than the researcher.

Regarding the interviews, confidentiality was ensured by following a data processing protocol provided by the University of Norwegian School of Sports Sciences. This included deleting the data from the recording and processing devices and transferring them to a secure online server provided by the university as soon as possible. Participants' names were collected when gaining consent by signing the information letter. These letters were kept separate from the other data in a secure place at home with a scrambling key indicating which interview number belonged to which participant.

3.3 Participant observations

I conducted seven ethnographic participant observations during two months between January and March 2023. These consisted of visiting three different sauna and ice-bathing facilities located in the inner Oslofjord area and one ice-bathing location in one of the inland lakes in Oslo. I started my data collection with participant observations in one of the public urban sauna and ice-bathing facilities close to the City Centre of Oslo. I engaged with a suggestion of Charmaz (2006) to use sensitizing concepts (Blumer, 1969, cited in Charmaz, 2006) at the beginning of the observations to sensitize asking for questions related to my initial research interests, including well-being, cultural assumptions, materiality, and questions of power. I thus prepared for the observations by getting familiar with Pred's (1998) theory of 'place,' Brown's & Humberstone's (2015) concept of *seascapes*, and Bell et al. (2015) *interdisciplinary model of therapeutic coastal interactions*. In addition to using the sensitizing concepts, I followed general advice on what to record and focus on during the observations by Charmaz & Mitchell (2001, p.163, cited in Charmaz, 2006), thus being open for new unanticipated topics to

emerge and not be too firmly attached to the initial research interests. Before attending the field, I engaged in reflexive writing, which is an integral part of the interpretive/constructivist research paradigm (Creswell & Poth, 2017). I thus examined my own cultural assumptions regarding the sauna and ice-bathing. I developed an understanding of my positioning as a researcher as a Finnish, white middle-class citizen with a strong cultural background in sauna bathing. I identified this as an important part of the research process, as I later realized that my cultural background consisted of several taken-for-granted assumptions, that I could illuminate and challenge through engaging in the reflexive writing.

Gaining access to the sauna facilities involved purchasing an entrance ticket through an online platform and attending the bathing platform during a specified time with other participants. The level of my involvement as a researcher could be categorized as observer-as-participant (Gold, 1958), as my main intent was to observe the participants' actions and informal talk as it happened in the context while participating in the activities myself. Regardless of the categorization, I did not think of my role as rigid but rather flexible, thus allowing myself to respond to emerging opportunities to engage in informal talk while aiming to keep a critical distance to stay in my primary role as a researcher (Stan, 2020). As I was not accustomed to the sauna and ice-bathing culture in the context that I was researching, I consider myself to have approached it as a cultural outsider. This might have been an advantage in terms of being able to maintain 'critical distance' and to observe practices and behaviors taken for granted as a 'cultural insider.' The challenge potentially associated with being a cultural outsider, and something which I underestimated from the beginning was, that gaining access to informants can be a challenge (Thorpe & Olive, 2016). While gaining access to the sauna facilities was relatively simple, the challenge underlines what Clark et al. (2021) have asserted: 'physical access to a research site is not the same as having a social access to it'. As part of my sampling strategy, I was planning to recruit interviewees during my participant observations. Although I was eventually able to do so, from the beginning of the study, it was challenging to engage with the participants to the extent, that recruitment would feel unobtrusive. This resulted in having to reconsider the sampling strategy, which I will discuss further in detail.

For recording the observations, I relied on written field notes that I produced on a computer as soon as possible after arriving home from the observational visits. My initial research interests, guided by the chosen theoretical lenses, provided me focus on what to record. While I was aware that writing the field notes as soon as possible would be recommended to preserve the vividness of the observations, as Thorpe & Olive (2016) have noted, researching physical cultures poses unique challenges for recording observations and thus, flexibility and creativity should be implemented to meet the challenges. As my participant observations involved participating in the activities by sitting in a hot and moist room, sweating, and going outside ice-bathing multiple times, it would have been very impractical for me to write field notes on location without giving a strange appearance while acting out of context. Tjora (2006, p.433) has suggested recording both descriptive notes of the observed events without researchers' interpretations and analytic field notes separately to include researchers' thoughts and reflexivity. As my research strategy was built around grounded theory methodology (Charmaz, 2006), which involved initial coding and memo writing, I decided to record mainly descriptive field notes and engage with the analysis separately, which I will describe further in detail.

3.4 Individual interviews

My approach to the interviews was based on a method of intensive interviewing, which has been recommended for 'in-depth exploration of particular topic or experience' and thus, being a suitable method for interpretive inquiry' (Charmaz, 2006 p.25). Adopting a grounded theory perspective, my attitude towards interviewing was to aim for a balance between open-endedness allowing for unanticipated topics to emerge while directing focus towards the topics of interest in relation to my research questions (Charmaz, 2006). To achieve this, I constructed an interview guide with series of open-ended questions, directing the conversation towards significant themes, while remaining flexible to explore emerging unanticipated topics with follow-up questions. This could be loosely categorized along a continuum of individual semi structured and individual unstructured interview (Smith & Sparkes, 2016). I then kept revising the interview guide throughout the research process in accordance with the emerging themes of interest. As a result of the revision, I needed to submit the interview guides

several times to SIKT for re-assessment. The custom of submitting the interview guides to the institutional review boards has been discussed to be 'inconsistent with the emergent nature of qualitative research in general and grounded theory methods in particular' (Charmaz, 2006 p. 30). While I agree that some of the emerging topics explored through follow-up questions could not be anticipated and thus revised by SIKT beforehand, through the continuous revision process, the most significant emerging topics were communicated in the following interview guide that was submitted for revision. From a practical standpoint, the revision process of the interview guides, in this case, was not problematic, as I most often received an assessment for each revision within a day (Appendixes A, D, and E).

In addition to the focus on the grounded theory approach of intensive interviewing, I found the general advice from Smith & Sparkes (2016) on how to construct an interview guide useful. Following several points of advice, I developed a guide with a few open-ended questions, covering the main topics of interest with some optional 'pocket' questions to keep the conversation flowing if needed. I followed a 'funnel' approach in the arrangement, thus beginning with broader questions while progressing towards more specific ones. After implementing several different points of advice on constructing the guide, I tested the guide and the adopted style of intensive interviewing by doing a pilot interview with a friend, having a possibility for feedback afterward. After positive feedback from the pilot interview and after listening to the interview tape afterward, I concluded that my approach was working well. Thus, I felt prepared to conduct the interviews with the study participants.

My sampling strategy was based on purposeful sampling while in addition employing other sampling strategies flexibly when needed (Creswell & Poth, 2017). In practice, this meant that as a starting point, I would select the study participants and locations according to their potential to provide information related to my research interests. For this purpose, my aim was to include individuals who had experiences of sauna- and ice-bathing in Oslofjord or individuals who are facilitators of sauna and ice-bathing in Oslofjord. Applying these criteria, I employed a mixed strategy of opportunistic and convenience sampling (Creswell & Poth, 2017). Thus, I was prepared to use the emerging opportunities during my participant observations, to approach potential interviewees and ask about their willingness to participate into an interview

later. This way, I was able to recruit two interviewees. However, as mentioned before, it was challenging to recruit many study participants during the observational visits. I thus applied a strategy of convenience sampling, thus contacting potential interviewees that would meet the inclusion criteria through my personal social networks and through social media. The latter consisted of posting to three different public Facebook pages related to sauna and ice-bathing in Oslofjord, including brief information about my study and that I was looking for study participants. I approached those who expressed their interest in participating with a private message providing more information about the study and a suggestion to meet regarding the interview. Through this method, I was able to recruit three interviewees. For the sample of facilitators, I approached different organizations by sending an e-mail to their addresses, which I found on their organizational web pages. Through this method, I was able to recruit one interviewee, while other facilitators that I contacted expressed being too busy to be able to participate in an interview. Due to the limited time available for this study, I did not have a sample of non-participants.

I arranged a meeting with each interviewee physically in various locations such as office rooms available for the participants, at public cafeterias, and once at the participant's home. I sent the study participants an information letter before the interview with all the necessary information about the study and data processing. I then took the letter to the meeting to be signed by the study participants, thus giving consent to participate. I recorded the interviews with a mobile recording device, which I had tested during the pilot interview. In addition, I tested the device's basic functionality each time before leaving for the interview. I was carrying spare batteries for the device and was prepared to use my mobile phone as a backup recording device. When recording in places that had ambient noise, such as cafeterias, I tried to be mindful about choosing a place with the least amount of noise. Regardless that this was not always possible, the experience from the pilot interview was helpful. According to that, I knew that the recorder worked reasonably well in relatively noisy environments.

In addition to having the interview guide, I followed a set of general advice from Smith & Sparkes (2016) on how to conduct interviews. These included, for example, being mindful of my appearance and first impression, engaging in informal talk to make participants feel welcome and comfortable, accepting to drink a cup of tea or coffee

together, and employing empathetic, active listening. While I was aware that I could not possibly internalize all of the advice, I found it useful to get familiar with it and thus be able to adjust my interviewing style as I proceeded with the interviews. Before starting with the interview questions, I introduced the topic again, including a short summary of the research ethics, anonymity, and confidentiality, as well as providing the possibility to ask any questions. I explained the idea of the interview being partly structured by the questions while the interviewee would be advised to talk freely about their experiences. In total, I conducted six individual interviews with five participants, who had various experiences of sauna and ice-bathing in the Oslo area and one facilitator of sauna and ice-bathing facility by the inner Oslofjord. After each interview, I transferred the audio files to my computer and transcribed them into text using an automatic transcription software called Macwhisper. The software transcribed the audio into a text, which I revised by listening through the audio while correcting any errors that the transcription process had consisted of. This allowed me to familiarize myself with the data and begin the process of thinking analytically. I then engaged with the process of Initial coding (Charmaz, 2006), which I will discuss in the following section.

3.5 Analysis

In my approach to the data analysis, I followed a grounded theory coding approach loosely divided into three different phases: initial coding, focused coding, and theoretical coding. I started the analysis after the first observation and continued the process throughout the data collection. To further facilitate the analytic process, I implemented the methods of constant comparison and memo writing throughout the analysis (Charmaz, 2006). I conducted the analysis using a computer-assisted qualitative data analysis software called NVivo. The benefits of using dedicated software for analysis have been previously discussed to include, for example, increased efficiency of coding and retrieval of codes, highlighting connections between the codes, and generally 'enhance the overall research process' (Clark et al., 2021 p.550). Supporting these suggestions, personally, I found using the software to facilitate more complex, efficient, and organized analysis in comparison to my previous experience of using word-processing software and printed texts.

I started the analysis after the first participant observation by uploading my field notes into NVivo. In this phase, I approached the coding by following the general principles of Initial coding (Charmaz, 2006), which together aimed to remain open to analytical ideas emerging from the data and avoid forcing the data into pre-existing theories or categories. As recommended by Charmaz (2006), for coding observations, I coded the field notes from *incident to incident*. Thus, instead of labeling each line of text, I labeled occurrences of significant events. While the data collection progressed with more observations, I implemented the principle of constant comparison (Glaser & Strauss, 1967, cited in Charmaz, 2006), thus comparing the codes to similar and dissimilar events from the other observations. This facilitated a process of developing the codes, moving back and forth between the data and the codes, sometimes making changes to the initial codes, re-categorizing data under different codes, and removing codes that were repetitive or unnecessarily overlapping. In grounded theory methodology, this would also be considered moving towards the phase of focused coding, thus illuminating the idea of moving through the phases as a non-linear process involving back-and-forth movement and overlapping (Charmaz, 2006). To facilitate the development of focused codes, I implemented memo writing (Charmaz, 2006) to facilitate analytical thinking about the relationships between the data and the codes. In addition, I used emerging theoretical ideas for developing my interview guides.

While moving towards developing theoretical ideas through the process of focused coding, I decided to approach coding the interview transcripts differently. This was due to the time-consuming nature of the initial coding process that tended to result into ever growing number of codes that had to be categorized and sorted. These problems have been previously associated with coding qualitative data (Clark et al., 2021). I thus coded the interview transcripts by applying the focused codes directly in some of the data fragments, while applying the principles of initial coding regarding the fragments that presented previously unexplored ideas. In this way, I was able to continue developing my emergent analytical ideas parallel to being open for exploring unexpected new topics. Moving back and forth between the focused codes and the newly established initial codes, I continued with the constant comparison and memo writing to develop the emerging analytical themes.

After coding all of the observations and interviews, I engaged with the final phase of the coding process: theoretical coding (Charmaz, 2006). In this phase the possible relationships between the focused codes are conceptualized by integrating them into a theory, thus constructing a coherent analytical story. In this phase, it is important that the analysis facilitated through focused coding is used to indicate which theories are used to describe their relationships. I thus aimed to follow the principle of Glaser (1978, cited in Charmaz, 2006 p.64) who asserted that 'theoretical codes must earn their way into your grounded theory.' Implementing these considerations, I integrated my focused codes with two complementary theoretical frameworks: the *extended therapeutic landscape concept* (Völker & Kistemann, 2013) and the *interdisciplinary model of therapeutic landscape experiences at the coast* (Bell et al., 2015). I thus integrated my focused codes within the categories of immersive, symbolic, social, and achieving experiences (Bell et al., 2015) with sub-categories of health-enhancing and health-limiting aspects (Völker & Kistemann, 2013). I then engaged again with memo writing to explicate the relationships with my focused codes and associated theoretical frameworks. While continuing with the *constant comparison*, these memos were developed into the final analytical discussion and presentation of the results.

3.6 Strengths and limitations

The strength of this study is that it followed a systematic approach to data collection and analysis, relying (but not limited to) on grounded theory methodology (Charmaz, 2006). This helps to enhance the transparency of the research process, an aspect that many qualitative studies have been criticized for (Clark et al., 2021). However, while acknowledging the constructivist approach, the replicability of this study cannot be claimed as the reality of the studied world was assumed to be co-constructed with the research participant and the researcher. This limitation is a common feature of qualitative research in general (Clark et al., 2021). Another aspect commonly related to qualitative research (Clark et al., 2021) and related to the constructivist and flexible research approach is that an element of subjectivity in how the research process was taken forward was inevitably part of conducting this study. While discussing this subjectivity in relation to the grounded theory approach, Thorpe & Olive (2017, p.126) suggested that this does not need to be seen as a limitation as long as 'reflexivity and

awareness of the strengths and limitations' of the theoretical lenses used are attended to. However, while the researcher was engaging in a reflexive process trying to identify all of the underlying assumptions that inform the decisions of the research process and being aware of the sensitizing concepts informing the study, lacking systematic approach to the reflexivity and theoretical lenses resulted in an inconsistency in the reflexivity, which I acknowledge as a limitation of this study. Another common limitation that arises from the qualitative interpretive nature of this study (and from a relatively small, self-selected sample of participants) is that no statistical generalizations can be made from the data. This means, that the data presented in this study is not representative of any specific population of participants. However, it can be said that this study can provide insights, that 'can be seen to be instances of a broader set of recognizable features' and thus can engage in so-called *moderatum generalizations* (Williams, 2000 p.215, cited in Clark et al., 2021). One of the strengths of this study is that, by employing two different data collection methods, it allowed for cross-referencing or '*triangulating*' some of the results (Clark et al., 2021, p.364), thus potentially increasing the *credibility* of the results. The benefits of this have been discussed to increase confidence in some of the results by finding 'correspondence among different methods and data sources' (Clark et al., 2021, p.364). The triangulation in this study was limited to the data collection methods and the researcher's assessment of the data. To further increase the *credibility* of the results, the data could have been submitted to the study participants to validate them through a method of *respondent validation* (Clark et al., 2021. p.364). However, the limited time and resources available for conducting this study did not allow for implementing this measure.

4 Results

4.1 Social experiences

4.1.1 Health-promoting

One of the prominent ways that the study participants' well-being appeared to be enabled was through socializing with other participants. This theme emerged through all of the participant observations as well as through the interviews. One of the excerpts from my field notes summarizes the prevailing social behavior that I observed during my urban sauna visits: *'Most of the people were together with someone and were socializing. There seemed to be a good social atmosphere filled with lively social interactions and lots of talking.'* The city saunas were perceived as sociable places by all of the interviewees. They were described as both places to meet with existing friends and also to meet new people and talk to them casually. Many participants had company with them, while some came alone. Conversations between acquaintances as well as joint conversations with strangers occurred regularly. One of the Finnish male interviewees in his 30s described socializing as one of the three motivating factors for him to visit the urban saunas regularly:

And the third is that kind of social aspect. That it is nice to visit, as there you meet.. In sauna, it is somehow easy to talk to people. There you always see some new people. Then it happens that you talk to them easier than maybe in other places. I think in those public saunas especially is that kind of comfortable feeling.

Another male interviewee in his 30s from the Czech Republic was using the urban saunas as a space to arrange regular meetings with a group of friends:

Yes, we have started I think two three years ago.. That time in Salt and it was something we really tried to do it regularly, so every Sunday it was like a little rite for us to go to sauna, have a chat there, maybe beer after, not always but sometimes. And it became like a little habit.

Such places that can facilitate informal, spontaneous social interactions outside home and work have been termed 'Third places' (Oldenburg, 1989, cited in Gardner, 2011 p.266), and have been shown to contribute positively to the well-being of aging

neighborhood residents (Gardner, 2011). An excerpt from an interview of a male in his 70s illuminates the urban saunas functioning as a 'Third place': *'And socializing with the people in the sauna. It's not difficult to talk to them and exchange thoughts about swimming and sauna and also many other things as well.'* A female interviewee in her 40s described enjoying undemanding social interactions in the urban saunas while also seeking safety from the other participants during her sauna and ice-bathing:

Yeah, I think it's I like as a person I like to be social but I also can be alone so, you don't need to have like company in the sauna. But I like also when there are people, like listening to what they talk about and get to know some new people, what they're doing for a work or living. And that's very uncomplicated because you're talking there and then, then you're finished.

But mostly I seek the company for safety. And I also try to... If I see other people who are alone, I ask them if we shall join each other. So we just have a watch, just see how it's going. So we follow each other when we go out for swimming and inside to the sauna again.

While other public spaces such as cafes, urban parks, and post offices have been discussed as 'Third places' (Gardner, 2011), some interviewees expressed that saunas initiate informal conversations more often than other public places, suggesting that urban saunas might have enhanced potential to initiate social interactions. A male participant in his 30s from the Czech Republic discussed how social experiences in urban saunas had contributed to his understanding of sauna as a social space:

I don't know why it is like that. And there is quite... not a lot of people but definitely more people I met and talked to in sauna than in a restaurant or cafeteria or other places... or at a barbershop. So, there is definitely something that makes it easier to access or accessible maybe that's the right word, but makes these social interactions stronger in sauna, which I like and I kind of learn to understand sauna as a semi-social space.

4.1.2 Health limiting

Although the social nature of the urban saunas was mostly perceived as health-enhancing, some aspects related to sensations of crowding appeared to limit participants' well-being. A male interviewee from the Czech Republic in his 30s

expressed being sometimes disturbed by noise in the saunas while trying to focus on relaxation and the heat:

And then when the brain needs to kind of cope with all the sounds as well, for me it is kind of unpleasant. So, I think too many noises that I would say is something that is lowering the experience and, which goes hand in hand with far too many people. Because when it's like butt to butt in a way in sauna and everybody talks to each other, then it's like, it can be unpleasant. But not necessarily like, if there's 30 people that kind of keep it more or less quiet and like, decent communication is fine.

Strategies that he employed to cope with the discomfort were either to switch to a different sauna if such was available or to quit early. During my participant observations, I visited different urban saunas, from which some of the organizations had options to choose between different sauna rooms. However, the availability of the alternatives varied depending on the number of private bookings, so this option was not always available. A male Interviewee in his 70s discussed a sauna room in one of the organizations that was dedicated to silent bathing:

Sometimes they tell you... there are many saunas down there, you know... Several buildings, or several little huts or whatever, it's on the water. And sometimes it's a sign of today's a silent sauna because some people don't want to talk. Hehe. Silent sauna, yeah.

In addition to the occasional possibility for a silent sauna, the way one of the sauna organizations was managing the issue of noise disturbance was by providing a written sauna etiquette. One of the rules that was written on the board available for the visitors to read suggested to *'take in consideration the others and remember that some participants appreciate tranquility in the sauna.'* Although, during my sauna visits social talk appeared to be dominant, there was an occasion during one of the participant observations when silence in the sauna appeared to be embraced naturally. This appeared to occur simultaneously in one of the sauna rooms with intensely high temperature. An excerpt of my field notes illustrates this: *'It seemed that people were mindful about the silence, and when the participants spoke to each other, they almost whispered. It seemed like that the silence was valued.'* Different sauna organizations had different sets of sauna etiquettes. During one of the participant observation I visited a

sauna that notably did not have a mention in the sauna etiquette about appreciation of tranquility. During this visit, I observed one of the older female participants getting disturbed and leaving the sauna during the first 20 minutes of the normally 2 hours long experience. An excerpt from my field notes illustrates the situation that was observed and discussed by me and a friend of mine:

There was an older lady in the sauna that seemed to be annoyed by the amount of noise that the other participants were making. She had then suddenly left the sauna, and my friend noted that she had given him a frustrated look before she left. My friend told me that he had discussed with the lady before during another sauna visit, and she had been sometimes disturbed by the noise in the saunas. She had said that sometimes people play club music there and thus she used to come before the others to put on calm music instead. My friend guessed that the lady had put the classical music that was playing in the sauna to avoid the possibility of someone playing other more disturbing music. After a while, the music stopped playing as the lady had walked away.

During the sauna visits, finding a desirable place to sit was sometimes challenging when there was only one sauna room available. It was written in the sauna etiquette, that participants must sit on a towel inside the sauna. This resulted in situations where the participants would go swimming or cool down outside and, while doing so, leave their towel on the seat thus practically reserving that place to return to afterward. Thus, to have adequate space, some negotiations, and practical solutions became necessary, as an excerpt from my field notes illustrates:

I saw empty seats filled up with towels, and I wondered if it is okay to sit on the top shelf as well. Some other people said that the places are occupied by one male and two females. My friend then suggested to make space for me, and we squeezed closely together so that I could fit.

During another sauna visit, my friend and I had been negotiating our ways to find a sitting place. Afterward, while discussing with another Finnish participant, he commented critically on the customs of using the towels:

He said that if it would be in Finland, this kind of reserving the sitting places with a towel would not work and that someone would just throw the towels away if that kind of thing would happen. I commented that it is interesting, as I thought

about that too few minutes ago, that the towels kind of seem to function as a way to reserve a sitting place. I also noted that it is in the rules that you should sit on a towel, so it might be somewhat of a consequence of that, that this kind of thing happens, maybe unconsciously. He answered: "true, maybe it can be that too, that people don't just do it because they want to be annoying."

The custom of reserving a sitting place with a towel appeared to challenge the Finnish participant's cultural understanding of fairness. Being accustomed to Finnish sauna culture myself, my views were challenged too, as since my childhood, it had been an unspoken rule that if you leave your sitting place in a sauna, it is free to take for someone else. During the beginning of my participant observations in the urban saunas, I noticed that it was rather challenging to find available time slots for the public sauna sessions. I thus had to learn to adapt and plan my visits either a week in advance or try to access the canceled bookings 24 hours before the desired time. Two interviewees had experienced a similar challenge while trying to book the tickets. A Finnish interviewee in his 30s described that it had recently become increasingly difficult to find available times:

I have noticed that lately, just during the few previous months, it has been more difficult to reserve times to those saunas. It feels like they are more popular, and meanwhile, they are limited in numbers. It would be nice if I could like just go to sauna. But nowadays I have to like almost two weeks in advance reserve that ticket if I want to go. That is a thing that I have lately noticed.

Another female interviewee in her 40s who had experienced a similar issue associated the difficulty with the holiday times. The way she was coping was to go to a different location than where she normally visits:

Yeah. I am going there because it was that everything was sold out when it's a winter holiday. I did because I've never experienced before this. It's always some slots you can book, but because of the winter holiday, it was all booked.

The participants were wearing only swimsuits during the sauna and ice-bathing, which was a normalized custom in all of the urban saunas. Although the interviewees didn't express being uncomfortable with the lack of clothes, a discussion about the possibility of self-exclusion for that reason occurred when during an interview, I asked a female participant in her 50s if she had experienced something uncomfortable in the urban

saunas. She described how group composition and one's perception of their own body might lead to discomfort while being unclothed in a constrained space and with other people around:

No, but as I said, we did it like as an after-work event, and I think maybe because we were all women in that group. And I think maybe because you are undressed more or less. I mean in the city sauna, obviously, you have your swimsuit, but you have less clothes, and you can get kind of close in those saunas. So, I'm thinking it's not for all. It might get awkward if there is some awkwardness in the group already or if there's non-gender balance or non-age balance. Or if you're insecure about your body, so the party aspect of it maybe will make some people feel uncomfortable.

When answering a question 'What kind of people go to these urban saunas?', a male interviewee from the Czech Republic in his 30s discussed how certain ethnicities might be absent from the saunas for cultural reasons:

I think throughout age it is quite a broad variety of people. I've seen youngsters, middle-aged, even older, both men and women. But I haven't seen, when it comes to ethnicity, I haven't seen many people from southern or Asian parts of the world. I think that those are quite rarity to see in saunas. And I know from my friends, like from Italy or Spain, that not all of them are very fond of Saunas. It is more like European or Northern, North globe type of thing that maybe the southerners don't usually go to saunas at home so they don't feel the need to go in there. I don't know if it has something to do with traditions maybe.

The interviewee then described how among not enjoying the temperature differences and sweating, being with minimal clothing appeared to be a reason for some of his friends not visiting the urban saunas:

Hot and cold, sweating, sweating maybe naked with other people. That they didn't kind of relax, it wasn't relaxing for them, it was more exhausting.'

Question: 'And did they express this? They were a little uncomfortable with not having clothes?' 'Yes, some of them not having clothes and sweating, and temperature difference and the heat was kind of very uncomfortable for some of them.

For the participants who visit the urban saunas, being social appeared to be mainly health-enhancing. Nonetheless, some potentially disabling aspects occurred, resulting from noise disturbances, difficulties in finding sitting places, and available times that can lead to sensations of crowding. Holiday seasons appear to have an influence on the availability of sauna tickets. Some individuals might experience being social with minimal clothing uncomfortable and thus exclude themselves from visiting the saunas, something which might be influenced by group composition, self-image, ethnicity, or socio-cultural background.

4.2 Achieving experiences

4.2.1 Health-promoting

Previous research has demonstrated how urban waterways and coastal environments have been valued as places to pursue personally meaningful goals in relation to health, fitness, and skill as well as the attainment of more immediate short-term pleasure (Völker & Kistemann, 2013; Bell et al., 2015). Consistent with the previous research, several study participants discussed maintaining good health as a motivating factor for engaging in sauna and ice-bathing in urban coastal and inland waters. During these practices, the study participants challenged themselves physically and mentally while attaining immediate pleasurable experiences. A male participant in his 30s from the Czech Republic described how challenging himself through the heat and cold immersion helped him to achieve positive mental states of focus and a good feeling about meaningful engagement in a health-promoting activity. He associated his sauna and ice-bathing with '*stepping out from the comfort zone*' and '*giving back to the body*', something which provided him a comfortable feeling in return:

Every time I go there it makes me feel that I have to focus and challenge a little bit, which basically I can compare it to going to a gym. So basically, this little step out of your comfort zone, which makes you comfortable in return that you kind of did that, which makes some unpleasant experience, pleasant experience in a way that you are doing something right for yourself.

In contrast to the 'hedonic' approach to well-being by seeking immediate pleasure, the interviewee reflected an 'eudaimonic' conception of well-being in which meaningful challenge is seen to lead toward positive outcomes of self-realization and growth (Ryan & Deci, 2001). According to Csikszentmihalyi (2002), deeply engaging and satisfying experience characterized by a sense of accomplishment can be achieved when individuals' capacities are met with an optimal level of meaningful challenge. This can lead to a 'flow' experience, characterized by deep concentration, personal growth, and intrinsically rewarding experience. In this case, maintaining good health provided the interviewee with a meaningful path towards realizing his potential, thus allowing him to experience mental states of 'flow'. Leaning towards more of a 'hedonic' approach, a Finnish male interviewee in his 30s described attaining a comfortable feeling as his main motivation to practice sauna bathing. In addition to that, he described health-promoting aspects of sauna and ice-bathing being one of the reasons for his regular practice, thus reflecting simultaneously both 'hedonic' and 'eudaimonic' conceptions of well-being:

Probably first is, that I like to visit saunas. I think it is comfortable. That is the most important reason. Then I also see, that especially during the winter the ice bathing, I like to do sports, so I believe that it can help with recovery. These kind of health benefits that one can get from sauna and swimming in cold water are also on the background when visiting there.

Reflecting an 'eudaimonic' approach, a male interviewee in his 70s had integrated ice-bathing without sauna into a daily routine of physical activity, which included bathing, walking, and strength training:

And when I'm finished and some others, they said the same, you walk twice as fast, you have a lot of energy, you know. And I also do 20 or 30, 20-25 push-ups afterwards. No problem. When I have my clothes on, I pump and then I walk. I like to walk a long distance after that.

The interviewee described being motivated to ice-bathe, as it provided him with an activity during the day where he could meet other people and gain an overall good feeling of being active. Ice-bathing thus appeared to support his well-being through multiple pathways of being social, having meaningful challenges, and having a rewarding pleasurable feeling during and after the practice. Consistent with the other

interviewees, his ice-bathing practice thus appeared to be reflecting both 'eudaimonic' and 'hedonic' perspectives of well-being:

Yeah, it's all together. It's very special, the first half hour, the first hour after you come from the ice bath. It's very special. But it gives you also an all-over good feeling that you do it and you use your body, which I try also to do through the walking. I've been outside today walking around here 15 minutes because I try to make a lot of steps.

Consistent with the other study participants, a female interviewee in her 50s discussed the well-being benefits of ice-bathing experienced through physical pleasure, challenge, and socializing. She described how experiencing the challenge of ice-bathing together with someone might have enhanced the feelings of connection to the other people while also stating that being together could help her to achieve a longer duration of cold immersion:

Doing something together, experience something together. I think I can sit longer in cold water when I chat to somebody, so it might be a distraction. I mean experiencing something together is nice. Isn't it? I think so. So, you feel a little connected to the people that you bathe with. Yeah, you do something together and because it is it's not natural is it to go and when your eyes are cold and warm and then take off your clothes and go and dip yourself in ice cold water. It's a little bit weird. I think maybe sharing that experience Because it's a bit counterintuitive. It's not what your body says. It's not natural.

This perspective suggests how different aspects of well-being benefits can overlap and be mutually reinforcing. In this case, aspects of being challenged and socializing appeared to be enhanced by each other. Participants well-being appeared to be promoted through physical pleasure, meaningful challenge, and socializing. Socializing might help to achieve the challenge and also help to make it meaningful. While Interviewees reflected on multiple pathways to promote their well-being through physical pleasure, meaningful challenge, and socializing, the perceived importance of these appeared to change between different individuals suggesting that people engage in therapeutic experiences for different reasons.

4.2.2 Health limiting

Therapeutic experiences arise from the interaction between a particular person and a place, thus having a potential for both health enablement and disablement (Pitt, 2018). The possibility for health enablement varies between different bodies with varying emotional and physical capabilities (Foley et al., 2019) and between the variabilities of race, ethnicity, disability, gender, and class (Juster-Horsfield & Bell, 2022). Moreover, water is a fluid element that exists in relation to its surrounding materials and conditions, thus resulting in complex relations with potentially enabling or disabling characteristics (Pitt, 2018). Understanding how different individuals can experience engaging with water as disabling illuminates how inequalities can permeate the access to therapeutic experiences and develop an understanding of how to promote more inclusive therapeutic initiatives. Thus, in addition to discussing relations to water as therapeutic, it is important to understand the ways in which water can be disabling, potentially resulting in fear, anxiety, and restricted access (Pitt, 2019). Although most of the experiences discussed in my study appeared to be health-enhancing, some disabling aspects were evident during the participant observations and interviews. A female interviewee in her 50s who practiced ice-bathing in inland waters without the support of existing infrastructure of the urban saunas discussed how cutting a hole into the ice to access the ice bath was challenging and had, at times, resulted in a negative experience:

It almost always makes me feel good. Sometimes if I try to force it and it was too much ice, and you end up actually being more about fighting with the ice, and you get cuts, and you spend too much time trying to make you know the hole in the ice, it's a small one, and your toes get very cold and everything. So, few times it's been a bad experience but usually it makes me feel very happy.

As previously discussed, for a person to achieve a satisfying experience during a challenge, the capacities of that person must be met with an optimal level of challenge. If the level of challenge is too low in relation to the individual's capabilities, it can lead to boredom, while too high level of challenge can lead to anxiety (Csikszentmihalyi, 2002). The interview excerpt illustrates how changing conditions of the water at times had resulted in a heightened level of challenge during the ice-bathing experience, thus restraining the possibility of well-being through a pleasurable 'hedonic' experience and

through 'eudaimonic' self-realization process (Ryan & Deci, 2001). As it has been shown, the balance of optimal capacity and challenge is highly individual and varies between different people (Bell et al. 2015). This was also apparent in my study as different levels of adaptation to cold and hot appeared to bring forth both enabling and disabling encounters. A common practice during sauna bathing in the urban saunas was to pour water onto a hot stove filled with rocks. This created hot vapor that spread into the sauna room, thus creating a sensation of heat for an intermittent period of time. A Finnish interviewee in his 30s discussed how at times, he was restricted from pouring enough water to achieve his optimal level of heat immersion during the sauna bathing, resulting from conflicting preferences and different adaptations of the participants to the heat levels:

I think its part of good manners that it is approximately comfortable there in the sauna for everyone. If there is people who doesn't want that so much water is being poured, then myself I don't pour as much water and suffer from it myself. It has not been any situations, but I have heard in the sauna when I have poured water that you must ask before pouring water from everyone in the sauna, that everyone is okay with it. Myself I have kind of used to that water just should be poured at regular times. But of course that which is too much for someone is too little for the other... In my opinion, there should be aimed at intermediate level, that everyone sort of can enjoy themselves.

During the participant observations, I observed various negotiations in relation to pouring the water ranging from verbal negotiations to changing places inside the sauna or leaving the sauna room momentarily. Some sauna organizations had also written sauna etiquette, in which it was required to ask others before pouring water. In addition to the heat immersion, adaptations to cold immersion during the ice-bathing appeared to vary significantly between different participants. During my participant observations, I witnessed various encounters with cold water ranging from swimming for 10 minutes continuously to immersing half of a body for a few seconds. Different individuals experienced the challenge of hot and cold immersion differently and thus needed to adjust their behavior to achieve optimal levels. The interviewee in his 30s from the Czech Republic discussed how some of his friends did not enjoy the heat and cold of the

sauna and ice-bathing experience, and thus excluded themselves from participating entirely:

I think some people just don't like the heat and they don't like to sweat. I think that was kind of the experience that sweating was not their thing or like sweat publicly wasn't kind of. They didn't feel comfortable. I think that was one of those I can remember right now or the reasons for that. And these kind of extreme temperature changes that it wasn't something they would enjoy.

While the urban sauna facilities provided access to ice-bathing, by providing a ladder and a pre-established hole in the ice to swim in, some participants who enjoyed ice-bathing in inland lakes had to gain access to cold water by breaking through the ice themselves. A male interviewee in his 70s discussed how he maintained access to the water by inspecting and cutting through the ice with a tool in one of the popular inland ice-bathing locations:

I've been there on Monday just inspecting how it was because I played football and had lunch with my friends and then sometimes, I go just inspecting how the hole is. It is open. So now it will get warmer. So, it will be easier to break it on the side so it's getting a little bit bigger. And there are always people coming, all the time.

He continued describing how at times the access to the ice bath was restricted for the other participants resulting from the ice build-up, something that I also observed during one of my participant observations while visiting the location:

Once I came from the football ground and I saw there's a person on the. On this what you call it the kind of bridge. And I saw somebody there. And he was without clothes. And he was going down this staircase, but then he stopped and came up again. And when I came to this place, I said, "Well, you changed your mind?" And he said, "No, it's not a place enough for myself." So he was just in here (pointing at a waist), you know. And another time it was in January, It must have been in January, quite cold. And the hole was still quite big enough, but sometimes there comes ice on top during the night, you know. So, I have some tools with me and take it away to keep it maintained.

As the previous excerpts illustrate, access to ice-bathing cannot be taken for granted. It might require facilitation, including the use of specialized tools, knowledge of the conditions, and physical ability to perform the cutting. Although the location in question was relatively accessible by foot as a popular outdoor recreation area, access to the ice bath was unequally available for different individuals at different times. A female participant in her 40s, who enjoyed ice-bathing within the urban sauna facilities discussed how she perceived the barriers to participation being lower for her in comparison to ice-bathing in inland lakes:

I think the good thing because I'm quite a lazy person, the good thing about the urban saunas is like it's so easy and you don't need any equipment. You need a bathing suit and towel and some water if you have. You're staying in the sauna for an hour, so probably you should have some water but that's all you need and then it's like you can just have a little extra bag and do it.

I know some people have, in the wintertime now, at Sognsvann, for example. It's at Sundays, they have an opportunity to have the sauna. But it's a bit far, so it's... People have to use a little bit more time, and then I think you have to be more dedicated.

Although none of the study participants discussed accidents related to sauna and ice-bathing, some expressed concerns about safety and how it affected their behavior. A male interviewee in his 70s perceived a risk of falling over on slippery ice while sauna and ice-bathing on one of the inland waters with a sauna tent:

So, well, this type of sauna is something different because it was set up on the ice. And of course, the ice is melting. So, if you are not careful, and when the water is on the ice and you go into it, you easily fall, you know, it's very difficult to walk there.

A female interviewee in her 50s described always seeking company for safety reasons when bathing in a hole in the ice, while having access to a ladder or a beach with secure access allowed her to feel safe while bathing alone:

So, I would not bathe alone in a hole in the ice for safety reasons. If you walk on the ice and you just lower yourself into a hole. But if I can, if there's a ladder or if there's a beach or there are rocks you can walk on, then I sometimes I will bathe

alone. So, it's got a lot to do with the security, but I do like the peaceful breathing and bathing thing, more than the screaming and jumping and splashing usually.

Demonstrating a different level of risk acceptance, another female interviewee in her 40s expressed the need for company to feel safe also while sauna and ice-bathing within the urban sauna facilities, which included a ladder and other supporting structures:

Yeah, both in a sauna and in the cold bath, you can have some sort of heart attack or like, what you call it, cramp. In the sea so you... I wouldn't believe I would get it because I've been winter bathing like since 2018. But you never know. I thought, I don't think I will get it, but one day something is wrong with me without me knowing it. And then you should never be bathing alone. But also, in a sauna, you can get overheated. And like it's the reason children shouldn't go there alone, for example. They have to be with an adult.

Consistent with the interviewee's concerns, previous research has shown how cold immersion can lead to fatal accidents through several different pathways, including the initial immersion during the first three minutes (Tipton et al., 2017). In this case, one of the interviewees appeared to be willing to accept a higher level of risk and bathing alone as long as a ladder or beach was available. In contrast, the other interviewee expressed needing company in addition to built structures to feel safe while bathing. The way how different individuals accept varying levels of risk can be understood through the way the individuals weigh the expected costs and benefits of safe and risky behavior as well as through the level of dissonance between their target level of risk and the risk they perceive (Wilde, 1998). If assuming that the woman in her 50s knew about the possible risks involved with cold immersion, she might have accepted a higher level of risk to be able to bathe peacefully, as she discussed during the interview associating the urban saunas with undesirable disturbances:

'Now I think the city saunas... I don't know, I just see people being very much partying and taking pictures and, but also, I mean, sober partying as well, apparently. I didn't see a lot of drunk people, that's not what I mean, but it's very social and very much posing for pictures and screaming and jumping and splashing.'

The Ambiguity of the individual adaptations to the enabling and disabling characteristics of sauna and ice-bathing practices support the argument that no place or activity can be regarded as inherently therapeutic (Pitt, 2018). The possibility for therapeutic encounter rather should be seen to arise from the relations between the person and place, in which the sociocultural background and 'materiality of the biophysical world' co-produce the conditions that can be experienced either enabling or disabling (Brown & Humberstone, 2015 p.21). Participants who practiced sauna and ice-bathing regularly appeared to achieve optimal states of harmony between the changing conditions and their individual preferences and thus were able to attain therapeutic experiences of both 'hedonic' and 'eudaimonic' character (Ryan & Deci, 2001).

4.3 Immersive experiences

4.3.1 Health-promoting

Watery environments have been shown to promote well-being through their potential to allow restoration from stress and attention fatigue by providing pleasurable and captivating multisensory stimuli (White et al., 2020). Urban river promenades and coastal settings have been shown by previous research to offer experiences of fascinating and pleasurable immersion that capture attention allowing for mental restoration and relaxation (Völker & Kistemann, 2013; Bell et al., 2015). In addition to so-called 'flow' experiences in which deep engagement and satisfaction result from focusing on a challenge (Csikszentmihalyi, 2002), experiences involving a low degree of challenge and leading to intrinsic rewards can be understood as 'microflow' (Privette, 1983). In addition to being a motivation to engage in health-promoting activities for their intrinsic enjoyment, these experiences of 'microflow' might be suitable to stimulate relaxed 'indirect' focus leading to 'attention restoration' (Kaplan, 1995). Illuminating experiences range from pleasant 'microflow' to more intensely joyful 'peak experiences' (Privette, 1983) the study participants described attaining well-being by engaging with non-challenging, pleasurable aspects of sauna and ice-bathing. Immersion in physical sensations of hot and cold, social conversation and fascination of

nature captured participants' attention and allowed them internally felt states of 'feeling good'. A female interviewee in her 50s described attaining positive mental states of happiness and pleasurable feeling when ice-bathing in one of the inland lakes in the Oslo area:

Happy. It makes me feel happy. You get this warm, cozy feeling and you get quite often happy. And sometimes quite happy and sometimes very chatty and animated. Depends if I'm with good friends and we're having fun, we get kind of overly animated and talking a lot and being in a very good humor afterwards. It almost always makes me feel good.

Another female interviewee in her 40s was captivated by immersion in the alternating temperatures of hot sauna and cold water:

When I'm here, and you also have the sauna, it's such a luxury because you get the switching between the cold and the warm. You get really really hot, and when you get so hot, it's really tempting to have a bath, and you get the switching. You can bathe like four times, three or four times, and go back into the sauna. I just feel so good afterwards when you have been like an hour in sauna and bathing. I just feel good, so I like it. I don't know if it's good for my health or something.

Emphasizing the dimensions of physical pleasure and happiness, these excerpts illuminate a 'hedonic' understanding of well-being (Ryan & Deci, 2001). They can be understood as types of 'haptic restorative sensory experiences' (Bell et al. 2015 p.61). This perspective suggests that by stimulating 'indirect' attention (Kaplan, 1995) through fascination towards the wholeness of the bodily experience, mental restoration can be achieved. Moreover, as Coveney & Bunton (2003, p.163) have asserted, 'pleasure might be considered a motive for human action (or indeed inaction) and is integral to understanding how humans interact with each other and their environment in ways that promote health or create disease'. Supporting this argument, a male interviewee in his 30s described how in addition to more rationalized benefits of health promotion and socializing, feeling good was the main motive for him to engage with sauna and ice-bathing: '*Probably first is, that I like to visit saunas. I think it is comfortable. That is the most important reason.*' In addition to focusing on the bodily sensations, several participants discussed immersion in social conversation as something that stimulated

effortless, enjoyable focus and curiosity towards other participants, thus having the potential to allow mental restoration. An excerpt from an interview with a male participant from the Czech Republic in his 30s illustrates the fascination towards being social in the urban saunas:

Then you also have this kind of social aspect, which is not any challenge for me at least, but that is kind of the bonus of going to a public space where you can meet people and just observe or listen or just maybe you can calm down.

Likewise, a female participant in her 40s enjoyed focusing on social conversations without the need for commitments:

I like also when there are people like listening to what they talk about and get to know some new people, what they're doing for a work or living. And that's very uncomplicated because you're talking there and then, then you're finished.

While most of the participants discussed experiencing the conversations as positive, in some instances, they were experienced as distracting or unpleasant. This illuminates how sounds experienced as either enabling or disabling can be highly subjective and contextual (Passchier-Vermeer & Passchier, 2000). Some participants that had experiences of both ice-bathing within the urban saunas and in inland lakes discussed how being in 'nature' enhanced some aspects of their experience. A female participant who enjoyed ice-bathing in inland lakes discussed being out in 'nature' as one of the contributing factors to 'feeling good':

I'm almost always happy when I'm being out in the nature, so it might be that as well. I'm not sure if I would get the same pleasure from sitting in a bucket with ice water indoors. Yeah. I know it wouldn't be the same because I have tried that also. Saunas and you know this indoors cold pools in saunas. Yeah, it's not the same, really. It feels good. It feels good, but it doesn't feel good in the same way bathing outdoors does best.

Natural environments away from urban settlements have been suggested as particularly suitable for attaining restorative experiences. The concept of 'being away' suggests that a change from what is experienced as 'familiar' can facilitate fascination and thus allow 'attention restoration' (Kaplan, 1995). Supporting this view, a male participant from the Czech Republic in his 30s who enjoyed visiting saunas in urban settings and less developed areas described having experienced 'a big difference'

between the two settings, offering different aspects of enjoyment. He associated the urban saunas as a place to socialize, while being away in 'nature' as providing enhanced relaxation and focus on the physicality of the experience:

Yeah. And the nature experience is also really about experiencing something really unique or something like pristine maybe. There you can feel even more in connection, kind of, and mindset is also more switch on to the sensation of sweating. It is more turned on to the sensations in a way. Maybe also because it's more quiet, I think sauna and like the nature and wilderness together makes it even stronger.

Likewise reflecting a 'romantic' conception of 'nature', a male interviewee distinguished going to urban saunas and ice-bathing without them as two different things: *'I call it two different sports, and everybody agrees on that. Because you are just in nature, nothing else. When you go to the sauna, okay, you have inside, you are social, everybody is talking to each other.'* Although participants distinguished the conceptually different settings of 'nature' versus 'urban', this view was challenged in some instances when 'being social' occurred outside of urban sauna facilities as well while the fascination with natural elements could be experienced during the urban sauna visits. This is illustrated in one of the excerpts from my participant observations where a companion of mine discussed the star constellations together with the staff of the urban sauna facility:

We continued being in the sauna and talking to each other and to the others. The sauna master was discussing about the star constellations with my friend, as the stars were visible, and the sky was clear. I exchanged some conversations about the stars with my friend as well.

4.3.2 Health limiting

Challenging the early discourse on 'blue spaces' in which watery places have been seen as inherently therapeutic, the relational perspective suggests the possibility for enablement arising from the interaction between a person, activity, and a place (Pitt, 2018). Individuals connect to a place through their senses, thus gaining information about their surroundings (Phoenix & Orr, 2014), suggesting an understanding of enablement as 'highly contextual, socially, economically and materially' (Coveney & bunton, 2003). It has been asserted that urban waters might have specific issues

regarding their potential to enhance well-being, one of the problems concerning bad water quality (Pitt, 2018). Several study participants discussed their experiences of dirty water in the context of urban saunas. One of the female interviewees in her 50s discussed how she had jumped from a pier to the sea alongside one of the urban saunas and experienced a sudden unpleasant taste of dirty water:

So, I jumped in and it just felt like all that dirty water was pressed... It tasted like pee in my head. It was like all my sinuses were just filled with pee. I don't know, it just felt disgusting, it tasted disgusting. It just... I mean birds poop in it and... I don't know, it's just... It's not... I thought it was disgusting. I just thought it was disgusting. I would never... I've never been bathing there in the summer either. I wouldn't. I grew up here, I would never... You want to go swimming further out the fjord where it looks a little bit cleaner. Because you see all the garbage, you know, it will always collect. The garbage will always collect in the end of the fjord, around the Opera.

All interviewees described the dirty water in the inner Oslofjord area. They negotiated the issue in various ways, such as: bathing further away from the inner Oslofjord, avoiding immersing the head, trying not to think about the issue, and taking a shower after swimming. A female interviewee in her 40s discussed how one of the sauna organizations had issued a warning during a specific time about the bad water quality with a recommendation to shower after bathing:

And they also have, last time when I had the sauna, they had like a warning, it was you have to shower after being bathing because the sea wasn't healthy at the time so sometimes you have to shower it off. Sadly, it's uh... it's really uh... not good the sea out here.

Similarly, a male interviewee from the Czech Republic in his 30s negotiated the dirty water by consistently taking a shower afterward and sometimes reducing the amount of bathing as a result of getting annoyed by the smell of the water:

When it gets really smelly. When you see some, I don't know, some bottle or something floating in the sea or in the fjord, then you don't really want to jump there, right. So, for me it is not about swimming, especially in the winter I just dip in 30 seconds and go out, so I don't swim that much. But of course, if the water gets smelly then it affects the experience from it. And then I kind of consider if I

go there again into the water or if I just take the shower. Because that can get quite annoying. When you get out from the water and then you're like, "Oh shit, am I having some kind of shit on myself."

Both sensory experiences of a bad smell and a more rationalized understanding of the fjord as dirty contributed to the perception of the unclean water. In addition to experiencing a bad smell at times while bathing and seeing small pieces of trash floating in the sea, a Finnish interviewee in her 30s discussed how the waste from the city would inevitably end up in the fjord:

Well, just from that there is that river beside that flows down to the fjord. And when walking there in the city, you can see what all kinds of trash and waste comes from the city. And anyhow, some will flow down into the fjord, all of it doesn't go through some cleaning process. This way I have rationalized it.

How the interaction between a person and the environment can be experienced as enabling or disabling can be understood by the 'compatibility' (Kaplan, 1995, p.173) (or the lack of it) between the person's motives for the engagement and the extent in which the characteristics of the environment or 'affordances' (Gibson, 1979/1986) matches to accommodate the purposes desired by the person. According to Kaplan (1995, p.173), an environment experienced as 'restorative' needs to have a sufficiently low level of 'ambiguousness' and 'distractions,' thus allowing the desired purposes to be fulfilled without constantly engaging in problem-solving. This allows the mind to rest and replenish while focusing on the non-demanding pleasurable aspects of the experience. While the study participants appeared to gain primarily positive experiences of the urban saunas, in some contexts, the restorativeness of the experiences had been compromised. Supporting this view, an excerpt of an interview with a male participant in his 30s from the Czech Republic illustrates how sauna and ice-bathing away from the city environment with 'quite a lot of distractions' allowed him to experience a more enhanced sense of relaxation and sensory awareness in comparison to bathing within the urban saunas:

The nature experience is also really about experiencing something really unique or something like pristine maybe. There you can feel even more in connection, kind of, and mindset is also more switch on to the sensation of sweating. It is

more turned on to the sensations in a way. Maybe also because it's more quiet, I think sauna and like the nature and wilderness together makes it even stronger.

A female participant in her 50s, who had a negative experience of negotiating the dirty water while visiting one of the urban saunas by the inner Oslofjord described how further away from the city center with better water quality, she was able to enjoy the bathing experience:

I think it might be just outside of Oslofjord, it might be Bærum, probably it's a Bærum where they all have pretty new saunas. I was ice skating there, and I saw that they had this really really big hole in the ice. So, I thought I would just go there and try the sauna and the big hole in the ice. So that was nice. It was a bigger sauna, and they had this glass window where you can see the fjord, and the water is much cleaner there.

4.4 Symbolic experiences

4.4.1 Health-promoting

How different contexts can evoke health-enabling and disabling experiences can be understood through how socio-cultural understandings promote or restrain certain behaviors, views, and perspectives. Through 'socialization,' individuals absorb and reproduce shared understandings and ways of being (Pred, 1998). Through this process, different contexts, such as specific places or activities, can be granted 'symbolic' meanings that can influence individuals' behaviors and feelings (Bell et al. 2015). For example, Gesler (1996) discussed how natural and human-made environments, historical events, cultural beliefs, social relations, and personal experiences have historically contributed to certain places being granted a reputation as 'healing places.' Several interviewees discussed understanding the urban saunas predominantly as social places. For example, a male interviewee in his 30s from the Czech Republic described sharing the view of urban saunas as social spaces with many others:

Yeah, definitely. I think, I know we all agree that saunas work like that, and it is quite social place. Of course, not everybody likes to talk to strangers, so

somebody is more kind of closed or introvert, while others like to open up and just talk freely. And I think sauna just enhances this attitude.

The interviewee continued to speculate how lack of clothes and other items that might contain symbolic meanings might facilitate enhanced accessibility for social interactions in the urban saunas: *'You don't have your phone, you don't have your watch, you don't have any money there. It is really like. Meet people almost naked, and no prejudices cannot break on about anything.'* While sharing the perspective of urban saunas as social space, several interviewees discussed the urban saunas as the polarizing opposite of being out in 'nature,' thus reflecting a Western European understanding of nature as 'wilderness' a 'moral counter-world to culture' (Kirchhoff & Vincenzotti, 2014, p.444). For example, a male interviewee in his 70s discussed urban saunas in relation to the practice of ice-bathing as 'two different sports': *'I call it two different sports, and everybody agrees on that. Because you are just in nature, nothing else. When you go to the sauna, okay, you have inside, you are social, everybody is talking to each other.'* A female interviewee in her 50s contrasted her understanding of the urban city saunas associated with *'posing for pictures and screaming and jumping and splashing'* with sauna and ice-bathing in one of the inland lakes as *'peaceful breathing and bathing'*:

It's a more holistic, it's not a partying thing it's... it's much more mind thing. It's a different culture, you know, we have the partying, and you have the, at least that's how I see it, You have the party people, the drink and do the sauna in the fjord and you have the polar bears, very tough people... And social bathers and then you have more of this mind thing that maybe will go out in moonshine and do the breathing and sauna and ice bathing thing.

Similarly, a male interviewee in his 30s from the Czech Republic discussed his understanding of urban city saunas and saunas away from the urban environment reflecting a dualism of 'social-nature'. In contrast to urban city saunas, which he perceived as encouraging social interactions, he described how saunas in the 'wilderness' drew his attention to a sensual bodily experience:

And the nature experience is also really about experiencing something really unique or something like pristine maybe. There you can feel even more in connection, kind of, and mindset is also more switch on to the sensation of sweating. It is more turned on to the sensations in a way. Maybe also because

it's more quiet, I think sauna and like the nature and wilderness together makes it even stronger.

How symbolic meanings might enhance restorative aspects of the sauna and ice-bathing experience can be understood through the extent to which they can promote a perception of 'being away' through a conceptual shift or a 'gaze' different enough from how the normal, everyday environment is perceived (Kaplan, 1995). Supporting this perspective, another excerpt from the interview illustrates how the interviewee's perception of natural elements, lack of other people, and relative self-sufficiency of experiencing the 'wilderness' saunas constituted a stark conceptual contrast in relation to the experience of urban saunas:

There is quite a big difference because in nature, especially when it is those saunas which you need to heat up yourself, and you are there alone on the mountain, 1000 meters high above the sea, near to a little spring where you can also bathe, it is a totally different experience than having a sauna in the city center with 30 other people. So, then the relaxation is even higher and more enhanced. Together with nature or experiencing the nature, it is much more raw experience bathing in a cold spring and trying to heat up the sauna yourself. So, I would say it is quite a big difference between these two experiences.

4.4.2 Health limiting

As discussed in another section describing the immersive experiences, in addition to sensory experiences of the unclean water, some of the participants discussed how the reputation of inner Oslofjord as polluted affected their perception of it. For example, a female participant in her 40s described how knowing about the environmental problems in Oslofjord might be a contributing factor for 'not feeling good' about the water quality:

And probably it's also, because I know this is a big problem in Oslofjorden and Bunnefjorden about some environmental problems. So, it can also be because I know it is not a healthy fjord I'm swimming in now. But I try to not think about it and just swim. Yeah, but it's sad. It's not good.

Another female participant in her 50s described how a single experience of bad water quality while visiting one of the urban city saunas reinforced her understanding of the inner Oslofjord as polluted:

I grew up, as I said, around the Oslofjord. I've been here all my life, and never ever did I stand in the inner part of the fjord and look down into that water and say "yes I need to go in there." It is absolutely disgusting! But suddenly, you have all these sauna things, and we did jump into the water, and it was really disgusting! It's very dirty, cityish water. So yeah, no that was not a big experience.

Pred (1998) noted how multiple, sometimes conflicting sociocultural understandings are reproduced through actions in different contexts. This draws attention to how power relations can affect how well-being in place can be enabled or disabled. For example, illuminating conflicting understandings of normal behavior in the context of sauna and ice-bathing, a Finnish interviewee in his 30s discussed how pouring water onto the hot rocks to create steam inside the sauna sometimes resulted in negotiations and disagreements over the desired outcomes:

It has not been any situations, but I have heard in the sauna, when I have poured water that you must ask before pouring water from everyone in the sauna, that everyone is okay with it. Myself, I have sort of used to that water just should be poured at regular times.

During the participant observations, which I attended with the Finnish interviewee, I got to observe some situations where the expectations of pouring water generously on a regular basis in contrast to always asking others before pouring, and pouring moderately conflicted, thus resulting in a struggle over power. An excerpt from a participant observation in one of the urban saunas illustrates how participants negotiated their different preferences by drawing from the discourses of shared cultural understandings:

My Finnish companion liked to pour quite a bit of water on to the stove. Some of the other sauna users didn't seem to be as comfortable with the heat that pouring the water produced. Thus, one of the female participants told him that he must ask others before pouring water. He then asked, and two of the group of four participants agreed. People who did not want water to be poured relied on

an argument that because Norway is a democratic country and because they were females, their body temperatures are naturally lower and thus cannot withstand as much heat as male bodies. Thus, they argued that my companion must be more careful with pouring the water. The female participant then offered to pour the water herself, and afterwards she did pour little bit water to the stove.

In this case, the participants appeared to reproduce and contest their differing cultural understandings through actions and by asserting their views by subscribing to different discourses. Firstly, a Finnish discourse of sauna bathing, which as a national icon, has historically contributed to the construction of Finnish national identity (Tsonis, 2016), contained the expectation of regular water pouring. Secondly, a custom of asking before pouring the water, which had been written as part of sauna etiquette in a different sauna organization than the one we were currently attending. And thirdly, a shared understanding of Norway as a democratic country suggesting the possibility of a consensus through a process of negotiation. Although the situation was quickly resolved, how contestation of conflicting cultural understandings might have affected participants' well-being negatively can be understood through the extent to which the situations create enough ambiguity to distract a restorative process of letting the mind dwell on less demanding and pleasurable aspects of the experience (Kaplan, 1995).

5 Discussion

To gain an understanding of what makes various 'blue spaces' attractive for spending leisure time in general and how negative experiences might affect the assumed well-being benefits associated with those places, this study has aimed to gain an understanding of how and why individuals' well-being can be enabled or disabled through engaging in wintertime sauna and ice-bathing in various 'blue spaces' around Oslo. The study was engaging with the knowledge acquisition through two research questions:

1. How and why individuals' well-being is enabled and disabled through engaging in wintertime sauna and ice-bathing in various 'blue spaces'?
2. How do the enabling and disabling aspects of the therapeutic experiences relate to each other?

In this section, I will discuss how the data presented and analyzed in the previous chapter helps to answer the research questions and how it relates to the existing theory and research on 'blue health' promotion.

5.1 RQ1: How and why individuals' well-being is enabled and disabled through engaging in wintertime sauna and ice-bathing in various 'blue spaces'?

Consistent with previous research on 'blue spaces' enhanced potential to facilitate social relationships (White et al., 2020), the findings of this study indicated that participants' well-being was enabled through social experiences while sauna and ice-bathing in coastal urban 'blue spaces.' This included meeting with friends and engaging in spontaneous informal conversations with strangers. Participants discussed the social relationships benefitting them through the attainment of comfortable feelings, ease of relatedness, and feelings of safety. However, related to sharing space with other people, the data suggested that in some contexts, study participants' well-being was limited, resulting from noise disturbance, challenges to finding a sitting place, and challenges to finding available times to attend the facilities. These health limiting factors

appeared to affect the participant's well-being negatively by inducing unpleasant feelings, annoyance, self-exclusion, and inconvenience.

Additionally, some indications of discomfort related to exposing one's body parts were present, although these aspects were only discussed indirectly. These were suggested to affect participants negatively through the possibility of evoking feelings of awkwardness and self-exclusion. The data supports the notion related to urban 'blue spaces' that 'the mere presence of water seems insufficient to promote positive perceptions as preference, usability, and accessibility vary according to spatial design and layout' (Buckman, 2016, cited in Pitt, 2018). While the data suggest adding the element of temporality, this highlights the importance of facilitation specifically to urban 'blue spaces' when the aim is to promote well-being.

Consistent with the previous research (Bell et al., 2015) on coastal 'blue spaces,' the data suggests that participants' well-being was enabled through engaging in meaningful challenges within their sauna and ice-bathing experiences or experiences that sauna and ice-bathing integrated as part of. This involved engaging in mental and physical challenges through hot and cold immersion and physical exercise, including walking, swimming, and strength training. The data suggest that participants benefitted from these challenging experiences by gaining comfortable feelings about doing something right for themselves in terms of health, gaining an overall good feeling of being active and using one's body, and feelings of connectedness to their peers through sharing an experience. Similar to the study of Bell et al. (2015), these experiences reflected both 'hedonic' and 'eudaimonic' conceptions of well-being (Ryan & Deci, 2001) and 'flow' experiences (Csikszentmihalyi, 2002), thus providing a sense of accomplishment through engaging in intrinsically enjoyable experiences. The data indicated that the participant's well-being was limited in some cases when exposed to challenges that exceeded a certain level, after which the experiences became either unpleasant or inaccessible. These experiences included getting hurt by sharp pieces of ice, getting uncomfortably cold, getting uncomfortably hot, and having restrained access to water due to ice build-up. The data supports the argument that 'blue spaces' are not inherently therapeutic' and that 'water is not all the same, differing in ways which matter to human experiences' (Pitt, 2018, p.163). Moreover, different individuals experienced the challenges differently, affecting whether they were experienced as

enabling or disabling. This notion is consistent with a suggestion for understanding the relationship between well-being and water as a relational outcome 'which always depends on person, place and context' (Pitt, 2018, p.161). Notably, the restrained access appeared to be differentiated among different individuals and different locations, which underlines the understanding that 'there are socio-demographic inequalities in blue space access' (Haeffner et al., 2017, cited in White et al., 2020, p.6), 'and as such it may be difficult for marginalized groups to "learn to love" blue spaces' (Bell et al., 2019, cited in White et al., 2020 p.6).

Consistent with the previous research on 'blue spaces,' the data indicated that the participant's well-being was enabled by attaining restorative, stress-relieving experiences during the sauna and ice-bathing (White et al., 2020; Bell et al., 2015; Völker & Kistemann, 2013). These experiences involved participants immersing in different pleasurable sensory experiences, including physical sensations of hot and cold, auditory and visual experiences of social conversation, and nature experiences. Through these experiences, participants described attaining feelings of happiness, coziness, feeling good, and calming down. Consistent with previous research on immersive experiences in 'blue spaces' (Bell et al., 2015), the experiences of sauna and ice-bathing appeared to reflect various intensities ranging from intensely joyful 'peak experiences' (Privette, 1983) to less intense but intrinsically enjoyable 'microflow' experiences. These experiences might be suitable for promoting 'attention restoration' through stimulating fascination (Kaplan, 1995). Hot and cold immersion could be understood as a 'haptic restorative sensory experience' (Bell et al., 2015, p.61). The data indicated that the participant's well-being was limited by unpleasant experiences of dirty water, including sensory experiences of taste and smell and visual experiences of waste floating in the water. Additionally, a rationalized understanding of the water as dirty appeared to affect some participants' well-being negatively. These experiences appeared to limit participants' well-being by evoking feelings of disgust, sadness, and annoyance. Participants also negotiated the dirty water in different ways, including not immersing the head, being selective about the bathing locations, taking a shower afterward, and ignoring the issue. These negotiations may limit the restorative aspects of the experiences by stimulating more 'directed attention' by capturing participants' attention from more pleasurable and restorative aspects of the experience (Kaplan,

1995). As discussed before in relation to challenging experiences, the data relating to immersive experiences further supports the argument of 'to not treat water as always everywhere the same, recognizing waterscapes as diverse, with varying degrees of enabling potential' (Pitt, 2018, p.169).

Consistent with the previous research on symbolic experiences in 'blue spaces' (Bell et al., 2015; Völker & Kistemann, 2013). The data indicated that participants' well-being was enabled by attaching symbolic meanings to the experiences of sauna and ice-bathing. These meanings included understanding urban saunas as inclusive social spaces, ice-bathing as a 'wilderness' experience, ice-bathing as a holistic experience, and bathing in rural saunas as a 'wilderness' experience. These meanings appeared to enable participants' well-being through enhanced attitude towards socializing and perception of equality, promoting focus towards sensual experiences and enhancing feelings of relaxation. In addition, attaching symbolic meanings to these experiences might have helped participants to construct more 'rich' and 'coherent' worlds around the experiences of sauna and ice-bathing, thus enhancing the restorativeness of the experiences by promoting feelings of 'being away' from their everyday settings (Kaplan, 1995). On the other hand, attaching symbolic meanings to places and experiences also appeared to limit participants' well-being experiences. These meanings included understanding the sea around the central area as polluted, cultural assumptions about creating steam while sauna bathing, and cultural assumptions about a democratic approach to creating steam during sauna bathing. These meanings appeared to limit participants' well-being through stimulating focus towards unpleasant aspects of the experiences and evoking struggles over power, thus possibly limiting restorativeness of the experiences by introducing elements of 'ambiguity,' distracting participants' focus away from more pleasurable aspects of the experiences (Kaplan, 1995).

5.2 RQ2: How do the enabling and disabling aspects of the therapeutic experiences relate to each other?

Consistent with previous research on 'blue spaces' (Pitt, 2018), the data indicated that participants' well-being was enabled and disabled simultaneously through their experiences of sauna and ice-bathing. To mitigate and negotiate the disabling aspects,

participants appeared to engage in various measures, including self-exclusion, being selective about locations, engaging in verbal negotiations, being early to reserve available time, engaging in collaboration to gain access, showering off dirty water, limiting the amount of swimming, not immersing head, and ignoring the issues. The data suggested that the disabling aspects affected participants with various intensities ranging from a slight inconvenience to completely restricting access to the experience. While restricted access excluded certain participants from health-enabling experiences, the disabling aspects with less intensity might have mitigated the effects of some of the enabling aspects. Some disabling aspects might have limited the restorative potential of the experiences by introducing unwanted elements of 'ambiguity' and thus necessitating participants to be involved in the process of problem-solving. By engaging their 'directed attention' through negotiating the issues, the participants might not have been able to engage in restorative processes of immersing into the pleasurable aspects of the experiences (Kaplan, 1995, p.173). The occurrence and intensity of the disabling aspects appeared to be highly dependent on complex contextual factors supporting the need to understand 'blue spaces' through a relational perspective in which 'well-being may or may not be enhanced depending on how person and place interact in particular encounters' (Conradson, 2005, cited in Pitt, 2018).

The study highlighted the importance of facilitation regarding health promotion through experiences of wintertime sauna and ice-bathing. Various contexts presented different levels of challenges that were experienced differently by different individuals. Consistent with previous research on inequalities in 'blue health' promotion (Haeffner et al., 2017, cited in White et al., 2020), the data suggested that the access to sauna and ice-bathing experiences can be unequally distributed and might require targeted facilitation to reduce these inequalities and promote access for marginalized groups. The study supports engaging with a relational understanding of health promotion (Pitt, 2018) to understand the benefits and limitations of specific health-promoting contexts for different groups of people (Kronsted Lund et al., 2023). This includes the notion that specific waters can have varying qualities that can enhance or limit the engagement's health-enhancing potential (Pitt, 2018). Given the significance that various contextual factors appeared to pose to the possibility for health enablement and disablement in

the context of sauna and ice-bathing activities, this study supports the idea of knowledge acquisition on 'different practices, coastal communities, and geographies' (Kronsted Lund et al., 2023 p.7) to better understand how access to well-being experiences in 'blue spaces' could be promoted in various locations for people with different backgrounds, including marginalized groups.

6 Conclusion

This study aimed to gain an understanding of how and why individuals' well-being was enabled and disabled through experiences of wintertime sauna and ice-bathing in various blue spaces in and around Oslo. The results suggest that participants' well-being was enabled and disabled through social, achieving, immersive and symbolic experiences. The results further indicated that the aspects promoting enablement and disablement could coincide and were highly dependent on contextual factors. *Grounded theory* methodology (Charmaz, 2006) was applied together with the *extended therapeutic landscape concept* (Völker & Kistemann, 2013) and the *interdisciplinary model of therapeutic landscape experiences at the coast* (Bell et al., 2015) to provide an analysis of individuals' subjective experiences of enabling and disabling aspects of wintertime sauna and ice-bathing. The results contributed to filling the gaps in understanding the optimal conditions for promoting physical activity at the coast, what makes blue spaces attractive for leisure time (White et al., 2014), and how negative experiences might affect positive outcomes (Pitt, 2018). This contextualized understanding is necessary to plan effective and equitable public health interventions and policies aiming to promote well-being in various 'blue spaces' for various individuals (Kronsted Lund et al., 2023).

The study provided an understanding of the optimal conditions to promote sauna and ice-bathing in the context of wintertime in Norway by providing insights into the benefits and limitations of health promotion from participants' subjective perspectives. The findings suggested that maximizing the benefits and minimizing the limitations of well-being in specific contexts can create optimal conditions for promoting physical activity in 'blue spaces.' As it has been pointed out by Kronsted Lund et al. (2023 p.7), this requires an understanding of the specific contextual factors of 'different practices, coastal communities and geographies' and 'implications for activities and health promotion.' This contribution with insights into a specific context can inspire an understanding of different but related contexts while stressing the importance of adapting any measures to the understanding of local contexts (Kronsted Lund et al., 2023). The study contributed to the understanding of what makes blue spaces attractive for spending leisure time (White et al., 2014) by strengthening the

understanding of *social, achieving, immersive, and symbolic experiences* (Bell et al., 2015) by applying the model in a new context and including the health-limiting aspects. By including the health-limiting aspects, this study adds to the discussion on the under-discussed topic of health-disabling aspects of 'blue space' experiences (Pitt, 2018). The findings of this study thus support the understanding that 'the relationship between blue space and wellbeing is not straightforward, as negative aspects may accompany and overpower positive potential' (Pitt, 2018, p.164). The study further supports the idea of 'blue health' promotion by taking into consideration 'people's emotional and embodied connections to the coast within coastal management and policy' (Collins, 2013, cited in Bell et al., 2015) and to gain an understanding of the engagements through subjective understandings of *social, achieving immersive and symbolic experiences*. The study joins in with an argument to challenge the assumption of water as having 'similar traits everywhere' (Strang, 2005, cited in Pitt, 2018) and thus support the call for a relational understanding of the enablement and disablement 'which always depend on the person, place and context' (Pitt, 2018, p.161).

To promote equitable access to sauna and ice-bathing in the Norwegian context, the study suggests facilitation based on understanding the specific benefits and limitations of marginalized groups as well as the benefits and limitations of particular 'blue spaces.' In this regard, further studies could investigate the benefits and limitations for specific user groups in various locations in a real-life intervention setting, where participants embodied, and emotional connections could be accounted for contextually. The results from this study can potentially serve as a starting point for such investigation while suggesting for openness towards new contextual factors to emerge.

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7 Appendixes

7.1 Appendix A: <Assessment of processing of personal data>



[Notification form](#) / [Therapeutic urban seascapes as places of well-being and excl...](#) / Assessment

Assessment of processing of personal data

Reference number	Assessment type	Date
409377	Standard	21.02.2023

Project title

Therapeutic urban seascapes as places of well-being and exclusion: Case study of a seaside sauna bathing club in Norway

Data controller (institution responsible for the project)

Norges idrettshøgskole / Institutt for lærerutdanning og friluftsliv

Project leader

Kirsti Pedersen Gurholt

Student

Aleksi Homanen

Project period

01.01.2023 - 01.08.2023

Categories of personal data

General

Legal basis

Consent (General Data Protection Regulation art. 6 nr. 1 a)

The processing of personal data is lawful, so long as it is carried out as stated in the notification form. The legal basis is valid until 01.08.2023.

[Notification Form](#)

Comment

In reference to the changes registered on 20.02.23. We cannot see that you have made any changes to the Notification Form or attachments that will affect our assessment of how personal data are processed in this project.

Read more about which changes should be notified to Data Protection Services before you send in changes in the future:
<https://www.nsd.no/en/data-protection-services/notification-form-for-personal-data/notify-changes-in-the-notification-form>

FOLLOW-UP OF THE PROJECT

We will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Contact person at Data Protection Services: Line Raknes Hjellvik

Good luck with the project!

7.2 Appendix B: <Information letter: participant>

Member/Participant

Are you interested in taking part in the research project Case study of seaside sauna and ice bathing in Norway?

This is an inquiry about participation in a research project where the main purpose is to study the culture and practice of urban seaside sauna and ice bathing in Norwegian context. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

This study aims to gain better understanding of coastal urban sauna and ice bathing culture, how is it performed, its differing meanings and their implications to inclusionary social aspects. Sauna and ice bathing is selected for the scope in this study as one of the growing and popular coastal activities in Oslofjord. Research questions in this study address shared meanings of sauna and ice bathing, how they are expressed through actions and discussions, and how they can create differing social dynamics.

This project is part of a master's thesis and presented as final research project within the study program Nordic Master in Friluftsliv studies.

Who is responsible for the research project?

This project is led by Norwegian School of Sport Sciences (NIH)

Why are you being asked to participate?

You are being invited to participate based on your involvement as a participant of sauna and ice bathing activities either as a visitor or a club member.

What does participation involve for you?

You will be invited to share your experiences and reflections related to sauna and ice bathing activities through an individual interview.

The interview will be organized in the form of a discussion that takes between 30-60 minutes and is based on questions about your experiences, motivations and preferences regarding sauna and ice bathing. We would like to record the interview using a portable device so that it can be transcribed and analyzed manually or using a software (NVivo). All the personal information of you will be anonymized.

In some cases, participant observation and/or photographs might be used in addition to interview. We will clarify and agree such participation separately.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

- Only the researcher in the project will have access to the personal data.
- All the information from interviews will be stored and analyzed separately from the information that can be linked directly to you. I will replace your name and contact details with a code. The list of names, contact details and respective codes will be stored separately from the rest of the collected data in a secure locked place. All the collected data will be stored on a secure online research server to which only the researcher has access to.
- Your personal information or contribution will not be recognizable in publications or lectures about the project unless you have given special permission for this.

What will happen to your personal data at the end of the research project?

The project is scheduled to end 1.8.2023. After the project is finished, I will delete the personal data, including any recordings or pictures and anonymize interview transcripts.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with Norwegian School of Sport Sciences, Data Protection Services has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- Norwegian School of Sport Sciences via master's student Aleksí Homanen by email: aleksi.homanen@gmail.com
- Project leader at NIH: professor Kirsti Pedersen Gurholt by email: kirsti-gurholt@nih.no
- Data Protection Services, by email: (personvern@sjkt.no) or by telephone: +47 53 21 15 00.

Yours sincerely,

Project leader (Supervisor)
Kirsti Pedersen Gurholt

Researcher/Student
Aleksi Homanen

Consent form

I have received and understood information about the project Case study of seaside sauna and ice bathing in Norway and have been given the opportunity to ask questions. I give consent:

- to participate in individual interview
- to participate in participant observation

I give consent for my personal data to be processed until the end date of the project, approx. 1.8.2023

(Signed by participant, date)

7.3 Appendix C: <Information letter: facilitator>

Facilitator

Are you interested in taking part in the research project Case study of seaside sauna and ice bathing in Norway?

This is an inquiry about participation in a research project where the main purpose is to study the culture and practice of urban seaside sauna and ice bathing in Norwegian context. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

This study aims to gain better understanding of coastal urban sauna and ice bathing culture, how is it performed, its differing meanings and their implications to inclusionary social aspects. Sauna and ice bathing is selected for the scope in this study as one of the growing and popular coastal activities in Oslofjord. Research questions in this study address shared meanings of sauna and ice bathing, how they are expressed through actions and discussions, and how they can create differing social dynamics.

This project is part of a master's thesis and presented as final research project within the study program Nordic Master in Friluftsliv studies.

Who is responsible for the research project?

This project is led by Norwegian School of Sport Sciences (NIH)

Why are you being asked to participate?

You are being invited to participate based on your involvement as a facilitator of sauna and ice bathing activities.

What does participation involve for you?

You will be invited to share your experiences and reflections related to sauna and ice bathing activities through an individual interview.

The interview will be organized in the form of a discussion that takes between 30-60 minutes and is based on questions about experiences, practices and motivations regarding sauna and ice bathing. We would like to record the interview using a portable device so that it can be transcribed and analyzed manually or using a software (NVivo). All the personal information of you will be anonymized.

In some cases, participant observation and/or photographs might be used in addition to interview. We will clarify and agree such participation separately.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

- Only the researchers in the project will have access to the personal data.
- All the information from interviews will be stored and analyzed separately from the information that can be linked directly to you. I will replace your name and contact details with a code. The list of names, contact details and respective codes will be stored separately from the rest of the collected data in a secure locked place. All the collected data will be stored on a secure online research server to which only the researcher has access to.
- Your personal information or contribution will not be recognizable in publications or lectures about the project unless you have given special permission for this.

What will happen to your personal data at the end of the research project?

The project is scheduled to end 1.8.2023. After the project is finished, we will delete the personal data, including any recordings or pictures and anonymize interview transcripts.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with Norwegian School of Sport Sciences, Data Protection Services has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- Norwegian School of Sport Sciences via master's student Aleksí Homanen by email: aleksi.homanen@gmail.com
- Project leader at NIH: professor Kirsti Pedersen Gurholt by email: kirsti-gurholt@nih.no
- Data Protection Services, by email: (personvern tjenester@sikt.no) or by telephone: +47 53 21 15 00.

Yours sincerely,

Project leader (Supervisor)
Kirsti Pedersen Gurholt

Researcher/Student
Aleksi Homanen

Consent form

I have received and understood information about the project Case study of seaside sauna and ice bathing in Norway and have been given the opportunity to ask questions. I give consent:

- to participate in individual interview
- to participate in participant observation

I give consent for my personal data to be processed until the end date of the project, approx. 1.8.2023

(Signed by participant, date)

7.4 Appendix D: <Interview guide: participant>

Interview guide: Participant

- Where do you come from originally? What is your age?

Collective practises

- How do you see this sauna and ice-bathing culture generally in Oslo?

How is it visible? What is part of it? What kind of activities? Who does it?

- Who/What kind of people do you think sauna and ice bathing is suitable for? Are there some types of people that you would not expect to see sauna and ice-bathing? Have you heard anyone who doesn't, or cannot do it? Doesn't want to do it?

Individual practises

- Tell me about your own relationship to sauna- and ice bathing?

- When did you start doing it? How did you start? Have you been doing it since? How often do you do it? Where do you do it? With whom? Has this relationship changed over time?

- Tell me about your typical sauna/ice bathing experience?

- Follow up questions: What do you do? How do you do it? Who do you do it with? What does it feel like? What kind of people within/outside the group?

- What are the things that you enjoy the most about sauna/ice bathing?

- How does it make you feel?

- What do you think contributes to that feeling?

- Is there some aspects of the sauna and ice-bathing that can limit or challenge your well-being? Tell me about it?

- How does your ways of practicing sauna/ice bathing relate to others who practice it?

- Have you experienced any conflicts when sauna and ice-bathing?

Urban saunas

- Tell me about your experiences with the urban city saunas?

- How is it similar or different from your previous experiences in other settings?
Is there something special about them?
- What is the role of socializing in Urban saunas to you?
- What is your relationship to ice-bathing? How do you do it?
- Have you experienced any issues with water quality when going to the urban saunas?
- Do you like to jump to the sea? What do you think of it?
- What is your view on consuming alcohol in the urban saunas?

- Is there something that we haven't discussed but you would like to add on?

- Are there some other persons that you know I could contact to learn more about sauna and ice bathing experiences?

7.5 Appendix E: <Interview guide: facilitator>

Interview guide

Facilitator

Collective practises

- How do you see this sauna and ice-bathing culture generally in Oslo?

How is it visible? What is part of it? What kind of activities? Who does it?

- Who/What kind of people do you think sauna and ice bathing is suitable for? Are there some types of people that you would not expect to see sauna and ice-bathing?

Organization practices

- Tell me about your role as a facilitator of sauna and ice bathing?

- When did you start doing it? How did you start? What kind of process was to gain permission to do it? Have the facilitation practices changed over time?

- What kind of organization is it?

How is it funded? How many members in the organization? How is the membership gained?

- Who regulates the activity? And how?

- What restrictions/rules are imposed on to the activity? Safety protocol? Do you have formal safety procedures/training/staff?

Sauna and ice bathing

- What is the essence/core of urban sauna and ice bathing experience?

- What are the elements that define the activity/culture? Are there some elements that doesn't belong to it but that people do?

- What kind of people do this activity?

- Young/Old people/Children? Men/Women? Norwegians/tourists/immigrants? Disabled people?

- Are there some types of people you would like to see more visiting the saunas?

- What do you think would help with that?

Different organizations

- Is there something special about these urban coastal saunas/culture in comparison to other types of saunas?
- How does your ways of offering sauna/ice bathing experiences relate to others who offer it?
 - Similarities/differences? Alcohol policy? Sauna etiquette? Someone in charge?

Problems/conflicts

- Has there been any issues with water quality in regards to swimming in the fjord?
- Has there been any conflicts with the other users of the fjord?
- Is there something that we haven't yet discussed but you would like to add/comment on?
- Would there be some other people that I could contact to learn more about urban sauna and ice bathing culture in Oslofjord?

7.6 Appendix F: <Interview guide: non-participant>

Interview guide: Non-participant

Experiences

- Tell me about your relation to the sauna/ice bathing club?
- Are there some occasions when you have been involved with the club's (or related) activities other than bathing? Tell me about it?
- What do you think about sauna/ice bathing?
- Would you consider participating in sauna/ice bathing? Why? Why not?

What are the obstacles for participation?

Discourses of well-being

- Could there be some benefits in participating in sauna/ice bathing? What would be those?

Social and cultural structures

- Have you talked about sauna/ice bathing with others? What have you talked about?

Alternative question: If you would talk about sauna/ice bathing with others? What would you talk about?

Inclusion/exclusion and conflicts

- Who would you share an experience of sauna/ice bathing with? Who would you not share it with? Why?
- Have you experienced or seen/heard someone being excluded from sauna/ice bathing activities? Tell me about it? Why do you think that happened?
- Have you experienced/witnessed/heard about any conflicts between sauna/ice bathing participants and other groups or individuals?

Closing question

- Is there something that we haven't yet discussed but you would like to add/comment on?