



“This family and the Games are my world”: Conceptualizing the British and European Transplant Games as therapeutic landscapes

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ABSTRACT

The first Transplant Games took place in 1978 in Portsmouth, England. Since then, numerous Olympic-style sporting ‘Games’ have been established, each aiming to increase public awareness of organ donation, demonstrate the benefits of transplantation, and encourage patient fitness. Despite this, there is limited research exploring the psycho-social and health impacts of the Games. Drawing on qualitative research conducted at the 2022 British Transplant Games and the 2022 European Transplant and Dialysis Games, this paper explores the Games through a therapeutic landscapes framework, a concept that examines the ways in which environments contribute to health and wellbeing. Building upon work that acknowledges the relational and contingent nature of health-in-place, I argue that the Games are a *therapeutic landscape of social relations* for transplant recipients in three ways: providing a landscape of *belonging*, a landscape of *hope*, and a landscape of *motivation*. Through this therapeutic landscapes perspective, the Transplant Games are presented as a *peer-to-peer clinic* – a care space where individuals are more actively involved in their health on a reciprocal level than in the traditional hospital clinic. In turn, this paper emphasises the crucial role of affective peer support in producing health-promoting environments. This research seeks to make a practical contribution to the wider transplant community by promoting the Games as an environment which may positively contribute to both physical and mental wellbeing.

1. Introduction

Organ transplantation is one of modern medicine’s greatest achievements. From its experimental beginnings (Hamilton, 2012), transplantation has developed into an increasingly vital, now often routine, medical therapy employed to both save and enhance human life. In 2021 alone, the United Kingdom (UK) carried out 4038 solid organ transplants (down from 4992 transplants in 2019, pre COVID-19), with 134,737 transplants recorded worldwide (Council of Europe, 2022). More than simply a surgical event, transplantation is an ongoing process requiring lifetime immunosuppressive treatment, monitoring of organ function, and the management of comorbidities. Beyond these medical necessities, transplantation also involves complex interpersonal relations, inseparable from social settings. As a patient progresses through their transplant journey, spaces such as the hospital and the home play prominent roles in their experiences. While these environments have long been discussed in relation to the geographical concept of ‘therapeutic landscapes’ (Gesler, 1992), more recent expansion and evolution of the term has brought to light the health-promoting benefits of myriad other landscapes (for a review, see Bell et al., 2018), and

emphasised the socially-produced and relational nature of therapeutic spaces and places (Kaley et al., 2019; van Ingen, 2004). Nevertheless, despite being a “favoured subject-matter” (Rosenberg, 2016: p.549) within health geography, the framework of therapeutic landscapes is yet to be explored in relation to organ transplantation. Taking this as a point of departure, I explore the value of the therapeutic landscapes perspective in relation to organ transplantation through a focus on ‘Transplant Games’ sporting events.

The first ‘Transplant Olympics’ took place in 1978 in Portsmouth, England, with the aim of encouraging patient fitness, demonstrating the benefits of transplantation, and increasing public awareness of the National Health Service (NHS) Organ Donor Register (British Transplant Games, 2022). Since then, numerous national and international ‘Games’ have been established. Modelled on the Olympics, transplant recipients of all ages take part in individual and team-based sporting events against their peers, competing either as part of a national team (for international events) or as a team representing the hospital in which they receive their care (for national events). While the Games are competitive in nature, winning is placed second to celebrating ‘the gift of life.’ In addition to transplant recipients and their families, live donors and the families of

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donors who have passed away also attend the events to help promote and celebrate the benefits of transplantation. Far from simply a sport-focused environment, regular social events are organised, resulting in the Games being as much a space of socialising as a space of competition. As such, the Transplant Games aim to promote physical, psychological, and social wellbeing for attendees.

Building upon ongoing research, I present findings from ethnographic fieldwork conducted at the 2022 British Transplant Games and the 2022 European Transplant and Dialysis Games. I argue that the Games can be understood as a therapeutic landscape – one involving social and spatial relations rather than the bounded sense of place the concept originally forwarded – for transplant recipients in three ways: providing a landscape of *belonging*, a landscape of *hope*, and a landscape of *motivation*. Crucially, I expand the therapeutic landscapes concept by insisting on the role of individuals in creating health-promoting spaces and places. I present here the concept of the *peer-to-peer clinic*, using the Games to explain this peer-support orientated environment. Providing more than simply a theoretical contribution to scholarship, this research seeks to contribute to the health and wellbeing of transplant recipients by encouraging healthcare professionals to promote the Games to patients as an environment which may positively contribute to their overall physical and mental wellbeing.

2. The Transplant Games

Since the inception of the Games, a modest body of work exploring various aspects of the events has emerged. Primarily medical in nature, research has examined the characteristics and motivations of participants (D'Ambrosio et al., 2021; Hames et al., 2022), the psychological benefits of participating (McGee and Horgan, 1996; Wray and Lunnwood, 2008), and the impact of the Games on transplant outcomes (Neuberger et al., 2019). While such studies are important in increasing our understanding of the impact and outcomes of the Games, scope remains for qualitative work that more deeply addresses the experience of participating in such events. A notable exception comes from Wiltshire et al. (2021, 2022), whose findings this paper seeks to build upon.

Taking a sports and health sciences perspective, Wiltshire et al. (2021) aim to shed light on the experiences of physical activity among organ recipients taking part in the World Transplant Games. Their findings highlight that physical activity played a central role in making sense of the liminal space between illness and health within which their participants felt situated, by allowing individuals to experience both their physical capabilities and limitations (Wiltshire et al., 2021). Extending this research, Wiltshire et al. (2022) explore the role of sport-based social networks in the long-term management of organ transplantation. Their findings highlight that such networks at the World Games function as “information networks” (p.262) for health-related knowledge, as “affective communities” (p.261) where individuals can receive ‘insider’ support, and that these networks can help shape the expectations individuals have of their own future health. While there are obvious overlaps between this research and my study, in adopting a therapeutic landscapes framework and presenting the peer-to-peer clinic, I highlight a number of novel issues and expand upon this existing work. No other articles, to my knowledge, explore the Games in relation to therapeutic landscapes or through a geographical lens. As such, I hope to highlight organ transplantation as an area of interest to health geographers and introduce the concept of therapeutic landscapes and its benefits to the more medically-focused field of transplantation.

3. Therapeutic landscapes

The term ‘therapeutic landscapes’ was coined by the geographer Wilbert Gesler (1992: p.735) to explore “why certain places or situations are perceived to be therapeutic.” In his original application, Gesler

directed attention towards extraordinary landscapes thought to possess restorative and healing powers, such as sanctuaries (1993) and mineral spas (1998). However, as Bell et al. (2018) note, the concept has since expanded and evolved, focusing less on extraordinary spaces and more on health-promoting, everyday places. As a result, the “framework described by Gesler features primarily as a contextual backdrop within this literature, rather than something that is closely adhered to” (Edwards, 2022: p.2).

One of the most significant and sustained directions of inquiry is research that explores “palettes of place” (Foley, 2018: p.251), that is health-promoting places categorised and analysed through a colour spectrum. *Green spaces* – environments where nature and foliage are central – remain a core theme, with research emphasising the therapeutic effects such leafy landscapes can evoke (Haluza et al., 2014; Lea, 2008; Plane and Klodawsky, 2013; Thomas, 2015). Adjacent to this sits a concern with watery spaces, with geography’s more recent “hydrophilic turn” (Foley et al., 2019: p.1) having opened the floodgates on *blue space* research (Coleman and Kearns, 2015; Foley, 2015; Völker and Kistemann, 2015). While green and blue have dominated the geographical canvas, work exploring brown (Pitt, 2018), yellow (Wang et al., 2018), and white landscapes (Finlay, 2018; Brooke and Williams, 2021) have also emphasised how the natural and built environment can contribute to a therapeutic sense of place.

Geographers have similarly directed attention towards everyday spaces such as the home. A dynamic yet always significant, place, the home has been explored as a landscape of safety (Espeso, 2022), healing (Nagib and Williams, 2018), and care (Donovan and Williams, 2007), amongst others. Recognising that the home takes on different meanings for different groups of people, attention has been focused on the role of the home for specific populations, such as those with serious mental illness (Piat et al., 2017) and formerly homeless individuals (Fields, 2011). An equally prolific avenue of inquiry relates to various hospital and care settings. For example, a therapeutic landscape framework has been used to assist in the design of psychiatric hospitals (Wood et al., 2015), and has highlighted the hospice as a “home from home” (Moore et al., 2013: p151). Attention has also been directed towards spaces concerned with support, rather than medicine and treatment, such as cancer support centres. As research has shown, these centres become “affective sanctuaries” (Butterfield and Martin, 2016) for individuals living with cancer. Similarly concerned with the role of community in promoting wellbeing, Liamputtong and Suwankhong (2015) focus on the healing role of the *cultural landscape* for Thai women living with breast cancer. Discussing factors that are important in women’s everyday lives, such as eating local vegetables and traditional healing practices, the therapeutic landscape concept is extended even further, allowing us to understand not only place as therapeutic, but how different landscapes can facilitate health-promoting *practices*. One such landscape enabling these practices, they argue, is the body, noting that bodies are increasingly being recognised as “health and illness terrains” (p.264), where one can embody and enact health knowledge (English et al., 2008; Parr, 2004) and access health within place (Eagar and Kearns, 2022).

Through these examples, it is clear that therapeutic landscapes have not only been studied in a range of diverse contexts but have also been applied to a variety of scales, ranging from the macro (countries and coastlines) to the meso (the home and hospital) and the micro (the body) (Bell et al., 2018). More broadly, the evolution in how therapeutic landscapes are understood and explored – from exceptional spaces of healing to everyday places of wellbeing – reflects the wider methodological shift from medical to health geography (see Kearns and Moon, 2002).

3.1. Therapeutic landscapes as relational spaces

The therapeutic landscape framework is, by its very nature, place-focused. How, then, can something like the Transplant Games (which

shifts location every year) be analysed through this place-orientated concept? As Piat et al. (2017: p.71, emphasis added) note, “scholars increasingly recognize that whether a place is therapeutic, or not, is *contingent and relational*.” It is obvious, for instance, that the benefits of ‘home’ attach not to one specific site, but rather to the dynamic relations that occur within that space. A focus on place is therefore not distinct from an interest in social relations, as if ‘place’ were solely concerned with bounded, physical environments. One of the most significant articulations of this critical reorientation comes from Conradson (2005: p.338), who criticises the idea that a place can be innately therapeutic, noting instead that “the therapeutic landscape experience is best approached as a relational outcome, as something that emerges through a complex set of transactions between a person and their broader socio-environmental setting.” For Conradson, it is not the landscape itself that is therapeutic but the *experience* one has in a particular setting. An example of this experience-centred approach can be seen in van Ingen’s (2004: p.253) work on the Toronto Front Runners, a running club for sexual minorities. As with the Transplant Games, running clubs are “spatially transient ... [with] no fixed location, headquarters, or place” (p.256). However, in demonstrating that “spaces are always constructed through social interactions”, van Ingen (2004: p.254) suggests we think about therapeutic landscapes as “being less about discrete pieces of territory ... and more about landscapes of social relations,” which she sees as an “often overlooked form of therapeutic landscapes” (p.253) (see also Doughty, 2013; Duff, 2011; Gorman, 2017; Kaley et al., 2019). Following work such as this, researchers are moving towards a “process-based”, rather than a “place-based” (Edwards, 2022: p.6), understanding of therapeutic landscapes, in turn acknowledging the *relational and dynamic* nature of health-in-place. Building upon this relational reconceptualization, I argue that the Transplant Games can be viewed as a *therapeutic landscape of social relations*: a health-promoting environment formed through the social interactions that take place within it. Within this central argument, I propose the concept of the peer-to-peer clinic as both a theoretical and a practical framework through which to understand and analyse peer-support orientated therapeutic landscapes, such as the Transplant Games.

3.2. The peer-to-peer clinic

Drawing upon the therapeutic landscapes framework and its emphasis on health, place and relationality, the peer-to-peer clinic can be defined as a space that improves health and wellbeing and where individuals are more actively involved in their care on a *reciprocal level with their peers* than in the traditional hospital clinic (see Foucault, 2003). In this sense, the peer-to-peer clinic can be understood as a *clinic* (health-focused space) *beyond the clinic* (medical-focused space) and extends work concerning therapeutic landscapes of social relations.

As Foucault explains in *The Birth of the Clinic* (2003: p.9), the “medical gaze” of the hospital clinic is concerned with the (ab)normality and regulation of the passive patient’s body, as made visible through the look of the active, expert physician. Reconceptualizing the clinic beyond the hospital walls, the peer-to-peer clinic moves away from a concern with (ab)normality and regulation and towards that of health, wellbeing, community and peer-support. Far from passive receivers of medical intervention, here individuals both *give and receive* care and support through engaging with their peers (in this case, transplant recipients) and sharing stories, advice, hopes and fears. The connections formed through a shared understanding of ‘all being in the same boat’ lie at the heart of this person-centred clinic. As such, in addition to widening our understanding of what constitutes a health-promoting and care-centred space, the peer-to-peer clinic has the potential to be formalized in practice and used as a concept for ongoing care/treatment in a range of diverse settings and with numerous different groups. This said, it must be recognised that peer-support is not always experienced positively, and as such, the benefits of the clinic may not be applicable to all.

Following this proposal and definition, in the proceeding sections, I demonstrate the peer-to-peer clinic in practice through the example of the Transplant Games.

4. Methodology

4.1. Research context and participants

The analysis presented within this study was gathered during fieldwork at the 2022 British Transplant Games (hosted in Leeds, England) and the 2022 European Transplant and Dialysis Games (hosted in Oxford, England). A total of 34 organ recipients participated in the study: 18 at the British Games and 16 at the European Games. Within this, 15 of the participants identified as women and the remaining 19 as male. 29 participants were returnees to the Games, with only 5 attending for the first time. Three of the participants expressed an interest in talking further about their transplant experiences and were hence interviewed in a more formal setting after the Games (this data is included in this study). Participants ranged in age from their 20s to their 80s, were from a number of different European countries and parts of the UK, and had received at least one heart, liver, kidney, lung or bone marrow transplant. An effort was made to interview a diverse range of people, considering variations in age, gender, ethnicity, nationality, and sport participation. However, owing to researcher limitations, only English-speaking individuals were able to participate in the study. To ensure anonymity, each participant has been given a pseudonym and their exact age, type of transplant, and nationality has been removed. Ethical approval was obtained from the Department of Geography, University of Cambridge, along with permission from the organisers of the Games.

It is important to preface the following results with a note of caution regarding the generalisability of the study’s findings. While the participants of this study were overwhelmingly positive in their feelings towards the Games, it should not be assumed that all transplant recipients will feel the same way. It is possible, perhaps even likely, that there are transplant recipients for whom the therapeutic effects of the Games may be less pronounced, diverge from that experienced by the study participants, or may not be experienced at all. Indeed, there may be individuals for whom the Games would be harmful or difficult to attend, such as recipients who struggle to accept that their new organ came from someone else or those who reject the identity of ‘transplant recipient’. Acknowledging this, the findings are presented in a way that suggests they *may* be applicable to individuals beyond the study participants, while urging caution in assuming that they can be generalised to all transplant recipients.

4.2. Recruitment and data collection

Acknowledging the fact individuals attend the Games to participate and socialise with those around them, I made the decision to gather my data within this context, rather than remove individuals from their setting. I recruited individuals by approaching them (or being approached) and engaging in conversation, explaining from the outset that I was a researcher, and providing a one-page study information document. After ensuring each individual fully understood the research, verbal consent was taken. Subsequently, I engaged in informal conversations with those keen to participate. I use the term ‘informal conversations’ to acknowledge the relaxed nature of each discussion and the mutually guided flow of conversation that took place within the hustle and bustle of the Games. Placing the voices of each participant at the centre of the research was of central concern. This said, a broad conversation guide was developed to ensure overarching research aims were addressed. This guide included open-ended questions such as: Why do you attend the Games? What, for you, is the purpose of the Games? Have the Games helped you recover from your transplant? These conversations took place within spectator areas and during social events, lasted between 15 min and over an hour, and were not recorded so to

ensure participants did not feel removed from the events taking place around them. A small volume of contemporaneous notes was taken for verbatim quotations, with more detailed notes taken immediately after each interview to expand upon these quotations, fill in contextual information, and record points that I had been unable to note during the interviews. Both verbatim quotations and a more general discussion of participants' comments using these post-interview notes are used in the proceeding analysis.

4.3. Data analysis

Following the completion of data collection, the interview notes were analysed and coded in NVivo. Drawing upon [Braun and Clarke's \(2019, 2021\)](#) approach to reflexive thematic analysis, this involved data familiarisation and coding the data into recurring themes, followed by an iterative process of reviewing, refining and defining these themes. Acknowledging the centrality of reflexivity and subjectivity within this approach (2021), it is important to emphasise my active role in the development of these themes, recognising that they were created at the "intersection of data, analytic process and [researcher] subjectivity" (2019: p. 594). It was during this ongoing and reflexive process that I developed an understanding of the Games as therapeutic landscapes, owing to the central role of health and wellbeing within each of the core themes. These themes of *belonging*, *hope* and *health motivation* structure and shape the findings of this paper.

5. A space of understanding: a landscape of belonging

One of the most notable themes emerging from the analysis relates to community, family and belonging. When asked why they liked attending the Games (or attended for the first time), the majority of participants focused their response on being part of a community tied together by the shared experience of transplantation. I spent some time talking with Arthur (60s), who was keen to emphasise that unless you have had a transplant, you will never fully understand what it is like. Arthur noted that while he could not have gone through his transplant without his wife, the Games offered wider support from people who understood his experiences and emotions more directly. He commented that with other transplant recipients, "obviously, our circumstances are all different, but we are all the same. People here understand what you have gone through." This notion of being "all the same" portrays the Games as a space of understanding where bonds can be formed on the bedrock of shared experiences and empathy. As [Glover and Parry \(2009: p.101\)](#) found, there is "comfort in being with people in the same boat" when it comes to one's health. This is illustrated further by Sarah (20s), who commented that she likes participating in the Games as "we have all been through the same thing, we are in it together." While such camaraderie may be present in any number of social environments, the Games are unique in the sense that participants compete as part of a team, thus automatically providing a community in which peer-to-peer bonding and affective support can develop.

In providing this landscape of community, a number of participants commented on being able to discuss issues with their peers at the Games that they would not be able to do so with someone outside of the transplant community. For example, James (40s) explained that he used to be concerned regarding his shaking hands (a side-effect of his medication). However, a fellow teammate at the Games told him not to worry and held out his own shaking hands, noting, "we all do!" James explained that "things like that make you feel normal, whereas in normal life, people don't understand." Susan (40s) also commented on feeling different, stating that outside of the Games, she constantly feels the need to explain herself when she is tired or lacking energy, but that at the Games she is "no longer different." Both James's and Susan's comments illustrate that the Games are more than simply a space of shared experience and understanding, but a space of *belonging and acceptance* that can help individuals come to terms with their transplant

identity and feel "normal" again. In being part of such an environment, individuals can feel 'in-place' when their transplant identity may otherwise make them feel 'out-of-place' in a world in which to be 'normal' is to be healthy and able-bodied. Indeed, connecting with those who have the same medical condition as you has been shown to play an important role in wellbeing and health-related knowledge ([Nicholas et al., 2016](#); [White et al., 2016](#)). This idea of the Games as a landscape of belonging, acceptance and 'normality' is similarly illustrated by Will (50s), who explained that during his first Games he was suffering with memory loss. Panicked by this, he told his teammates that he was worried he had dementia, to which they all started laughing, with one exclaiming, "we're all the same!" Will explained that hearing those words "changed everything," as he now realised he was part of "one big family who understood what I was going through." For James, Susan and Will, the Games provided a therapeutic landscape in which their worries about 'abnormal' symptoms (shaking hands, tiredness, and memory loss), while perhaps still present, were eased and reassured, not by medication, but through peer support that the landscape of the Games facilitate. In this sense, the Games can be viewed as a peer-to-peer clinic, improving participants' health and wellbeing through facilitating a sense of community and belonging.

The description Will gave above of the Games being "one big family" proved to be a common phrase used by the study participants. For Rachael (20s), attending the Games was important to her as it allowed her to meet other young people who have also experienced organ transplantation. Rachael explained that while her friends at home are supportive, they do not understand what she has gone through, whereas her "transplant family" do. She elaborated by noting that she can discuss issues with her transplant family and feel that she is not alone. With family and forming connections the main reasons Rachael attends the Games, she explained that she only participates in team events. In this sense, the unique sport- and team-based landscape of the Games facilitates the forming of relationships in a way that other therapeutic spaces, such as a traditional support group, would not. At the Games, familial-like bonds are not only formed through shared experiences but also through competing together and working towards a shared goal.

The language of "family" was also employed by Amy (20s) and Morgan (20s), who, after meeting at the Games several years prior, are now engaged. In talking about their fellow participants, Amy commented that "we have family here, they're not friends, they're my family", and Morgan noted that whenever you need help or support, your "transplant family step up". Amy's insistence on those she met at the Games being her family, not her friends, illustrates that the bonds people form at the Games are more than solely "affective communities," as [Wiltshire et al. \(2022: p.263\)](#) described them. Family implies deep emotional attachment, a bond so strong it is both natural and unbreakable, and a feeling of being in-place. In having gone through such a "transformative experience" ([Sharp, 1995: p.360](#)), it is understandable that connecting over the shared experience of living with a new organ has the potential to form such deep kinship ties. In forming a "transplant family," the Games provided participants of the study with not only connection, shared understanding, and peer-to-peer support, but a space of inherent acceptance and belonging. Furthermore, Morgan's description of your transplant family 'stepping up' whenever you need them highlights that, for many participants, the relationships formed at the Games do not end with the event closing ceremonies but persist as ongoing sources of support that extend beyond the 'walls' of the peer-to-peer clinic. With family playing a key role in everyday health ([Liamputtong and Suwankhong, 2015](#)), the additional support participants at the Games receive from their transplant family should be viewed a crucial resource for the maintenance of health and wellbeing amongst this growing population.

In evoking a notion of *I belong here, this is my family, my space*, the Games can be viewed as a therapeutic landscape of meaningful social relations for the study participants. Beyond simply an environment to form friendships, the Games function as a peer-to-peer clinic, providing

a space of belonging where participants can form strong, familial bonds, receive support, feel 'in-place', and be part of a community connected by the shared experience of organ transplantation. Summing up many of the conversations I had, Susan explained her feelings by stating "this family and the Games are my world."

6. Giving back and helping others: a landscape of hope

Organ transplantation, while continuously advancing, is not a cure for organ failure but a treatment that can extend and improve one's life. However, the potential for the transplanted organ to reject or lose function over time, the possibility of disease recurrence, and numerous co-morbidities associated with long-term immunosuppressive treatment all make living with a transplant and one's future health somewhat uncertain. In their study exploring the World Games, Wiltshire et al. (2022: p.265) found that the Games had a "hopeful impact on health expectations because people bear witness to the good health of an overwhelming number of transplant recipients." Similarly, the participants of this study also viewed the British and European Games as a space of hope. In discussing why she likes attending the Games, Catherine (40s) noted that she finds it encouraging and motivating to see people "further out" than she is, that is, to see people who have been living with their transplant for longer than she has. Catherine's comments hint to the fact transplanted organs have a limited (although variable to each person) life expectancy, and the fear and worry this can cause individuals in relation to their long-term future (Yang et al., 2020). As Catherine elaborated, seeing people at the Games who have been living well with their transplant for many more years than she has gives her hope for the future and motivates her to not only stay active, but to stay positive that she too can achieve this. While other support environments may similarly provide a space of hope and encouragement, the Games provide a unique landscape that delivers this through the act of sporting participation and excellence. In other words, in physically seeing those around you run, swim and cycle, participants at the Games encounter a powerful 'living proof' that transplantation allows you to continue leading a long and healthy life, thus enabling participants like Catherine to envisage their future in a similar way. Likewise, Marcus (40s) commented that at the Games "you see athletes and realise that you could do that too, so it motivates you to get better."

That said, diverging from Wiltshire et al.'s (2022) discussion of the Games as a space where individuals receive encouragement that positively shapes their own future health expectations, I found amongst my participants a much stronger desire to *deliver* this hope and to be the one *encouraging* those around them. Emily (30s), who has been attending the Games since her mid-teens, noted that one of the reasons she participates every year is to inspire those at the beginning of their transplant journey. She explained that seeing someone fit and active years on from their transplant is motivating for someone who is still adjusting to transplant life, as she herself found as a teenager years prior. In talking about her desire to help other transplant recipients following the support she received from people at the Games, it is clear that Emily's reason for participating is, at least partially, due to a desire to give back to the transplant community. This notion of giving back, or saying thank you, is a thread that runs through the very core of what it means to receive and live with an organ transplant. Transplantation depends upon other individuals and their willingness to give the 'gift of life' (Strathern, 2012). Reciprocating, repaying, and even showing gratitude towards a gift awarded such status is often seen as an impossible task resulting in a "debt of care" (Sothorn and Dickinson, 2011: p.889). In Emily's case, her desire to give hope to others can be conceptualised as a desire to give thanks, not directly to her donor, but to the wider transplant community at the Games that have supported her for many years. In this sense, to give hope is to give back. There is thus a simultaneous emphasis on the future and the past, a pay-it-forward structure that needs to be recognised as a central part of the therapeutic landscape that the Games represent.

This theme of wanting to encourage others through participating in the Games was echoed by several participants. For example, Sarah (20s) commented that it is important for her to show people on the transplant waiting list that "having a transplant means you can do things again and live your life again." The use of the word "again" implies that, for Sarah, this is not possible while you are on the waiting list: one is simply existing, not living, as they wait. For Sarah, an important reason for her taking part in the Games is to show people in this position that, post-transplant, their life will no longer be on hold, and they will be able to resume activities, such as sports, again. Rather than attending the Games in order to see the living proof of transplant success, Sarah attends in order to *be* this living proof herself and thus help those on the transplant waiting list to feel hopeful about a brighter, more active future ahead.

In a similar way to Sarah, Marcus explained that he struggled greatly before his transplant and could not imagine ever getting better, so he participates in the Games in order to help people see that "you can live a good life after transplant." Likewise, Beth (20s) hoped that she could show people on the transplant waiting list that you can "still lead a normal life post-transplant." Each of these comments hint at the uncertainty of not knowing what life will be like after receiving a transplant. For Marcus and Beth, participating in the Games allows them to ease this pre-transplant uncertainty by helping people see that post-transplant life is "good" and "normal" and giving them hope that they too can live a healthy, active life upon receiving their new organ. Evidently, helping others at an earlier stage in their transplant journey is an important factor in why some of the study participants choose to attend the Games, whether it be to repay the community that individuals themselves have been encouraged by, to help those who are experiencing the same fears and uncertainty they once felt, or as a way of showing thanks to a donor whose 'gift' cannot be reciprocated. As a result, the Games function as a therapeutic landscape of hope, with study participants discussing not only being able to receive encouragement but, perhaps more importantly, being able to *give* encouragement to their peers and, in doing so, support and give back to the transplant family of which they are part. As this therapeutic landscape of hope illustrates, the peer-to-peer clinic is as much about providing support and care to one's peers as it is receiving it.

7. Promoting physical and mental health: a landscape of motivation

As the Games centre on sport, it is unsurprising that one of the therapeutic benefits numerous study participants gained relates to physical fitness. With an emphasis placed on demonstrating the 'gift of life' rather than sporting excellence, the Games encourage individuals of all ages, abilities and fitness levels to take part in sport, in turn providing a supportive and inclusive fitness-focused environment. One participant, Luke (40s), commented that the Games helped him recover from his transplant and improve his fitness. Luke explained that he was unhappy with his appearance and had struggled with his weight for many years. With the World Transplant Games only a few months away, and a desire to win gold in his events, Luke used this as a goal to work towards becoming fitter and healthier, losing over 22 kg in the process. As Luke's story demonstrates, through both enforcing a deadline to work towards and igniting a competitive drive to win, the Games provide individuals with an incentive to become more active, engage in sport, and therefore improve their physical health (Deliva et al., 2014). Similarly, Lily (20s) noted that during the COVID-19 lockdowns, she found it difficult to stay motivated in terms of physical activity, as she had nothing to train for (the 2020 and 2021 British and European Games were cancelled due to the COVID-19 pandemic). Now the Games have re-started, Lily commented that she is back training regularly as she has an objective to work towards that keeps her motivated. This view of the Games as a source of motivation has likewise been observed by D'Ambrosio et al. (2021), who found that 82% (n = 96) of their participants were motivated to engage

in regular exercise due to the Games.

However, the Games not only motivate individuals to become fit and healthy post-transplant: for some, participating is about *regaining* the healthy identity they lost when they became unwell. In discussing how sport had always played an important role in his life, Jake (20s) stated that the Games “definitely” encouraged him to get *back* into sport post-transplant. Jake explained that after his transplant, which happened suddenly, he felt very unwell and lost a significant amount of weight. As a result, Jake “no longer recognised the person looking back at me in the mirror.” After being discharged from the hospital, Jake found that “the Games motivated me to try and get better,” and he subsequently joined a local athletics club. For Jake, getting better was not simply about recovery but about returning to his pre-transplant weight and appearance: his pre-transplant *sense of self*. Here, Jake demonstrates Wiltshire et al.’s (2021: p.390) finding that physical activity allows transplant recipients to “shift the position of one’s self-identity from its association with an ill, abnormal, and deficient body to a healthy body capable of physical performance.” In motivating individuals like Jake to engage in physical activity, the Games can be conceptualised as a therapeutic landscape in that they can facilitate this self-identity shift from illness to health. In this sense, many of the study’s participants found the Games to be as much about promoting their mental health as their physical health.

To varying degrees and for numerous different reasons, almost all the participants within this study commented on the psychological benefits they gained from attending the Games. For Amy, the Games are particularly important as, prior to becoming unwell, her dream was to be an Olympic athlete. After finding out her transplant medications would prevent her from being able to compete at this level, she described feeling “really down.” Amy’s feelings, however, were turned around upon hearing of the Transplant Games, with Amy commenting that they became a new goal for her to work towards. In providing a space in which she could continue her sporting hobbies, the Games allowed Amy to maintain her ‘sporty’ identity and competitive spirit and therefore improve her outlook on what she can achieve in the future. As already noted, looking to the future often comes with much uncertainty and worry for transplant recipients. However, in giving individuals a future goal to work towards, the Games have the potential to provide participants like Amy with a sense of purpose and point of focus for the future, thereby contributing to improved psychological wellbeing. As Amy’s story illustrates, the experience of organ transplantation has the potential to drastically alter, or even destroy, the ambitions and goals one sets for themselves and the future life they envisage living. In motivating individuals to work towards new aims and aspirations, the Games can help participants come to terms with their transplant identity and shift their mindset from a focus on what they have lost towards a focus on what they can now achieve. In this regard, it is clear that competing in the Games has the potential to contribute to a sense of “psychological well-being” for those who attend, in the same way Johnson et al. (2013: p.7) found at the World Games.

The psychological benefits of the Games are further demonstrated by Henry (50s), who, after meeting at the Games, I interviewed over Zoom a few weeks later:

Henry: *[The Games] helped my self-confidence, it gave me a purpose and a meaning, it brought back my competitive spirit ... Um cause when you win a medal, at anything, it gives you that sort of edge.*

In describing the Games as giving him a “purpose and a meaning,” the Games become a space of much greater significance than simply one focused on fitness and physical health. Evidently, competing at the Games has been instrumental in contributing to Henry’s psychological wellbeing, not only in giving him a new “purpose” to work towards but also in improving his self-confidence by showing him that he is still capable of winning medals. Here, Henry’s comments illustrate Mazzoni et al.’s (2014: p.2234) claim that for transplant recipients, “the benefits of sport activity go beyond its impact on physical health to involve psychological and social components of quality of life.” For another

participant, Margaret (70s), the positive psychological impact of attending the Games is clear, with her commenting that they have “motivated me to stay fit, both physically and mentally, but mostly mentally,” explaining that if she has a bad day she can think of the Games and it keeps her going. More than simply a fitness-focused environment, the Games provided many of the study participants with a therapeutic landscape of motivation: a space where they could focus on new goals, come to terms with their transplant identity, and shift their mindset to a ‘can-do’ attitude, thereby building confidence and ultimately improving their psychological wellbeing.

8. Moving forward: discussion and conclusions

In moving well beyond a “reductive focus on location” (van Ingen, 2004: p.254) and towards a recognition of the contingent, relational, and socially-produced nature of therapeutic landscapes, an understanding of Transplant Games sporting events as therapeutic landscapes of social relations emerges. Conceptualising the Games as such and recognising the numerous physical and psychosocial health benefits individuals can gain from participating has important practical implications for transplant patients and healthcare providers moving forward. In providing a peer-to-peer clinic where individuals can bond over their shared experiences and understanding, the Games provide a crucial mental health resource for participants and a space where they can both give and receive psychosocial support, with the positive effects of this persisting long after the events have ended. Within the context of the UK, arguably one of the most significant challenges facing the NHS is a lack of mental health resources and services. While many transplant units have counsellors available, there remains an inability to provide this service to every patient, despite the fact evidence suggests issues such as depression and anxiety are prevalent amongst organ recipients (Zimbrea, 2022). Acknowledging this, the peer-to-peer clinic of the Games presents an opportunity to help ease these pressures by providing a space of affective peer-support. Despite this, within their study exploring the British and World Transplant Games, Hames et al. (2022) found that only 1% of their 220 participants had been encouraged to explore transplant sport from their medical/support team. Similarly, only two of the participants within this study were informed of the Games from their hospital. One potential reason behind this may be due to the fact healthcare teams are unaware of the therapeutic benefits, particularly the mental health benefits, that may result from participating in the Games, viewing them instead as simply sport- and competition-focused events. As such, the term peer-to-peer clinic may be particularly useful in reframing how the Games are perceived and understood by medical professionals. In highlighting the potential benefits of the Games for transplant recipients, this research seeks to encourage transplant units and healthcare professionals to promote the Games to patients as an environment which may positively contribute to their overall physical and mental wellbeing. This increased exposure is key in enabling more transplant recipients the ability to access this peer-to-peer clinic and its numerous potential benefits. For the Games themselves, an increased understanding of their health-promoting nature is likely to lead to increased uptake and publicity. With that being said, it is important to reiterate that the findings of this paper may not be applicable to all transplant patients, and that many individuals may not want to, or may even find it harmful to, engage with other transplant recipients and the wider transplant community present at the Games, such as the Donor Family Network. In turn, the Games may not be experienced as therapeutic by all.

In highlighting the British Transplant Games and the European Transplant and Dialysis Games as therapeutic landscapes of social relations, this paper continues to evolve Gesler’s influential term beyond its original conceptualisation and emphasise the relational nature of health-in-place. At the Games, the landscapes of *belonging*, *hope* and *motivation* emerge from social interactions, thereby emphasising the “taking place” (Andrews et al., 2014: p.210) of health and wellbeing,

and extending the focus of therapeutic landscapes literature beyond “fixed, bounded spaces” (van Ingen, 2004: p.254). Ultimately, the experience of receiving an organ transplant is complex, with individuals moving through spaces of illness, surgery and recovery, of which the Transplant Games play a crucial role for participants of this study, and thus have the potential to similarly do so for many more transplant recipients in the future.

Declaration of competing interest

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Data availability

The data that has been used is confidential.

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