

# Footsteps to Praxis: 3

## Exploring therapeutic landscapes

Christine Milligan, who will be hosting a very special exploratory session to open Praxis One (Manchester, 9-12 October), explains what is meant by 'therapeutic landscapes.'

**S**ince the late 1970s, geographers have been anxious to tease out the complexity of the relationship between humans and their environment, drawing attention to the intricate intermingling of the physical, biological and cultural features of our surroundings. As Tuan put it in 1979,

"landscape is a construct of the mind and feeling" and as such, we respond in automatic and subconscious ways. This view insists that our individual lives are affected in myriad ways by certain places.

Of particular importance to those attending Praxis is the more recent geographical work around the concept of 'therapeutic landscapes' (Gesler, 1992<sup>1</sup>; 1993<sup>2</sup>; Milligan *et al*, 2003<sup>3</sup>). This suggests that certain environments promote mental and physical well-being and that these

landscapes are not necessarily 'natural', but can be created. Work using this concept indicates that specific landscapes not only provide an identity, satisfying a human need for roots, but can also act as the location of social networks, providing settings for therapeutic activities. This is based on an understanding of the ways in which environmental, societal and individual factors can work together to preserve health and well-being.

Place is, therefore, understood as being relational, influenced not only by the physical environment, but also by the human mind and material circumstances. The concept of the 'therapeutic landscape' is thus concerned with a holistic, socio-ecological model of health that focuses on those complex interactions that include the physical, mental, emotional, spiritual, societal and environmental. It further maintains that while the literature points to the

health or to serve as a preventative measure in our high-stress society.

Two linked elements that underlie the concept are:

- the therapeutic effects of direct physical engagement with the environment (being in or on the landscape itself);
- the aesthetic and therapeutic benefits of mentally engaging with the environment (ie through sensory experiences and people's sense of place).

The environments in which we live and work have the power to affect our emotions and well-being in both positive and negative ways. But is it simply a matter of considering the built environment, or are there much broader social, cultural and natural aspects of our everyday lives that we need to consider? How can we build this knowledge into the environments within which we deliver healthcare? And how can we think

### *The built environment intertwines with natural, social and cultural features of the landscape*

use of therapeutic landscapes in the healing and recovery process, they can also be used in the maintenance of health and well-being.

Therapeutic landscapes can be seen as places that "promote wellness by facilitating relaxation and restoration and enhancing some combination of physical, mental and spiritual healing" (Palka<sup>4</sup>, 1999, p30). So the goal becomes one of providing therapeutic environments for people who have experienced physical or mental ill

about ensuring these aspects are taken into account when developing new policies designed to improve our health and well-being?

The concept of the therapeutic landscape concerns the wider environments in which we reside, as well as some of the very specific features of the built, natural, cultural and social environments that can have therapeutic qualities. This might range from particular colours, plants, paintings, and furnishings to wider





aspects such as architectural design, layout, socio-cultural features and health practices. Natural features are important, such as plants, trees, water, wildlife etc, as is colour, artwork, furnishings, mode of dress and behaviour. The wider aspects include overall design, conceptual features, types of environment and socio-cultural features.

It is important to consider features that contribute to making a therapeutic landscape (and so are health enhancing) and what features engender negative or at best ambivalent emotions (and thus may be health constraining). Features of our environment can be brought together in an holistic way to create therapeutic spaces of care, and this knowledge about what constitutes a therapeutic landscape might ideally be integrated into health policies and practice.

Therapeutic aspects of our environment can often be 'taken for

granted'. The built environment intertwines with natural, social and cultural features of the landscape – and this intertwining may engender a change in our perception of how we relate to particular settings. Our own emotional responses are always a factor – environments can make us feel calm, safe, happy, insecure, nervous or worried – all aspects of our well-being. Of how much greater significance are these effects likely to be if one is anxious about, or known to have, a state of ill health?

Landscapes are made up of more than just the physical aspects of our environment. They also include the social, cultural, natural and man-made aspects, and not all features of a therapeutic landscape require vast capital outlay and infrastructural change. Lastly it is important to recognise that healthcare practitioners and users are likely to view therapeutic landscapes in different ways. **HD**

## REFERENCES

- 1 Gesler, W (1992): Therapeutic landscapes: Medical issues in light of the new cultural geography. *Social Science and Medicine* 34 (7) 735-46.
- 2 Gesler, W (1993): Therapeutic Landscapes: Theory and a case study of Epidavros, Greece. *Environment and Planning D: Society and Space* 11, 171-89.
- 3 Milligan, C, Gatrell, A and Bingley, A (2003): "Cultivating Health": therapeutic landscapes and older people in northern England", *Social Science and Medicine*, (forthcoming).
- 4 Palka, E (1999): Accessible Wilderness as a Therapeutic Landscape: Experiencing the Nature of Denali National Park, Alaska. In A Williams (Ed): *Therapeutic Landscapes: the dynamic between place and wellness*, (pp. 29-51). Maryland: University Press of America Inc.
- 5 Tuan, Y (1990): *Topophilia: A Study of Environmental Perception, Attitudes and Values*. New York: Columbia University Press.



## Managing without shoes

**In our final 'Foostep,' Steve Young describes how a personal and professional challenge spurred him on to greater heights as an NHS manager, and how others can follow the example.**

**A**n nurse by profession, I have worked in the NHS for 32 years and have had a wide range of experience both as a manager and a clinician.

'Managing Without Shoes' refers to how uncomfortable and vulnerable I felt as I became involved in the development of an innovative community based project called the Creative Living Centre, and it vividly recalls a real moment in time.

### **Putting an empowering approach into practice is extremely challenging**

The centre supports people who have experience of emotional distress/mental health problems, in a way that allows them to identify their own needs and make an informed choice about how those

needs are met. This empowering approach is easy to state, but putting it into practice is extremely challenging. It requires conscious thought about the relationship between giver and receiver of care so that people using the services on offer do not become passive recipients of care.

Throughout the development of the project I was exposed to many new experiences, the first of which was being asked to remove my shoes. These experiences, although uncomfortable in the first instance, prompted in me a process of reflection. This led me to question the way I have undertaken my role as director of service development, and developed new services for, as opposed to with, the people who use mental health services. This work has challenged me in many different ways and I have learnt to be more creative, thinking outside of the box, developing a 'can do' view of life.

Just like the Praxis One conference, I was on a journey, a journey where I did not know the destination. Along the way there were many new experiences, both

positive and negative. The negative experiences were as valuable as the positive, in that they provided prompts for questions and reflection through which explanations and understanding could emerge.

My personal discovery through this journey is realising how much I have been influenced by the external environment and how this has influenced and constrained my thinking and behaviour. Therefore, my workshop at Praxis One aims to share with participants how I became involved with the development of the Creative Living Centre, and how the centre has developed, sharing the many challenges along the way. In requiring me to think creatively, and find ways to learn lessons, the project has been invaluable in terms of benefitting work on other projects. **HD**

For info on the Praxis One expedition, visit [www.thecaritasproject.info](http://www.thecaritasproject.info)

As a result of HD's support of the event, a limited number of invitations are available to its readers.

To apply, email:  
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