

## What is a Therapeutic Garden?

Is there a difference between what makes a garden therapeutic, and what makes a therapeutic garden? The answer is yes. Although some garden elements may have inherent restorative qualities, not all gardens are *therapeutic gardens*. Many gardens are not therapeutic, and in fact some gardens can be harmful to their users.

A therapeutic garden is a place where the environment is adapted to the behaviors that are performed there, usually some sort of physical therapy. A therapeutic garden is specially designed to make it easier for a particular user of the garden. Gardens could be designed specifically for children, for those with temporary or permanent physical disabilities, for patients with Alzheimer's disease, for the elderly, for those with terminal illnesses and their families, or for prison inmates. They may be large or small, fully accessible spaces or view spaces only, used day or night. They are as varied as our culture, and their value lies in the positive associations people have with plants. Plants have *aesthetic qualities*; they are living, growing things that change appearance on a daily and seasonal cycle. Plants have *temporal qualities*; the annual dormancy and rejuvenation of plants mark the passage of time, either consciously or subconsciously. And plants have *spiritual qualities*; people experience a sense of connection to the earth and to other living organisms, which is the foundation of ecology. These qualities provide psychological and social benefits for humans.

A garden can restore a sense of order, safety, and privacy for those dealing with the chaos induced by injury or illness. The act of gardening produces a peaceful, effortless concentration that increases our capacity to rest. It creates more outward perceptions rather than inward self-consciousness, a valuable balance to the anxiety of illness. A therapeutic garden creates an appropriate place for certain activities, a complementarity between the environmental space and the activity.

Evidence of restorative gardens can first be found during the Middle Ages in Europe. Medieval hospices integral to monasteries were the first restorative gardens to appear in the West. Patient's cells bordered an arcaded courtyard that offered sunlight, a lawn, seasonal plants, and a place to sit or walk. In addition, the monasteries were traditionally quiet places suffused with mysticism, adding to the comfort and hope for patients.

The decline of monasticism during the 14th and 15th centuries decreased the significance of the restorative garden, and open landscaped spaces attached to hospitals became simply products of traditional architectural practice. Care of the infirm changed from monastic institutions to civic and ecclesiastical institutions.

The emergence of scientific medicine and of Romanticism in the 17th and 18th centuries brought back usable outdoor spaces in hospitals. The thought that infections were spread through the atmosphere produced hospital designs that gave attention to sanitation, fresh air, and ventilation. Romanticism brought about a renewed appreciation for the effects of nature upon the body and soul. The pavilion hospital, with outdoor spaces between pavilion wards, became the predominant form throughout the 19th century.

I mention from experience, as quite perceptible in promoting recovery, the being able to see out of a window, instead of looking against a dead wall; the bright colors of flowers; the being able to read in bed by the light of the window close to the bed-head. It is generally said the effect is upon the mind. Perhaps so, but it is not less so upon the body on that account.

Florence Nightingale (1820-1910)

Changes in the treatment of psychiatric patients and in the design of psychiatric hospitals also occurred around the end of the 18th century. Treatment evolved from physical punishment to psychological security. Psychiatric institutions were planned with outdoor spaces planted to screen patients from curious spectators. Landscaped views were created to provide comforting experiences. Grounds maintenance, gardening, and farming became part of the patient's therapy.

Restorative gardens took a downturn in the 20th century with the technological advances in medical science and in building construction. Low-rise pavilion hospitals were replaced with multistory medical complexes because of advances in high-rise construction, the increased use of elevators within buildings, and increased demand for efficiency. The design emphasis shifted toward saving steps for physicians and nurses, and away from the patient's experience with the environment. By the 1970s, the typical acute-care hospital was a sealed, air-conditioned edifice that looked more like a modern office building. The only outdoor experience was the walk from the parking lot to the front door. Some of these institutions had gardens and courtyard spaces, but they were seldom considered usable outdoor spaces for the treatment of illness or injury.

The emerging integrated health systems are focused on patient outcomes, exploring new clinical pathways, and reducing costs without sacrificing quality. The reshaping of patient's environments to be more consumer-friendly is part of current efforts to promote prevention of health problems. This movement back to patient-oriented attributes is most evident in the design of obstetrics and maternal/child care, where managed care drives people to shorter lengths of stay. The response from providers has often been to create very pleasant, family-centered settings. Therapeutic gardens are becoming an integral part of this holistic concept of patient-centered care.

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