Therapeutic Landscapes: A Critical Analysis

by

Ariane Khachatourians
B.A., Simon Fraser University, 2003

THESIS SUBMITTED IN PARTIAL FULFILLLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

In the
Department
of
Geography

© Ariane Khachatourians 2006
SIMON FRASER UNIVERSITY

Summer 2006

All rights reserved. This work may not be
reproduced in whole or in part, by photocopy
or other means, without permission of the author.

APPROVAL

Name: **Ariane Katharine Khachatourians**

Degree: **Master of Arts**

Title of Thesis: **Therapeutic Landscapes: A Critical Analysis**

Examining Committee:

Chair: **Dr. R.A. Clapp**, Associate Professor

____

Dr. M.V. Hayes, Associate Professor
Department of Geography, Simon Fraser University
Senior Supervisor

____

Dr. N.K. Blomley, Professor
Department of Geography, Simon Fraser University
Committee Member

____

Dr. Habib Chaudhury, Assistant Professor
Department of Gerontology
Simon Fraser University
External Examiner

Date Approved: August 8, 2006

SIMON FRASER UNIVERSITY library

DECLARATION OF PARTIAL COPYRIGHT LICENCE

The author, whose copyright is declared on the title page of this work, has granted to Simon Fraser University the right to lend this thesis, project or extended essay to users of the Simon Fraser University Library, and to make partial or single copies only for such users or in response to a request from the library of any other university, or other educational institution, on its own behalf or for one of its users.

The author has further granted permission to Simon Fraser University to keep or make a digital copy for use in its circulating collection, and, without changing the content, to translate the thesis/project or extended essays, if technically possible, to any medium or format for the purpose of preservation of the digital work.

The author has further agreed that permission for multiple copying of this work for scholarly purposes may be granted by either the author or the Dean of Graduate Studies.

It is understood that copying or publication of this work for financial gain shall not be allowed without the author's written permission.

Permission for public performance, or limited permission for private scholarly use, of any multimedia materials forming part of this work, may have been granted by the author. This information may be found on the separately catalogued multimedia material and in the signed Partial Copyright Licence.

The original Partial Copyright Licence attesting to these terms, and signed by this author, may be found in the original bound copy of this work, retained in the Simon Fraser University Archive.

Simon Fraser University Library
Burnaby, BC, Canada

Summer 2006

SIMON FRASER UNIVERSITY library

STATEMENT OF ETHICS APPROVAL

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

(a) Human research ethics approval from the Simon Fraser University Office of Research Ethics,

or

(b) Advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University;

or has conducted the research

(c) as a co-investigator, in a research project approved in advance,

or

(d) as a member of a course approved in advance for minimal risk human research, by the Office of Research Ethics.

A copy of the approval letter has been filed at the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library
Burnaby, BC, Canada

Abstract

The concept of therapeutic landscape has been applied in a variety of ways, but there have not been any detailed reviews or critiques of the body of literature. A systematic literature analysis and key author interviews are performed. It is demonstrated that the concept has evolved from its original meaning, which focused on site-specific landscapes reputed to have supernatural healing powers. Results show a significant shift in the way therapeutic landscapes are conceptualized. Newer interpretations focus on non site-specific and everyday landscapes believed to contribute to healing and the maintenance of health and wellness, and have largely abandoned the original key qualities. Most key authors have embraced the evolution of the concept and view the change as positive. A cognitive theory of categorization is applied as a new way of conceptualizing therapeutic landscapes. Suggestions for future research on the topic, incorporating suggestions of the key authors, are reviewed.

Keywords: therapeutic landscape; health geography; healing; environment

Great spirits have always encountered violent opposition from mediocre minds.

Albert Einstein

Acknowledgments

I would like to thank Dr. Michael Hayes and Dr. Nick Blomley for their support and thoughtful contributions to this project, and especially Dr. Hayes for introducing health geography in such a captivating way during my undergraduate degree. I would also like to thank Dr. Adrienne Burk and Sylvie Lefebvre, whose guidance and encouragement inspired me to continue pushing through the challenges that this degree presented. Thanks also to all of the other faculty, staff, and students that made this experience both possible and, more importantly, enjoyable!

I would also like to thank my friends and family for their support and encouragement throughout my academic endeavours. In particular I would like to thank my partner, Scott Hadfield for always encouraging me to follow my own path, and my parents, Lorraine and George for all their support.

Table of Contents

Approval......ii

Abstract......iii

Dedication......iv

Acknowledgments......v

List of Tables......viii

List of Figures......ix

1 Introduction......1

1.1.Background on Therapeutic Landscapes......5

1.2.Purpose and Objectives......7

1.2.1 Objective 1: Conceptualizing 'Therapeutic landscapes'......7

1.2.2 Objective 2: Assessing whether there is a divergence between the application of the therapeutic landscape concept in Gesler's and the subsequent key authors' methods and case studies......8

1.2.3 Objective 3: Review current viewpoints of key authors......8

1.3.Chapter Outline......8

2 Literature Review......10

2.1.The Transition from Medical to Health Geography......10

2.2.Therapeutic Landscapes......16

2.2.1 Gesler: Establishing a Discourse on Therapeutic Landscapes......16

2.2.2 After Gesler: Broadening the Concept of Therapeutic Landscapes......26

3 Methods......38

3.1.Literature Analysis......38

3.2.Key Author Interview Methods......43

4 Results of Literature Analysis......46

4.1.The foundation set by Gesler......48

4.2.Williams' contribution and a book on Therapeutic Landscapes......57

4.3.Subsequent research......73

4.4.Critiquing the results of the literature analysis......85

5 Results of Key Author Survey......98
5.1.How authors define 'therapeutic landscape'......99
5.2.The conceptual core of therapeutic landscapes......101
5.3.Coherence of therapeutic landscapes in literature......103
5.4.Changes over time......105
5.5.Necessary changes?......107
6 Final Discussion and Recommendations......112
7 Bibliography......120

List of Tables

Table 1 Gesler's Foundational Literature....17

Table 2 Summary of post-Gesler literature....27

Table 3 Key Elements in Gesler 1992....48

Table 4 Key Elements in Gesler 1993....50

Table 5 Key Elements in Gesler 1996....53

Table 6 Key Elements in Gesler 1998....55

Table 7 Key elements in Williams 1998....59

Table 8 Key elements in WIlliams 1999a....60

Table 9 Key elements in Palka 1999....62

Table 10 Key elements in Thurber and Malinowski 1999....66

Table 11 Key elemets in Williams 1999b....68

Table 12 Key elements from Kearns and Barnett 1999....71

Table 13 Key elements from Scarpaci 1999....72

Table 14 Key elements in Kearns and Collins 2000....75

Table 15 Key elements in Williams 2002....77

Table 16 Key elements in Wilson 2003....80

Table 17 Key elements in Milligan, Gatrell, and Bingley 2004....84

Table 18 Key elements in defining therapeutic landscape based on author's responses. 100

List of Figures

Figure 1 Theatre at Epidauros....21

Figure 2 Statue of Mary at Lourdes....24

Figure 3 Our Lady of Lourdes Basillica....23

Figure 4 Roman Bath at Bath, England....26

Figure 5 Mount McKinley, Denali National Park....31

Figure 6 Community Garden Plot....36

Figure 7 Key elements of therapeutic landscapes from Gesler....42

Figure 8 Key elements from Gesler's case studies in therapeutic landscape literature......47

Figure 9 Cognitive categorization of therapeutic landscapes....97

1 Introduction

For centuries, people have sought out environments reputed to have healing powers. Prior to the development of biomedical disease models, a widespread belief in the connection between religion and health lead to a common belief in supernatural healing power. For hundreds of years, people have visited places such as shrines, spas, and aesthetically pleasing natural landscapes in hopes that the inherent powers of such places would provide a cure for their ailments. Even now, some of those whom modern medicine has failed turn to these places as a last resort in hopes of finding a miraculous source of healing. Although such sites have been used for years, their academic study within the field of geography is relatively new.

The early to mid-1990s brought the beginning of a new chapter in research on health and place. Critiques of medical geography were common, and a call was made by many key researchers to reincorporate the social environment into a 'new' or 'post-medical' geography of health (Kearns, 1993; Kearns and Moon, 2002). This change brought about an exploration of both humanistic and structuralist concepts within the context of health and place, and in turn, the birth of this post-medical geography, which has come to be called 'Health Geography'.

This change from medical to health geography occured along side the rebirth of several strains of geographical research:

> ...contemporary health geography...will have changed as a consequence of a collective, but contested, openness to the ideas of other disciplines as well as other constituent fields of geography...One issue here is the balance between change in health geography as a process developed from within the subdiscipline and the alternative possibility that any new health geography has simply mirrored, with some lag, developments elsewhere. (Kearns and Moon, 2002: 607)

The development of health geography was tied to the move from traditional cultural geography to the 'new' cultural geography. The new cultural geography turned away from its traditional version, originally developed by Sauer and the Berkeley School, which was criticized for its focus on artifacts and its tendency towards generalizations based on dominant social groups. The new cultural geography instead looks at multiple identities and individuality, focusing on poststructuralism, text, and discourse (Barnett, 1998). This new approach to cultural geography allows for different and more complex interpretations of place and landscape, and has opened the doors to intensive study in areas of geography influenced by postmodernism and an interest in individual experiences.

Kearns and Moon's (2002) reflection, a decade later, on this time of change emphasizes the shift in focus from disease and medicine to more holistic models of health, well-being, and health care, and the appearance of new academic literature on the topic. Within the theme of constructions of place in relation to health, Kearns and Moon (2002) identify a sub-theme of 'landscape', which has become important in health geography, including a focus on cultural and political-economic aspects of place in relation to health and health care. One of the areas of research that has developed within this sub-theme of landscape is the study of 'therapeutic landscapes', introduced by Gesler

(1992). Kearns and Moon (2002) describe the concept of therapeutic landscape as "...a metaphorical construct that was not only 'invented' for application to health geography but was also coined by a person working within the project to construct a new geography of health" (611).

A renewed interest in therapeutic landscapes, stemming from the focus on landscape and located social relations in health geography has led to the publication of a substantial body of literature on the topic over the past 14 years. The current definition of therapeutic landscape has become quite broad, encompassing a variety of environments that, in conjunction with social context, are seen as having the ability to promote physical, mental, and spiritual healing. Recent literature has, however, tended to stray from the original intent of the definition of therapeutic landscapes, which was based on the instrinsic physical, mental, and spiritual healing powers of specific places. Instead, there has been a focus mainly on everyday landscapes that have the potential to contribute to the maintenance of health and well-being.

The intention of this thesis is to undertake a detailed review and critical analysis of therapeutic landscape literature, which has not been performed in any of the literature to date. Additionally I will directly survey the current views of the key therapeutic landscape authors on the meanings, trajectory, and application of the concept. This creative approach allows not only an in depth review of literature on the topic, and analysis of its evolution, but also provides an opportunity to hear from authors who have worked on this body of literature over the course of the 12 year period on which this investigation focuses, from 1992 to June 2004. The importance of this is highlighted by the fact that there has not been any review or analysis of the subject since its inception.

The diversity of the literature to date also suggests the importance of a detailed assessment of the topic.

Following an overview of health geography literature, and a detailed review of the therapeutic landscape literature, I will perform an analysis identifying the key elements in Gesler's (1992, 1993, 1996, 1998) foundational papers, and assessing whether subsequent literature shares the same key elements. Additionally, there will be an investigation of whether different authors conceptualize therapeutic landscapes in different ways, and whether there are any inherent elements of therapeutic landscapes as defined by Gesler in his earlier literature that are not present in later work. This will be accomplished through the literature review and analysis, as well as interviews with several of the key authors of the therapeutic landscape literature.

It is important to trace the evolution of the concept of therapeutic landscape, because if there has been an evolution in meaning from sites with intrinsic healing powers to everyday places possessing qualities people find to be therapeutic, it is possible that the original meaning of the term has been lost. The uniqueness of such well-known sites of healing as Epidauros and Lourdes is critical to those who believe in these sites' mystical and spiritual powers to cure. If we are to lump these sites together with everyday environments that simply have therapeutic qualities, we lose the significance of those unique sites as something with different and special characteristics and healing powers. If the evolution of the concept of therapeutic landscapes includes a divergence in meaning, it is important to acknowledge this and assess whether the different conceptualizations can coexist within the same category, or whether they would best be separated into their own unique and relevant concepts.

1.1. Background on Therapeutic Landscapes

The links between sense of place and sense of self are deep, as the meaning of place strongly affects individuals' perceptions of their conditions and their quality of life. Relph (1976) argues that not only the visual appearance of place, but also the meanings and activities associated with place come together to create 'place identities' and sense of place. Health geographers have begun to look at place in relation not only to physical landscape, but also to human activity, in order to investigate the relationships between health and place (Williams, 2002). This change is also represented in the shift of interest from medical to health geography that is the trademark of the journal *Health and Place*.

The investigation of the relationship between health, healing, and place has manifested itself in this fairly new topic of study, 'therapeutic landscapes' (Kearns and Moon, 2002). Although places of healing have existed for centuries, they have only been formally investigated in geography as therapeutic landscapes for just over ten years. Wil Gesler (1992) was the first to recognize therapeutic landscapes as a useful research tool in the early 1990s, and proceeded to develop the theory surrounding this topic. Gesler (1996) was also the first to develop an explicit definition of therapeutic landscapes:

> [Therapeutic landscapes are]...healing places...[that] include such things as natural and human-made environments, historical events, cultural beliefs, social relations, and personal experiences...In many societies ...[they are] closely tied to religion... (95)

Although this definition is one that allows many different types of places to be included, the common link is that they are specific places that focus on healing, as opposed to simply relaxation, recreation, and restoration, which are the focus of much of the later literature. There is also an emphasis on places that are associated with religion, which have often become destinations for pilgrimages, as those who believe that health is

governed by the supernatural also believe that divine forces will heal them if they make the journey to these sites (Gesler, 1996). Gesler has continually emphasized this as an important element of the therapeutic landscapes in his case studies.

Religious sites are not the only type of therapeutic landscape that has been identified and studied; another significant type of therapeutic landscape is the spa. It is, however, also common for spas to have religious mythology associated with the origin of their healing powers, as is seen in Gesler's works on Lourdes (1996) and Bath (1998). Many of Gesler's case studies have focused on spas and the beliefs surrounding their miraculous healing powers, as well as on other historical sites known for miraculous healing. Originally, the label of 'therapeutic landscape' was confined mainly to specific places where a healing environment was reputed to have a long standing spiritually or religiously based intrinsic healing power. Following that, nature—gardens, the ocean, rivers, and mountains—was emphasized as an effective and important type of healing landscape. Natural settings and gardens have also long been interpreted and used as sites of healing, particularly for mental illnesses, Alzheimer's, and stress related diseases (see Raver, 1995; Palka, 1999; Friedrich, 1999; Brawley, 2001; Hitching, 2002).

Some of the newest research on therapeutic landscapes has centered around a variety of topics and environments, including holistic medicine (Williams, 1998), children's camps (Thurber and Malinowski, 1999), hospitals (Kearns and Barnett, 1999), the home (Williams, 2002), and cultural influences on health for First Nations peoples (Wilson, 2003). There have also been several offshoots of research in nearby disciplines such as environmental design for Alzheimer's and dementia patients (see Friedrich, 1999; Brawley, 2001; Westphal, 2003), and horticultural therapy (see Friedrich, 1999; Armstrong, 2000; Brawley, 2001; Hitching, 2002; Rauma, 2003).

1.2. Purpose and Objectives

The central purpose of this project is to investigate the therapeutic landscape literature in order to assess the evolution of the topic over time and any changes in the meaning and intention of the concept of therapeutic landscapes. To accomplish this objective, the following will be provided:

1. A detailed review and analysis of therapeutic landscape literature, including an overview of definitions, case studies, research methods, coherence of these among key authors, and a detailed analysis investigating whether the key elements in Gesler's work are emphasized in subsequent literature, as well as the greater implications of these findings.
2. Interviews with key authors of therapeutic landscape literature regarding the definition and conceptual core of therapeutic landscapes, case studies used in literature, changes over time, and the future of therapeutic landscape research.

1.2.1 Objective 1: Conceptualizing 'Therapeutic landscapes'

Key elements of Gesler's (1992, 1993, 1996, 1998) original conception of therapeutic landscape seem to have been largely abandoned in subsequent research, to accomodate use as an analytical tool for a broader variety of places with therapeutic qualities. The main question regarding this evolution is whether the omission of these key elements from Gesler's original conception has led to a fundamentally different notion of a therapeutic landscape. Many of the original key elements comprising the concept appear to have been excluded from discussion in subsequent work. It is, therefore, useful to distinguish between Gesler's conception of 'therapeutic landscape' and the therapeutic qualities of places encountered in recreational settings and everyday life. For this, the key elements in Gesler's discussions must be identified, and sought out in the later literature.

1.2.2 Objective 2: Assessing whether there is a divergence between the application of the therapeutic landscape concept in Gesler's and the subsequent key authors' methods and case studies

The research and case studies used in therapeutic landscape literature must be analysed and critiqued in order to assess the coherence, or lack thereof, with Gesler's original conception. Many of the sites of the newer case studies lack religious and supernatural influences, are not place-specific sites of healing, do not exist with the intention of healing, and are not generally used as an alternative or last resort to medical cures, all of which were central to Gesler's original case studies.

1.2.3 Objective 3: Review current viewpoints of key authors

Therapeutic landscape literature has evolved, as do all disciplines, since the first articles by Gesler appeared in 1992 and 1993. Due to this, it is important to compare and contrast the findings of Objectives 1 and 2 with the current viewpoints of the key authors regarding whether a divergence has occured, and what the impact of such a shift may be. To achieve this, key authors will be interviewed via email regarding the definition, conceptual core, and case studies used in therapeutic landscapes literature, as well as the trajectory of therapeutic landscape research. Their responses will be analysed in comparison to their own literature on the topic, and in relation to the other respondents' views and the larger body of work on the topic.

1.3. Chapter Outline

This paper is comprised of six chapters. This introductory chapter provides a rationale behind this thesis, as well as some background on the topic, and an overview of the main objectives. The second chapter provides a review of both health geography and,

more extensively, therapeutic landscape literature. Chapter three details the research methods used in this project, for both the critical analysis of therapeutic landscape literature, and the key author interviews. The fourth chapter provides a critical analysis of the therapeutic landscape literature reviewed in chapter two, focusing on determining how extensive the shift in conceptualizing therapeutic landscapes has been, and chapter five goes on to summarize the results from the key author interviews. The sixth and final chapter summarizes the overall findings of the critical analysis of the literature and the key author interviews, and suggests the implications of the findings as well as possibilities for future research.

2 Literature Review

The objective of this review is to provide an overview of health geography and therapeutic landscape literature, and locate therapeutic landscape research within the discourse on health and place in health geography. It is also important to detail the progress of therapeutic landscape literature from its first appearance to the conclusion of the study period, as it has expectedly gone through a significant evolution. The therapeutic landscape literature that was chosen includes the majority of the key literature, and since the concept is fairly new, the body of literature is relatively small. Literature was selected via keyword searches for 'therapeutic' and 'landscape' on academic journal databases, the Simon Fraser University library catalogue, and the internet. Subsequently, literature in which therapeutic landscape theory was not discussed in any depth was cut, eliminating several articles that only make reference to, but do not discuss, therapeutic landscapes.

2.1. The Transition from Medical to Health Geography

From the emergence of germ theory in the late 1800s through to present, much of medical research has sought to find cause and effect within spatial patterns of disease, relying heavily on disease theory (White, 1981). During the earlier half of the 20th

century, medical geographers focused mainly on the biomedical model of health, using quantitative methods (Kearns and Moon, 2002; Moon, 1995) to find causal relationships between disease and specific attributes of places.

Through to the early 1970's, regional geography and, following technological advances, spatial science were the dominant paradigms within geography (Peet, 1998). Regionalism focused on identifying the distinctive qualities of specific areas, and on identifying causal relationships between place specific phenomena. Medical geography research reflected this, and has generally framed the environment as a group of factors that contribute to causing particular diseases in humans who occupy particular locations. Medical geography in the 1950's can generally be seen as fitting into the traditional study of disease as a causal relationship between agents, vectors, and hosts in specific places, referred to as disease ecology (May, 1954), itself consistent with regionalism. Using a framework of disease ecology and germ theory, and focusing heavily on physical factors, researchers, led by Jaques May, looked at disease mainly as a relationship between pathogens, geogens, and humans (May, 1954). About ten years after May's publications on geogens and pathogens, Stamp (1964) continued this style of research on causes of disease and concentrated mainly on the relationship between climate and health in specific places. Over 30 years later some authors such as Meade, Florin, and Gesler (1988) were still employing a disease ecology framework, as seen in the book *Medical Geography*.

Regionalism grew to be criticized for being overly place-specific, and lacking overall context, and researchers looked for more objective and easily replicated methods. They strived for more modern methods with greater practical and social utility (Peet, 1998). Spatial science aimed to apply practical models regarding how space is used.

Spatial science manifested in medical geography as a flood of studies on health care utilization and efficiency. Spatial science came to be criticized as well, based on its disconnection with reality, as it treated space as an isotropic plain, and people as homogeneous, predictable, economic rationalists. In other fields, sociology was becoming quite popular, and geographers had to confront the issues of social power and relationships, and individual experiences and knowledge. This lead to research in the field of behavioural geography, less scientific and more individual-centered humanistic research, and radical and marxist geographies in the 1970s.

These approaches opened the door to postmodernist, feminist, post-structuralist, and post-colonial geographies, among others, which focus on diversity of individuals, experiences, behaviours, and perceptions. This new focus on difference, deconstruction of binaries, problematizing social power, reading landscape as text, and the influence of social relations led to major shifts within health geography research as well. Disease ecology had left out the influence of social relations, and focused on people from other, non-western societies. As sociology influenced research in other fields, and geographers became more interested in what was going on in their own societies, health geography through the mid-1990s came to incorporate a much heavier focus on social relations and environmental influences on health in western societies. Multi-level modelling and research on social gradients made apparent the importance of everyday places and social environments to health, which were incorporated into health promotion and research.

By the 1980s, many researchers had transitioned to using a newer socio-ecological model of health. The socio-ecological model has gained near-universal acceptance in academic circles to the point where, although not reflected in policy, it is now generally seen as a more appropriate reflection of health than the biomedical model

(Kearns, 1993). The socio-ecological model goes far beyond the interplay between the environment and pathogens, and disease ecology that was the main focus of previous research (Kearns, 1993) and incorporates the social environment as a crucial factor. This more holistic view of health sees the causes of illness as a much more "...complex interaction of physical, mental, emotional, spiritual, environmental and societal factors," (Williams, 2002: 149). Influential geographers such as Jones, Moon, Kearns, and Joseph, began to look at the study of medical geography more critically, and as their research interests branched out, the new geography of health began to emerge and embrace a more holistic view of health and disease. This opened the door to interests in different interpretations of health, such as health inequalities, individual experiences, spatial manifestations, and how these are influenced by the physical and social environments. Despite this progress on the academic side, this change has not been reflected in health care policy and planning, which continues to focus almost exclusively on biomedicine. This leads to a skewed, and less effective approach to health care, which focuses heavily on physical (and, to an extent psychological) factors, but ignores the complexity of social, cultural, economic, and other influences on health.

As noted by Kearns and Moon (2002), the pattern of change from medical to health geography has closely followed the greater paradigm shifts within and outside of geography that was evident within many of the geography subdisciplines. The publication of the first issue of *Health & Place* in 1995 is representative of this shift of emphasis in geography. An editorial in this first issue by Graham Moon (1995), entitled "(Re)placing research on health and health care," gave an overview of where research was heading at this point in time. It sought to reframe the role of place as not only a physical setting, but also the setting for complex social interactions.

The role of place in health geography is an important one, and there has been much work on the different ways that places, their qualities, their populations, and the qualities of those individuals interact to impact health. Though equally important, the more abstract and geometric concept of 'space' is contrasted with the idea of 'place', which is seen as having a greater focus on the roles of social relations and locational-specificity, bringing in the role of place meaning (Kearns and Joseph, 1993). In comparing the concepts of 'space' and 'place', Kearns and Joseph state:

> ...(geometric) space is a vital variable contributing to the health status and care systems of local places. Without considering the traditional power of space as an agent in the distancing or coalescing of resources, vectors, or people, studies of place are at best useful illuminations of the minutiae of daily life for people in particular places. And without an understanding of place to enliven the otherwise abstract and geometric spatial (b)landscape, our conclusions will be devoid of the human nuance and ambiguity that characterize the places in which we live out our lives. (1993: 716)

This statement, however, downplays somewhat the importance of studies of place and in particular everyday places, limiting its application to the minutiae of daily life in certain places if 'space' is not also emphasized. The concept of place has shown to be extremely useful in conceptualizing the roles of people versus places in health outcomes. MacIntyre, MacIver, and Sooman (1993) discuss the roles of place and people in relation to health, focusing on the socio-economic and cultural aspects of specific places that influence health. They point to findings that qualities of the socio-physical environment lead to higher death rates among individuals with lower socio-economic status, noting that individual qualities and behaviour appear to have a less significant impact on health relative to the influence of area of residence.

MacIntyre, MacIver, and Sooman's study on two differing neighbourhoods in Glasgow, illustrating the role of place and its impact on health, demonstrates that

regardless of individual characteristics, people living in the poorer study area had poorer health. In other words, individuals with equal personal resources and social status would, on average, have poorer health living in a poorer area and better health living in a wealthier area with more resources. Although this may seem to be an obvious conclusion, previously these inequalities between residents of different areas were attributed to individual resources and behaviours, rather than the place effects of the areas in which these individuals lived. This work demonstrates the need to investigate the mechanisms through which such effects occur, so that the health promoting and threatening qualities of places can be understood and managed in conjunction with the behaviours of individuals in order to achieve better health outcomes.

Much of the current health geography research follows from this work and seeks to understand inequalities in health outcomes and experiences between people who share common environments, social and economic traits, and risk factors (see Hayes, 1999; Dunn and Hayes, 2000). Health inequality research revolves around investigating the different health outcomes of people of different socio-economic status. Social capital is one of the variables being investigated, a concept signifying the amount and quality of formal and informal relationships, and the levels of trust and reciprocity that exists within communities (Subramanian, Lochner, and Kawachi, 2003). Social capital has been suggested as a way to help balance the inequalities between people with different socio-economic status, and is now being looked at as a major factor in health, beyond what can be contributed by the health care system. Planning and structural changes in neighbourhoods may be an effective way of increasing levels of social capital, and influencing individual experiences of illness, as health and disease may be experienced quite differently in communities with differing levels of social capital.

2.2. *Therapeutic Landscapes*

The investigation of how place interacts with health has led to a wealth of research on specific types of places and ways that people and their health can be affected by place. One area in which the relationship between health and place has been studied is that of therapeutic landscapes. Places that are thought to encourage healing have been used for centuries as a way to help cure, particularly for those that have not had success in regaining health via biomedicine, but have only been studied academically for about 14 years. The following is a detailed overview of the selected therapeutic landscape literature during the 12 year period from its development in 1992 to the end of the research period for this project, June, 2004.

2.2.1 Gesler: Establishing a Discourse on Therapeutic Landscapes

Although interest in the healing properties of place has existed since much earlier, Gesler's 1992 and 1993 articles on therapeutic landscapes introduced the topic into academic literature. Gesler is widely seen as the founder of the term and this line of investigation within health geography. He began by publishing an introductory article, followed by three important case studies (See Table 1). Gesler's work highlights place-specific landscapes that have long-standing reputations for healing or the restoration of health, largely based on spirituality and miraculous healing. The landscapes in his case studies have strong religious elements as well as an emphasis on natural, built, and social environments.

Table 1 Gesler's Foundational Literature

Year	Article/Chapter Title	Case Study/Focus
1992	Therapeutic Landscapes: Medical Issues in Light of the New Cultural Geography	Traditional vs. Non-traditional healing landscapes
1993	Therapeutic Lansdcape: theory and a case study of Epidauros, Greece	Epidauros, Greece
1996	Lourdes: healing in a place of pilgrimage	Lourdes, France
1998	Bath's reputation as a Healing Place	Bath, England

Gesler's (1992) first article in *Social Science & Medicine*, entitled "Therapeutic Landscapes: Medical Issues in Light of the New Cultural Geography," presents the most basic description of a therapeutic landscape as being a "...landscape associated with treatment or healing..." (735-6). This article shows Gesler's interest in exploring therapeutic processes in novel ways based on the new interpretations of landscape that have arisen out of the development of the new cultural geography. In particular, he applies concepts emphasized in the new cultural geography, such as, "...sense of place, landscape as text, symbolic landscapes, negotiated reality, hegemony and resistence, territoriality, and legitimization and marginalization..." (Gesler, 1992: 735). Gesler connects these concepts to therapeutic landscapes through the new cultural geography's renewal of interest in cultural landscapes rather than physical or man-made landscapes, and its focus on interpreting the relationship between people and the environment.

Gesler points out that broader, "...environmental, individual, and societal factors...come together in the healing process in both traditional and non-traditional landscapes" (1992: 735). He presents the concept of therapeutic landscape as a way to challenge and assist the study of 'medical geography' and traditional health care, and as a discourse through which these areas of study may be able to interact more effectively with other social sciences. He categorizes healing landscapes as either traditional or non-

traditional, a division that is picked up by others in later research. He gives examples of traditional healing landscapes, such as mountain retreats and mineral springs, which are seen as having the power to restore health. Non-traditional healing landscapes, on the other hand, are described as more formal places of healing, such as a modern doctor's office, a hospital, or a native healer's hut. Other topics in this preliminary review and discussion of therapeutic landscapes are the influence of beliefs regarding the relationship between disease and religion, and the healing powers of the physical environment, especially water.

The divine origins of disease and health relative to the environment are introduced, and resonate through Gesler's other case studies. The idea that the healthfulness or unhealthiness of certain environments are tied to the human relationship to God has been an extremely important factor in the past, when many of these traditional healing landscapes were discovered and developed. There is also a long history of interest and belief in the healing properties of place. The physical environment has been seen as holding healing powers in the form of medicinal plants, pure air, scenic beauty, and water. Medicinal plants, rural areas, and water have historically been used for their curative and restorative properties (Gesler, 1992).

Gesler brings up a difficulty with the term 'landscape' in efforts to convey the concept of a therapeutic landscape, stating that people tend to interpret this as only indicating a specific type of physical environment. He explains that perceptions of 'landscape' generally tend towards rural physical environments, which may be modified by humans, but are overall 'bucolic,' such as health spas, and other traditional healing landscapes. Landscapes are also symbolic of human perceptions and material circumstances, reflecting social intentions and constraints. In an important note on the

applicability of therapeutic landscape theory, Gesler suggests that 'therapeutic landscape' be interpreted as a "...geographic metaphor for aiding in the understanding of how the healing process works itself out in places (or in situations, locales, settings, milieus)" (1992: 743). This point is a critical one when following the progress of later therapeutic landscape research, because although some authors use it as such, others perceive a 'therapeutic landscape' as being an actual type of place.

Gesler's (1993) subsequent article, entitled "Therapeutic Landscape: theory and a case study of Epidauros, Greece" was the first in a series of therapeutic landscape case studies. Gesler suggests the provision of a 'new direction' for medical geography, where places reputed for long standing mental, physical, and spiritual healing would be analyzed in order to gain insight on how therapeutic landscapes are created, how theory applies to these specific places reputed for healing, and how modern therapeutic landscapes might be created. He states that he is introducing the concept of therapeutic landscape in an attempt to discover what factors are crucial in creating healing landscapes. In terms of context, Gesler claims that the concept of 'therapeutic landscape' "...retains the older idea of natural and human made environments and their interactions, adds in humanistic and structuralist concepts, and also includes some principles derived from practitioners of holistic health" (1993: 174).

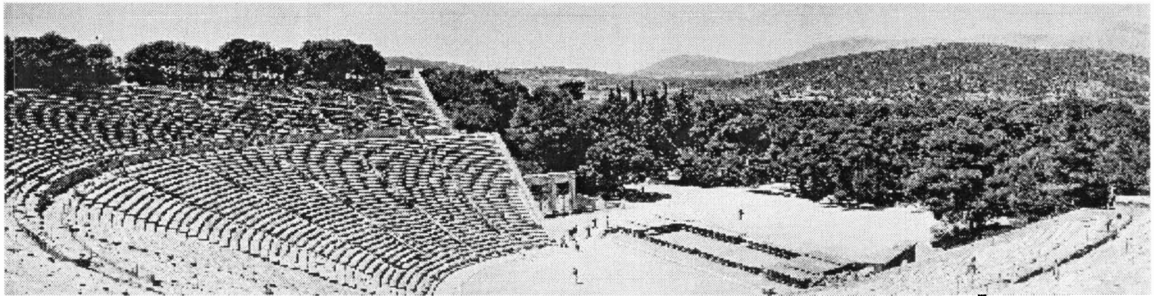
Gesler suggests that the main themes of therapeutic landscapes fall into two categories. First, in the category of 'Inner/meaning' the themes given are: natural setting, built environment, sense of place, symbolic landscapes, and everyday activities. In the second category of 'Outer/societal context,' themes listed are: beliefs and philosophies, social relations and/or inequalities, and territoriality. Gesler then goes on to review some more of the historical background of therapeutic landscapes, focusing on nature and

healing, and the 'therapeutic communities' movement, which promoted better health care facilities and treatment.

He then goes on to detail his case study of Epidauros Greece (see Figure 1), a historically significant therapeutic landscape that embodies many of the elements that he sees as being crucial to therapeutic landscapes, most importantly, the key element of supernatural healing powers. Epidauros is the site of an Asclepian sanctuary which was developed beginning circa 350 AD, based on the cult of Asclepius, the god of healing, which dates back to the 5th century BC. The construction on the site was not completed for roughly a century, and today all but the main theatre is in ruins. The site of Epidauros is on land that was considered to be sacred long before any of the construction began, surrounded by hills with a stream running through it, isolated in nature away from daily stressors, and thought to have a strong sense of place. The entire grounds originally consisted of temples and sanctuaries, the theatre, several baths, and structures to house priests and guests (Gesler, 1993).

Both the natural setting and the believed presence of the healing god were crucial to the importance and effectiveness of Epidauros as a therapeutic landscape. The healing power lay not only in these, but also in the fact that it was commonly believed by all classes of society at the development of Epidauros that illnesses could be attributed to the disatisfaction of the gods, and required divine intervention to be cured. The belief in the healing power of the site was supported by endorsements by past visitors and respected community members. The sense of community created through shared rituals performed at the site amplified these beliefs. The strength of visitors' beliefs in the possibility of being healed, in conjunction with the endorsements of the site's powers have, however, been suggested as a source of a placebo effect or contributing to communal auto-

Figure 1 Theatre at Epidauros



(Doege, M.C., 2003. Used with permission, licenced to Public Domain.)

suggestion; because patients agreed on specific beliefs about how they would be healed, supernatural healing was able to occur (Gesler, 1993). As there is no scientific basis for the healing, it could be suggested that this predisposition to believe in the supernatural healing powers of this landscape is crucial to the efficacy of the landscape's healing capacity.

Gesler explains that the main way in which treatment was performed on visitors at Epidauros was through 'dream healing,' in which patients would lay still and wait to be visited by the healing god Asclepius in a dream or 'vision.' If they received a visit from Asclepius, he would diagnose and either treat or prescribe treatment for their illness. Water also played a role in the healing properties of Epidauros, which housed many baths, and could also be drunk, with the purpose of purifying the body and the soul. The snake, which Asclepius always had with him, was also a tool for healing, as it was seen as the symbol for regeneration; the snake is still present in the modern symbol for medicine of the staff with snakes curled around it (Gesler, 1993). Other activities that contributed to the healing power of Epidauros included time spent exercising and following rituals, the natural surroundings, social relationships, and time spent 'making sense' of the illnesses and cures in the context of Asclepius' involvement.

A final section in Gesler's article on Epidauros touches on the policy implications that can be taken from this work. He suggests that to provide better current-day health care, both site-specific and social factors should be investigated. Gesler stresses the importance of the physical landscape at Epidauros as exemplary of one conducive to health, suggesting that if healing cannot occur in nature, nature should be incorporated into the location of healing, and patients should be removed from daily stressors. A strong sense of place is also emphasized as being important, as an association between places of healing, and identity and security, as well as a focus on the patient's beliefs, have a great impact on their successful treatment. Gesler also notes that symbolism and spirituality should play a role, in order to attempt to "...reconcile body, spirit, and mind" (1993: 185), as they have a great psychological impact on patients, and therefore on the success of treatment.

Gesler (1993) concludes with a statement that would serve to guide later research on the topic:

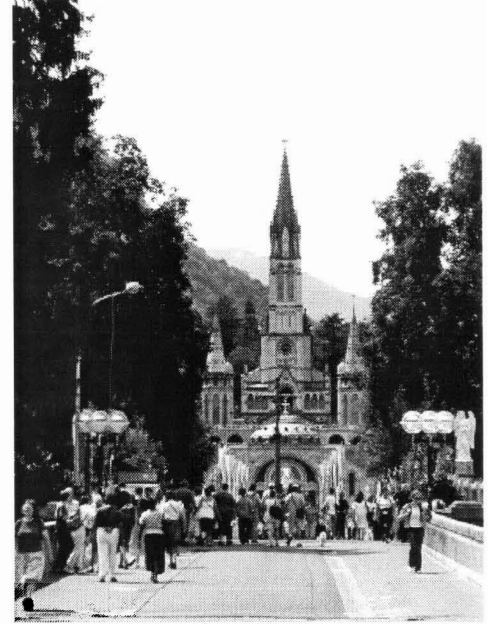
> In places such as Epidauros, the natural surroundings, the built environment, symbol complexes, beliefs and expectations, sense of place, social relations and relative equality, everyday activities, and territoriality all influenced physical, mental, and spiritual well-being. I submit that the study of therapeutic landscapes requires an analysis of these factors as well. (186)

The next case study Gesler (1996) published, in *Health & Place*, was "Lourdes: healing in a place of pilgrimage." To refine the definition of therapeutic landscape, Gesler explains that,

> A therapeutic landscape arises when physical and built environments, social conditions, and human perceptions combine to produce an atmosphere which is conducive to healing...[Healing includes] cures in the biomedical sense (physical healing), a sense of psychological well-being (mental healing) and feelings of spiritual renewal (spiritual healing). (1996: 95-6)

This suggests that all of these elements are required to be present in order to have a therapeutic landscape, as opposed to any single element. Other qualities important to therapeutic landscapes are identified, such as a long standing reputation for healing, ties to religion or supernatural healing, and unique, place-specific qualities that promote healing such as, "...natural and human-made environments, historical events, cultural beliefs, social relations and personal experiences" (Gesler, 1996: 95). Gesler reiterates the importance of religion in many cultures in the context of health and healing. The strong belief that certain illnesses are caused by spiritual forces and can only be cured by the same make the possibility of divine intervention at certain sites an extremely powerful draw, leading to pilgrimages to such places (Gesler, 1996).

Figure 2 Our Lady of Lourdes Basillica

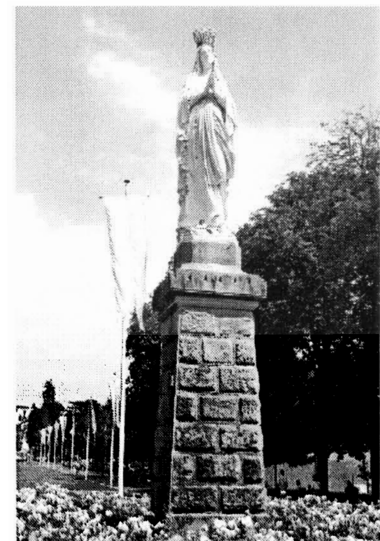


(Lafargue, J., 2005. Used with permission.)

Gesler gives a detailed account of Lourdes as a site of pilgrimage to a therapeutic landscape (see Figure 2). Lourdes is seen as a long-standing site of miraculous or supernatural healing, which comes from the holy spring waters there. The history of the development of Lourdes as a therapeutic landscape revolves around a peasant girl, Bernadette, who found the spring by following a vision of the Virgin Mary (see Figure 3). Controversy surrounded Lourdes in the late 1800's-early 1900's regarding whether there were truly mystical powers at work, but the water was tested to identify whether it had any scientifically explained curative elements. Although there were conflicting results, authorities accepted an official analysis stating

that there were no curative elements, and therefore the healing qualities were deemed to be supernatural. Bernadette tried to maintain her distance from the idea of miraculous cures at Lourdes because in her vision, Mary did not state the intention of using the water to cure, and Bernadette had been chronically ill and was not miraculously healed (Gesler, 1996).

Figure 3 Statue of Mary at Lourdes



(Lafargue, J., 2005. Used with permission.)

Instances of supernatural healing were documented and screened by a bureau established in the late 1800's to investigate cases of miraculous cures, or those without scientific explanation, and several—65 to date—were actually declared to be miraculous. However, to be considered such three qualities must be present: instant or unusually fast healing, a simple curative agent such as water, and healing coinciding with prayer, either on site or to spring water brought from Lourdes. As Gesler notes, skeptics explained the supposedly miraculous healings as being, like those at Epidauros, largely due to communal-auto suggestion. This was based on the fact that those who made the pilgrimage to Lourdes were exposed to statues, priests, springs, lengthy preparation for the pilgrimage, religious rituals, and lack of sleep. Also contributing to this are the natural surroundings and isolation, which are common to therapeutic landscapes. Gesler himself visited Lourdes, and although he did not feel a sense of the healing power, he claimed to feel some psychological and spiritual renewal largely due to the sense of community that he shared with the other people with whom he stayed (Gesler, 1996).

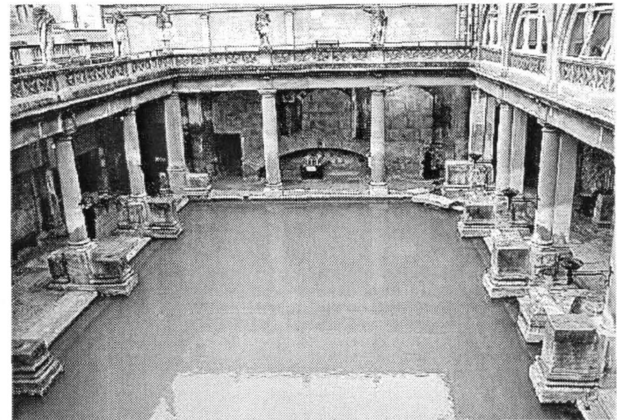
Although communal auto-suggestion is a noted contributor to miraculous healing, Gesler (1993, 1996) does not emphasize it as a key quality of therapeutic landscapes, but more of an element of the greater quality of personal beliefs and philosophies, and perhaps additionally, social relations. Identifying five key themes to Lourdes' reputation and success as a therapeutic landscape, Gesler (1996) focuses on transformation (from sick to healthy, of the journey, and of the isolation in a therapeutic environment), historical context, the role of faith (and its power to heal), place meaning, and a contested reality (the role of Lourdes in the context of different forces, such as believers vs. skeptics, sacred vs. profane, church vs. state, etc.). These themes are similarly emphasized in Gesler's other case studies.

The third in the series of Gesler's primary case studies on therapeutic landscapes focuses on the spa at Bath, England (see Figure 4). Oddly, Gesler does not speak directly to therapeutic landscapes, instead using the term 'healing places'. This 1998 chapter by Gesler, entitled "Bath's Reputation as a Healing Place," was published in *Putting Health into Place: Landscape, Identity, and Well-being,* which he edited with Robin Kearns (who would later publish his own work on therapeutic landscapes). In this chapter Gesler does not provide an explicit definition of therapeutic landscape, stating only that, "...humans have a need for physical, mental, and spiritual healing within places. Over time, perceptions about fulfillling needs may lead to an 'understood truth' that a group of people share about a place" (1998: 17). This reinforces personal beliefs and philosophies as a key element of therapeutic landscape that was also seen in Gesler's (1996) case study on Lourdes.

Gesler emphasizes the importance of perception in reputation building, pointing out that perceptions and scientific proof need not coincide and that perception has a

strong influence on behaviour. Perception can be exceptionally strong when compounded with religious belief in miraculous or supernatural healing. Bath's reputation revolves around both its historical context, and its natural setting, including the hot springs which are central to its healing powers. The symbolism of Bath lies in myths of the hot springs' healing powers, and the spa's architecture, which influences both the therapeutic aspects of the spa and social behaviour (Gesler, 1998).

Figure 4 Roman Bath at Bath, England



(Wieczorek, T., 2003. Photo used with permisson, licensed to Public Domain)

2.2.2 After Gesler: Broadening the Concept of Therapeutic Landscapes

The next researcher to take up a significant interest in therapeutic landscapes is Allison Williams, who published an article and edited a book on the topic. Along with Gesler, the authors whose chapters are included in Williams' edited (1999) book, as well as others who have published a handful of articles since then comprise the core of research on the topic. Table 2 provides an outline of the literature that is reviewed in this section, the central definition of therapeutic landscape used by each author, and any focus case studies used. These pieces of literature are those, aside from Gesler's, that were selected from key word searches for 'therapeutic' and 'landscape' which address therapeutic landscape theory or undertake a case study of what is said to be identified as a therapeutic landscape.

Table 2 Summary of post-Gesler literature

Year	Author(s)	Source	Definition	Focus or Case Study
1998	Williams	Social Science and Medicine	Places that, based on physical and psychological environment, are associated with treatment or healing, and are reputed to have an enduring reputation for physical, mental, and spiritual healing. (as per Gesler, 1993)	Holistic Medicine
1999a	Williams	Therapeutic Landscapes (Ed. Williams)	See above.	Overview
1999	Palka	Therapeutic Landscapes (Ed. Williams)	A place that promotes health and wellness through physical, mental, and spiritual healing, including pristine natural landscapes, void of human influence.	Denali National Park, Alaska
1999	Thurber and Malinowski	Therapeutic Landscapes (Ed. Williams)	Landscapes with concrete and symbolic elements that promote physical, mental, and spiritual well-being, largely based on Gesler's (1993) themes of therapeutic landscapes.	Children's summer camps
1999b	Williams	Therapeutic Landscapes (Ed. Williams)	Extends her previous definition to include environments that have a strong sense of place and promote maintenance of health and wellness.	Home-care workers in medcially under-serviced areas.
1999	Kearns and Barnett	Therapeutic Landscapes (Ed. Williams)	As per Gesler (1992, 1993), landscapes where environmental, individual, and societal factors promote healing.	New Zealand's Starship children's hospital.
1999	Scarpaci	Therapeutic Landscapes (Ed. Williams)	Cultural and physical settings that promote healing and wellbeing.	Symbolism in Havana's health care system.
2000	Kearns and Collins	Social Science and Medicine	As per Gesler (1992, 1993, 1996, 1998), settings where environmental, individual, and social factors promote restoration, treatment, and healing.	New Zealand children's health camps.
2002	Williams	Social Science and Medicine	Landscapes where physical, individual, social, and cultural factors contribute to healing, recovery, and the maintenance of health and well-being.	Home environment for informal caregivers.
2003	Wilson	Health and Place	As per Gesler (1993), places with a lasting reputation for physical, mental, and spiritual healing.	First Nations culture and health.
2004	Milligan, Gatrell, and Bingley	Social Science and Medicine	Not explicit; review of definitions from Gesler, Williams, Palka, Wilson.	Seniors' allotment gardens in England.

Williams' (1998) article entitled "Therapeutic Landscapes in Holistic Medicine" seeks to refine the definition of therapeutic landscape, but also extends the concept to include maintenance of health as a key element. Williams uses a quote from Gesler in her more focused definition of therapeutic landscape:

> Therapeutic landscapes are those changing places, settings, situations, locales, and milieus that encompass both the physical and psychological environments associated with treatment or healing; they are reputed to have an "enduring reputation for achieving physical, mental, and spiritual healing" (Gesler, 1993: 171). (1193)

Williams, however, explains that,

> The purpose of [her] paper is to go beyond Gesler's broad overview by further employing the conceptual framework of humanism in extending the concept of therapeutic landscapes, as illustrated through examples gleaned from holistic medicine... (1193)

Hers would be the first example of many to begin to extend Gesler's concept of therapeutic landscapes, and she begins by applying the concept to the framework of holistic medicine.

Williams emphasizes the various constraints on the ways meanings surrounding health are created by people, pointing out that it affects the perception of illness, the maintenance of health, and the accessibility of therapeutic landscapes at an individual scale. She emphasizes paradigms that contextualize health as being relative and on a continuum, rather than interpreted as a sick-healthy binary, and notes that landscapes are understood as being effective for both healing and health maintenance. This emphasis on health-maintenance, rather than just healing, is one of the key differences that sets Williams and several of the subsequent authors apart from Gesler.

Williams summarizes the reasons for a generally renewed interest in holistic medicine, emphasizing the prevalence of chronic illnesses, dissatisfaction with

'conventional' medical care, a renewed interest in health education, disease prevention, mind-body connections, self-care, and personal preferences. She notes the importance of symbolism in landscapes and health care, and states that much of the symbolism exists in labeling, interpreting, and classifying illness, therapy, and health maintenance (Williams, 1998).

Following the preliminary literature by Gesler and Williams (1998) that began the trend of broadening the definition of therapeutic landscape, Williams (1999) edited a book entitled *Therapeutic Landscapes: The Dynamic Between Place and Wellness*. This book acts mainly as a collection of case studies categorized into three sections: "Therapeutic Landscapes as Healing Places", "Therapeutic Landscapes and the 'Marginalized'", and "Symbolic Landscapes in Health Care Systems." The first section, as well as parts of the third play the greatest roles in developing therapeutic landscape theory, and will therefore be reviewed in greater detail. Although some of the remaining chapters also touch on therapeutic landscapes, they disappointingly lack an explicit discussion of the topic, and will therefore not be discussed in any detail.

Williams' (1999a) introductory chapter sets out the mandate for the book—note the inclusion of health maintenance which opens the concept up to be applied to a much broader variety of places:

> Although Gesler has focused in his research on specifically defined places with reputations for healing, such as Epidauros... Lourdes...and Bath...the therapeutic landscape concept is being adapted in other ways. In examining the links between holistic health and places, Williams understands therapeutic landscapes as not only healing places, *but as those places associated with the maintenance of health and wellness* (1999). (4, emphasis added)

Palka (1999), provides the following chapter, and focuses on Denali National Park as a case study. He states an opposing standpoint to Gesler's focus on more place-specific case studies, defining therapeutic landscape as :

> ...a place of health which promotes wellness by facilitating relaxation and restoration and enhancing some combination of physical, mental, and spiritual healing. Moreover, I believe that the notion of therapeutic landscapes, as settings for therapeutic experiences, can be extended beyond the previous focus on carefully designed built environments...or the appropriately selected physical settings which enhance healing by hosting healthcare facilities or complementing designed landscapes...to include pristine natural landscapes which are void of any human imprint. (Palka, 1999: 30)

Palka also states that the fame of the sites of Gesler's case studies does not dictate place-specificity as a necessary quality of therapeutic landscape, and suggests this reputation may be due to elitism, legacy, or myth. He emphasizes that the kind of place is more important than the specific place when it comes to therapeutic qualities.

Palka's case study of Denali National Park, Alaska (see Figure 5), as a therapeutic landscape focuses on visitors' association of the park with 'therapeutic qualities', and the importance of accessible wilderness and human-environment interaction in the 'therapeutic experience'. The therapeutic nature of Denali National Park is attributed to its spiritual history for the Alaskan aboriginals, sense of place, social interaction between the visitors to the park, escape to a relaxing and aesthetically pleasing environment, remoteness, perception of the park as an 'authentic' natural setting, and visitors' belief in the park as possessing healing aspects. Through Palka's surveys of visitors, he claims to have discovered a unanimous feeling that time spent at the park provided the visitors with a sense of mental, physical, and spiritual healing and restoration, and therefore states that his observations "...firmly establish that visitors perceive Denali to be a therapeutic landscape" (48). From his findings, he concludes that accessible but pristine wilderness

can provide a way to achieve wellness, relaxation and restoration, and promote healing independently of traditional healthcare facilities.

Figure 5 Mount McKinley, Denali National Park

(US National Park Service, 2005. Photo used with permisson, licensed to Public Domain)

Thurber and Malinowski (1999) provide a case study of children's summer camps as therapeutic landscapes, using a specific definition that focuses heavily on Gesler's ideas regarding the concrete and symbolic elements of therapeutic landscapes that encourage healing. They also adopt Gesler's themes of therapeutic landscapes, applying them in the case of summer camps, emphasizing a coherence with Gesler's themes of everyday activities, natural and built environments, sense of place, and overall beliefs and philosophies. The camp on which the case study focuses was founded on a mission of promoting spiritual, mental, and physical growth, and therefore is seen as having developed as a restorative and therapeutic environment. The research is supported by two specific studies regarding the children's enjoyment of camp despite homesickness, and the development of individual preferences for certain places within the camp environment.

Williams (1999b) provides the next case study, looking at the role of place-identity in creating therapeutic landscapes for home care workers. She broadens the definition of therapeutic landscapes, stating that the concept of therapeutic landscapes is applicable not only to healing and recovery from illness, but also to health maintenance. In the context of this case study, Williams declares that an environment can be called

therapeutic if a 'healthy' and 'definitive' relationship exists between personal identity and place. Williams then deviates from her previous definition based on Gesler's work to add that the definition can be extended to landscapes with a strong sense of place, as they contribute to maintenance of health and well-being.

This case study applies the concept of therapeutic landscapes to a study of home care nurses in a medically underserviced area of northern Ontario, and looks at the place-identities of these nurses. The study is based on 131 questionnaires and 8 in-depth interviews with home care nurses in northern Ontario. According to Williams, the questionnaire gathered detailed information regarding satisfaction with a range of community characteristics, mainly using Likert scales. Examples of the questions given include: "How often do you feel that people living here would assist you if you needed help of some kind?," "How much do you feel a part of the community?" and "How attached are you to the place where you are currently living?" (Williams, 1999b: 80-1). The questionnaires and interviews both appear to focus on demonstrating a strong place-identity among the respondents. Williams also connects the idea of place-identity with landscape authenticity, stating that it is this authenticity of place and place-identity that allows such an underserviced area to maintain itself as a health-maintaining therapeutic landscape for the home care nurses.

Kearns and Barnett (1999) provide a case study of a New Zealand children's hospital that was designed specially to create a therapeutic healing environment for young patients. The definition of therapeutic landscapes used in their chapter echoes Gesler, focusing on a combination of environmental, individual and societal factors that together contribute to healing in traditional and non-traditional landscapes. The Starship Hospital was built in Auckland in 1992, and uses design and symbolism to create an

environment that is comfortable and pleasing to the children who are patients there. The hospital uses features such as carpeting, curved architectural lines, and playful space-themed details, all of which are used to make the landscape less institutional and more child-friendly.

The final piece to note that touches on therapeutic landscape theory from *Therapeutic Landscapes: The Dynamic Between Place and Wellness* (Williams [Ed.], 1999) is Scarpaci's study of health care in Havana, Cuba. Scarpaci (1999) definines therapeutic landscapes as "...cultural and physical settings [that] embody sources of healing (material, spiritual, and idological) [, and] constitute some dimension of well-being" (203). Scarpaci discusses symbolism in therapeutic landscapes in the context of the health care system, pointing to revolutionary propaganda and the dense presence of health care facilities as the central elements contributing to the therapeutic landscape in Havana.

Closely following the publication of Williams' (1999) book, Kearns and Collins (2000) published an article focusing on New Zealand's children's health camps as restorative and healing landscapes. After a review of Gesler's earlier case studies, Kearns and Collins state that the factors that come together to create therapeutic landscapes are important for both patient and practitioner. The case study on camps discusses the creation of health camps directed towards specific problems such as malnutrition and tuberculosis, and later, self-esteem and obesity, as well as the elements that made them successful. Such elements include isolation from everyday stressors, time spent in a natural environment, and the treatment of both physical and psychological problems. Several camps are noted, and they are mainly discussed in a generalized way as being therapeutic landscapes.

Williams returns in 2002 with another article on therapeutic landscapes in the context of home care, focusing this time on health-promoting properties of the home for informal caregivers. Williams (2002) maintains an interpretation of Gesler's definition of therapeutic landscapes, using it as a framework to look at both healing, and the maintenance of health and well-being. The measure Williams uses of a home as being therapeutic is based on the presence of a "...healthy, definitive place identity fit..." (2002: 142), between caregivers and their home environment. The concepts of sense of place and networks of interpersonal concern are brought in to explain the sources of place-identity, although specific attributes of these are not discussed. Williams reiterates this as evidence of a therapeutic environment for health maintenance and well-being.

Williams (2002) makes some important links between health geography and therapeutic landscapes, stating that:

> Although the growing interest in the metaphorical notion of therapeutic landscapes may be related to the reclamation of health as a quality rather than a commodity (Kearns, 1997), it may have more to do with the rejection of the biomedical model, and a simultaneous acceptance of the socio-ecological model of health and/or the holistic health paradigm, which views the inclusion of diverse causal agents in disease and health—a complex interaction of physical, mental, emotional, spiritual, environmental, and societal factors. (Williams, 1998: 149)

This link between a holistic or socio-ecological model of health is crucial to the concept of therapeutic landscapes, as the complexity of factors shown in these models of health have been ever present in conceptualizing therapeutic landscapes.

Wilson (2003) provides a whole new perspective to therapeutic landscape literature with her article on therapeutic landscapes and First Nations peoples. From Gesler's definition, she adopts the idea that therapeutic landscapes are defined through "...an enduring reputation for achieving physical, mental, and spiritual healing..." (Gesler

in Wilson, 2003: 84). She states that Gesler felt that leaving behind locational views of place in health care delivery was important, as they focus mainly on economics and proximity of services. Instead, it is suggested that research move towards more in-depth investigation that would allow for more meaningful views of place, for instance as 'symbolic systems of healing'.

Wilson points out some limitations of current research, for instance, that therapeutic landscape research overlooks both cultural aspects of health and place, and focuses too heavily on specific healing sites, suggesting that this weakness stems from the Western focus of the literature. The lack of research in the area of geographies of everyday life similarly narrows the concept of therapeutic landscapes, and is an important element to pursue in broadening its applicability in a more current health geography context.

Wilson calls for an exploration of therapeutic landscapes in a broader sense, encompassing more than simple elements of specific places, to include those that are "...embedded within the belief and value systems of different cultural groups" (2003: 85). In the context of the everyday lives of First Nations peoples, places and activities with therapeutic significance include sweat lodges, and sites associated with hunting, fishing, and the harvesting of food and medicine. The connection with the land and sense of balance holds significant healing power, which according to Wilson has gone largely unnoticed, as the reductionist nature of therapeutic landscape research has led most of it to exclude multiple scales in which the landscape can be seen and experienced. Wilson concludes by echoing other authors such as Williams, suggesting that therapeutic landscape research must be expanded to include holistic and indigenous medicine.

The final article to be reviewed is by Milligan, Gatrell, and Bingley (2004), and focuses on communal gardens as a therapeutic landscape for elderly people in England. An explicit definition of therapeutic landscapes is not used, but a discussion of the topic reviews the theoretical basis for the article. Gesler's work is discussed, mentioning the role of landscape in creating identity and stability, and in providing a setting for social networks and therapeutic activities. Milligan *et al.* emphasize that therapeutic landscapes are based on a holistic or socio-ecological model of health, which involves complex connections between physical, mental, emotional, spiritual, societal, and environmental elements of place and health. They promote Wilson's (2003) call for a broadening of therapeutic landscape research to include differing scales, particularly that of the everyday. Palka's work is also mentioned, noting that it brings into discussion the therapeutic benefits of engaging with nature, both physically and mentally, via sensory experience and sense of place (Milligan *et al.*, 2004).

Figure 6 Community Garden Plot

(Khachatourians, A., 2005)

Milligan *et al.*'s case study of the therapeutic role of communal gardens for the elderly in northern England (see Figure 6) looks at communal gardens as easily developed therapeutic landscapes that enhance both physical and emotional wellness, and quality of life. Although much of the previous research on the benefits of gardening has focused on physical benefits, Milligan *et al.* insist that the mental and spiritual aspects of renewal are heavily present. Not only does gardening

promote relaxation, stress relief, and reduction of anxiety and depression, but it also allows for personal growth and the building of social networks (Milligan *et al.*, 2004).

The benefits of interacting with the natural environment include providing a setting for reflection and aesthetic pleasure, and acting as a place to escape from daily stressors within urban settings. This type of landscape is accessible to people with a great range of ability, as both the active (gardening) and passive (sitting, observing) aspects of spending time in the garden landscape have therapeutic qualities. The benefits of communal gardening to elderly people range from promoting renewal of their neighbourhood and strengthening social networks, to providing an opportunity for physical activity, a sense of independence and purpose, relaxation, relieving isolation, and a sense of satisfaction (Milligan *et al.*, 2004).

Milligan *et al.* acknowledge that the research on communal gardens does not follow the traditional therapeutic landscape reseach, but they echo several of the other authors, stating that:

> ...if we are to facilitate a greater understanding of the beneficial qualities of common, dispersed places for the health and well-being of people in contemporary society, it is precisely this kind of activity [with which] health geographers...should be concerned. Rather than continuing to identify the specific and unique, we should begin to focus on how understandings of those aspects of place that contribute to health and well-being...can be used in positive ways to develop therapeutic landscapes and places that actively promote health and well-being. (1790)

This discussion of place specific and unique landscapes versus everyday places is one that persists through more recent research on therapeutic landscapes and more generally through health (and other streams of) geography.

3 Methods

The research for this thesis comprises two parts. The first is the literature analysis, which seeks to summarize key elements of Gesler's original papers and compare it with later literature to identify whether or not, and to what extent, there has been a shift in the meaning and use of therapeutic landscape. The second part, the key author interviews, seeks to make sense of the findings of the literature analysis and gather suggestions regarding future use of the concept of therapeutic landscapes.

3.1. Literature Analysis

The 15 key pieces of literature discussed in chapter two were published between 1992-2004 by 14 authors and co-authors from four countries—Canada, the United States, New Zealand, and the United Kingdom—and make up the core of literature and researchers in this area of study. The therapeutic landscape literature that was chosen was selected via keyword searches for 'therapeutic' and 'landscape' on academic journal databases, the university library catalogue, and the internet. Articles that are included in the analysis are those that were found via these searches and discuss therapeutic landscape theory or case studies; those that were not directly related to the topic were

disregarded for the purposes of the analysis. More specifically, literature that mentions the term 'therapeutic landscape', but does not discuss or employ the concept was excluded as it would not contribute to defining and exploring the concept, and the quantity of work to look at would be beyond the scope of this project. Literature that discusses concepts similar to therapeutic landscapes, but does not use the term 'therapeutic landscape' was excluded, as the importance lies in looking at the ways that authors are using the this specific term and concept, therefore, discussions of places that are not framed as 'therapeutic landscapes' are not included in this study. Articles on horticultural therapy, for example, were not included even though they may discuss similar issues to the literature on therapeutic landscapes, as these articles did not discuss horticultural therapy in terms of therapeutic landscapes, and focus not only on the landscape where the therapy takes place, but also on therapeutic activities and experiences, confounding the focus of the objectives at hand.

The articles that have been included in the literature analysis come from three academic journals: *Social Science and Medicine* (five articles), *Health and Place* (two articles), and *Environment and Planning D: Society and Space* (one article). The book chapters come from two edited collections, *Putting Health into Place*, edited by Kearns and Gesler (1998), from which one chapter was included, and *Therapeutic Landscapes: The Dynamic Between Place and Wellness*, edited by Allison Williams (1999), from which seven chapters were included. Some other literature has been written by these and other authors that mentions therapeutic landscapes or environments, including a number from the aforementioned book edited by Williams, but only those that deal directly with therapeutic landscapes are analysed. This intensive, rather than extensive, selection may limit the perspective of the literature to within the realm of therapeutic landscapes in the

context of health geography, excluding some peripheral material on other therapeutic environments. It was, however, necessary as the evolution of the concept has led to a wealth of peripheral work that does not directly discuss therapeutic landscapes. The keyword search also turned up several pieces of literature focusing on architectural design for healthcare settings (see Milligan, 2003; Cooper, 2003; Grief and Rosenbluth, 2002; Friedrich, 1999; and Stevens, 1996) and horticultural therapy (see Rauma, 2003; Allmark, 2003; Friedrich, 1999; and Driedger, 1996) that did not deal directly with the concept of therapeutic landscape.

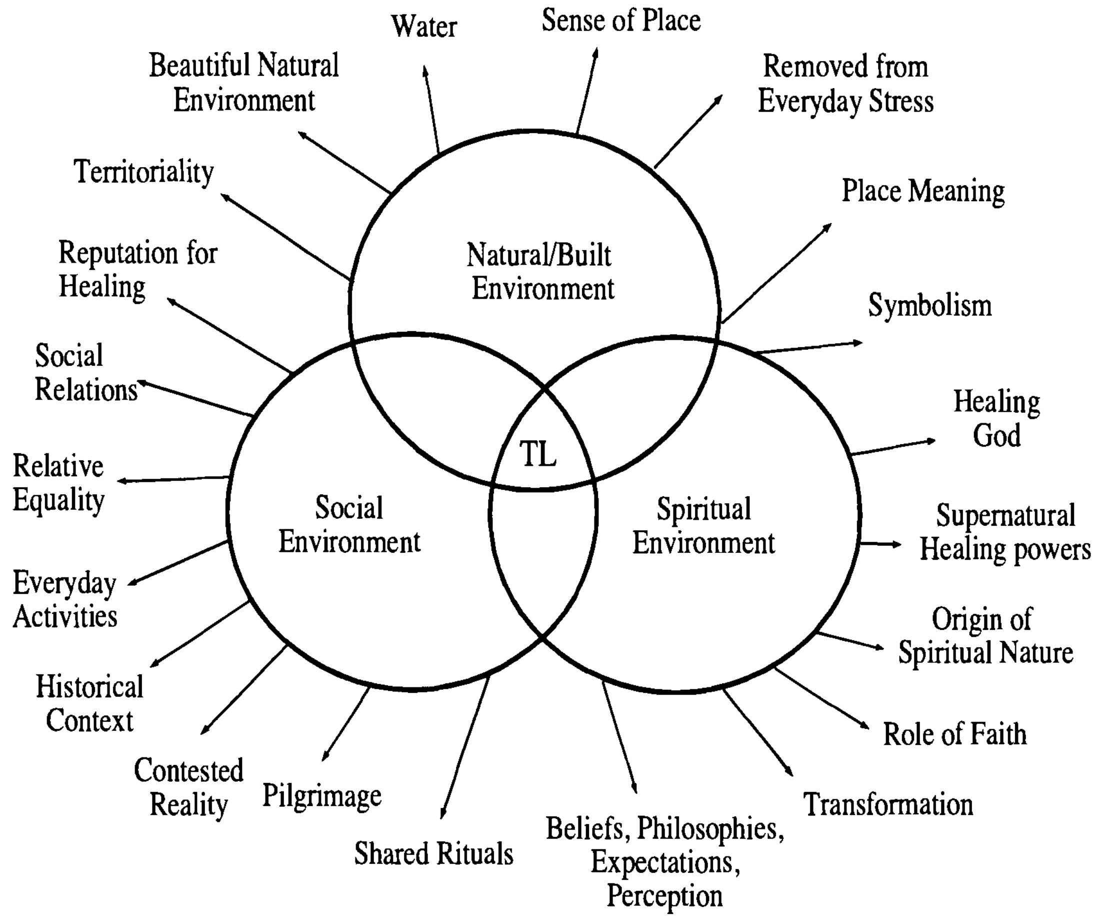
The literature is analysed paying specific attention to discussion (or lack of discussion) of the definition and conceptual core of therapeutic landscapes, as well as the methods used in any case studies, and the ways in which the conclusions of each piece of literature are reached. The main question to be answered is whether or not the key elements of Gesler's original conception of therapeutic landscapes are present through the evolution to the more recent, broader, definitions used from 1998 onwards. By evaluating this, we are looking at whether the new interpretations are in keeping with the original intention of the concept, as developed by Gesler. This is evaluated by identifying the key elements present in Gesler's original literature and investigating whether or not these elements are present in the discussions in subsequent literature.

The purpose of this thesis is to determine whether the literature on therapeutic landscapes is using a consistent conceptual core, and whether the original and newer interpretations of the concept share common key elements. To facilitate the comparison between Gesler's key elements, as taken from his original papers, and the elements emphasized in the subsequent literature, elements will be systematically identified and represented in a table. This will provide a visual representation of whether subsequent

literature follows the definition of therapeutic landscape, as the concept was originally intended. The key elements apparent in Gesler's work were identified by reading through his literature for commonly emphasized elements in the main case studies, and fall into the three main categories of 'natural/built environment', 'social environment', and 'spiritual environment' (see Figure 7).

The purpose of this exercise is to investigate how great a shift has occured during the evolution of the concept, if any, between Gesler's original formulation and subsequent literature. The point of this is to identify whether there is a fundamental discrepancy present between what is conceptualized as a therapeutic landscape, and other environments described as places with therapeutic qualities or experiences. This is an important distinction, as it will point to whether subsequent literature is retaining the original intention of the concept of therapeutic landscape and its analytical value, which is in danger of being lost to the influx of a much broader definition and diversity of case studies. A strong balance of elements from the three types of environments (natural/built, social, and spiritual) based on Gesler's definition and case studies will indicate a smaller shift from Gesler's key elements, whereas fewer elements lacking a balance between the three types of environment will indicate a greater shift from Gesler's key elements. The original key elements in Gesler's literature emphasize the holistic nature of healing within therapeutic landscapes encompassing physical, mental, and spiritual healing as being key to the concept.

Figure 7 Key elements of therapeutic landscapes from Gesler



3.2. Key Author Interview Methods

To determine whether or not the key authors of therapeutic landscape literature identify a break between the original and later literature, and if so, whether they perceive it as a problem, authors of key therapeutic landscape literature (n=7) were interviewed. The authors that were invited to participate in this study are from the four main countries participating in this research, Canada, the United States, New Zealand, and the United Kingdom. The main author from each piece of literature in the literature review's therapeutic landscape section was contacted regarding participation in the research survey, and if they were unavailable to participate, when possible, a co-author was contacted in order to provide a perspective on the topic. At least one key author from each key piece of literature was invited to participate. Once the author agreed to participate, they were sent the set of interview questions via email, and given adequate time to reply.

The email interview consists of a structured set of open-ended questions, and respondents were not restricted as to the length or detail of their responses, in order not to direct a particular depth of response (Kurasaki, 2000). The interviews are intended to assess whether there is the perception that there is a shift between the original and later literature, and whether it is recognized as a problem, as it has not been addressed in the literature. These questions also seek to assess the authors' views on the future of the concept. The five questions that make up the interview are as follows:

1. How do you define the term "therapeutic landscape"? If you do not use an explicit definition in your research, why not?
2. What, in your view, forms the conceptual core of a therapeutic landscape?
3. Have you found examples in the literature employing a different definition of therapeutic landscape from the one you use, or where a different set of concepts have formed the conceptual core of the paper?
4. Thinking about those core concepts, have you perceived any changes over time in the use of the concept of therapeutic landscapes? Please explain.
5. Can you suggest any changes that would contribute positively to the future use of the concept of therapeutic landscapes?

The five questions aim to address the main research question for the project, and are worded with attention not to lead or bias the answer that would be given. The interviews were conducted via email, as they are not overly lengthy, and this allowed for the key authors to complete their answers at their convenience.[1]

The data collected in the key author interviews were coded and categorized (see Crang, 1997; Parfitt, 1997; and Dunn, 2000) to find commonalities and discrepancies among the responses of the key authors, and between the authors and the body of literature, regarding the central questions of this thesis. These responses are summarized in order to provide a more direct vision of the viewpoints of the key authors regarding the central question. The results of the literature analysis and key author interviews are then compared, and overall conclusions and suggestions provided.

---

[1]Following the original statement of the research plan, an amendment was made to allow for the key authors to be referenced directly if requested. This change was needed to satisfy the request of several respondents whose participation was contingent on this change. This was not considered a threat to the anonymity of any key authors who did not wish to be referenced, as only half of the authors whose literature was included in the analysis participated as respondents.

The small number of respondents could be seen as a limitation, however because the body of literature on this topic is also relatively small, the group interviewed is inclusive of many of the important figures in this area of research, and can be considered well-informed. Their responses represent the opinions of the group of researchers who are guiding the path of this field of study.

4 Results of Literature Analysis

Gesler's (1993) early definition of therapeutic landscapes has been referred to throughout the course of both the earlier and more recent interpretations of the topic. The differences between Gesler's original conceptualization and subsequent work are demonstrated in Figure 8, comparing key elements throughout the literature. Where Gesler's literature has a relatively balanced and extensive discussion of key elements, subsequent works generally focus more heavily on one or two areas (physical/built, social, spiritual), rather than all three. The focus of discussions of key elements on certain areas in the subsequent literature is evident by the blank areas of the chart, which demonstrate a less holistic discussion of key elements of either the natural/built, social, or spiritual environments.

Figure 8 Key elements from Gesler's case studies in therapeutic landscape literature

	Natural /Built Environment						Social Environment								Spiritual Environment						
	Beautiful natural environment	Water	Sense of place	Removed from everyday stress	Place meaning	Territoriality	Reputation for healing	Social relations	Relative equality	Everyday activities	Historical context	Contested reality	Pilgrimage	Shared rituals	Beliefs, philosophies, expectations, perceptions	Transformation	Role of faith	Origin of spiritual nature	Supernatural healing powers	Healing god	Symbolism
Gesler 1992	♦	♦	♦	♦	♦	♦		♦		♦	♦	♦			♦		♦			♦	♦
Gesler 1993	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦		♦	♦	♦		♦	♦	♦	♦	♦
Gesler 1996	♦	♦		♦	♦		♦	♦		♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦	♦
Gesler 1998	♦	♦	♦		♦	♦	♦	♦	♦		♦	♦	♦		♦		♦	♦	♦		♦
Williams 1998			♦		♦		♦	♦							♦				♦		♦
Williams 1999a		♦	♦		♦	♦	♦	♦	♦	♦					♦						♦
Palka 1999	♦	♦	♦	♦			♦	♦			♦				♦				♦		♦
Thurber and Malinowski 1999	♦	♦	♦	♦						♦	♦				♦		♦				♦
Williams 1999b		♦	♦		♦			♦							♦						♦
Kearns and Barnett 1999							♦								♦						♦
Scarpaci 1999			♦	♦	♦	♦	♦	♦	♦	♦					♦					♦	♦
Kearns and Collins 2000	♦	♦	♦	♦			♦			♦	♦			♦	♦	♦				♦	♦
Williams 2002			♦		♦	♦	♦	♦	♦	♦					♦						♦
Wilson 2003			♦		♦		♦	♦		♦	♦		♦	♦	♦	♦	♦	♦		♦	♦
Milligan, Gatrell and Bingley 2004	♦		♦	♦		♦		♦	♦			♦			♦						♦

4.1. *The foundation set by Gesler*

While Gesler's original case studies of therapeutic landscapes clearly focused on analysing the ways in which specific traditional healing landscapes were used and which of their qualities affected healing, literature since then has not followed this path. Looking at Figure 8, above, Gesler's foundational 1992 article begins with a fairly balanced and extensive distribution of key elements from each type of environment—natural/built, social, and spiritual. Table 3 details the way each element is discussed in the article.

Table 3 Key Elements in Gesler 1992

Key element	Example from Gesler, 1992
Beautiful natural environment	"...healing powers may be found in the physical environment, whether this entails...the fresh air and pure water of the countryside, or magnificent scenery..." (736)
Water	"One...aspect of the physical environment that has been a source of healing for many societies is water. Mineral springs, rivers, and other water bodies have provided curative and restorative powers...and could take on mystical powers." (737)
Sense of place	"Concepts such as...sense of place...have been employed by practitioners of the new cultural geography in efforts to interpret human landscapes...[and] can be applied to the explication of therapeutic processes in various settings." (735)
Removed from everyday stress	"...a health spa has been described as a place which inspires hope because it is removed from the stresses of work..." (738)
Place meaning	"As we have see, places may have negative meanings..." (738)
Territoriality	"Concepts such as...territoriality...have been employed by practitioners of the new cultural geography in efforts to interpret human landscapes. All of these concepts can be applied to the explication of therapeutic processes in various settings." (735)
Social relations	"[The] symbolic terms ['neighborhood' and 'community'] are primarily based on social relations, but often contain a spatial component as well." (742)
Everyday activities	"The concept of 'lifeworld' or the taken-for-granted world of everyday living has been developed as a way of explaining people's sense of place." (738) "This elaborate, symbolic, healing transformation involves several important aspects of...personal relationships and relations with the environment...and events which take place in people's daily lives." (739)
Historical context	"Therapeutic landscapes may be better understood by interpreting works of art and literature...prob[ing] into the meanings and underlying ideas of a society in a particular historical context..." (738)

Key element	Example from Gesler, 1992
Contested reality	"Concepts such as...negotiated reality...have been employed by practitioners of the new cultural geography in efforts to interpret human landscapes. All of these concepts can be applied to the explication of therapeutic processes in various settings." (735)
Beliefs, philosophies, expectations, perceptions	"Medical beliefs arise from culture and often go beyond observable phenomena..."(737-8) "'Healing occurs along a symbolic pathway of words, feelings, values, expectations, beliefs, and the like...' (Kleinman, 1973)" (739)
Role of faith	"...the Old Testament's 'most persistent environmental message is that God confers human dominion over nature to righteous and faithful people, whereas God punishes transgressors with natural disasters' (Kay, 1989) (including diseases)." (736)
Healing god	"...a collector of medicinal plants for sale in the Southern Appalachians comments that, 'The good Lord has put these yerbs [sic] here for man to make hisself with. They is a yerb, could we but find it, to cure every illness" (Price, 1960)...A related idea is that God's means of providing welfare to the earth's creatures can be found in plants, stones, mountains, and other objects of nature...It was believed...that objects in nature which were similar to human organs could be used for cures." (736-7)
Symbolism	"To interpret therapeutic landscapes, it is essential to introduce the notions of symbols and symbolic landscapes...Culture-specific symbols and myths have been used by religious healers, native doctors, and Western psychotherapy to set psychological healing processes in motion." (739)

Gesler bases his subsequent case studies on related theories and bodies of geographical research, which he discusses in his case studies and uses to contextualize his studies of health and place. For instance, Gesler incorporates humanist theory, stating that:

> Humanist influences on the definition of landscape reveals human values and meaning as they are actually lived..., that landscapes may be authentic or inauthentic..., that landscape is associated with sense of place..., and that landscapes are imbued with symbolic meaning. (1992: 736)

These ideas are integral in Gesler's analyses of how therapeutic landscapes are able to affect healing beyond the reach of medical intervention, and also provide further insight into the importance of landscape to individual meaning and identity. Gesler (1993) also discusses the history of the search for physical and mental healing, noting the tradition of seeking the aid of natural and spiritual environments when biomedicine has

failed. His case study on Epidauros (see Table 4) has the most key elements of all the literature that is analysed, missing only one from each the grouping of social and spiritual environments.

Table 4 Key Elements in Gesler 1993

Key element	Example from Gesler, 1993
Beautiful natural environment	'Natural setting' included in Table1: Model of therapeutic landscape themes. (174) "The author of *Airs, Waters, and Places*, part of the Hippocratic corpus, stressed the importance of...a scenic environment for health." (178)
Water	"Water...[is] often featured in myths and symbolize[s] powerful forces...[and] is universally linked to healing. Water at the Epidaurian sanctuary might have been drunk for medicinal purposes...[it] cleansed the body, but it also purified the soul and made it ready for communion with a god." (182)
Sense of place	Included in Table1: Model of therapeutic landscape themes. (174) "Four themes drawn from humanistic geography are particularly pertinent to the definition of a therapeutic landscape. The first is 'sense of place' or the meaning and significance that people attach to specific sites." (174) "It is clear that the Epidaurian sanctuary achieved a very strong sense of place." (179)
Removed from everyday stress	"The [Epidaurian] sanctuary's isolated location, away from the stresses of life, would have provided a sense of refuge and security." (179)
Place meaning	"...those factors which are most important to [the] composition [of a therapeutic landscape include]...the human values and symbolic meanings given to landscapes..." (173)
Territoriality	Included in Table1: Model of therapeutic landscape themes. (174) "The exercise of territoriality often conveys negative connotations...However, territoriality may also have positive aspects. It can provide feelings of security and enhance prestige, and thereby contribute to sense of place." (176)
Reputation for healing	"The cult of the healing god was established there by the 5th-century BC and soon achieved an international reputation, which lasted round one thousand years." (178)
Social relations	'Social relations' included in Table1: Model of therapeutic landscape themes. (174) "Note the parallels with holistic health and with the themes of social relations, sense of place, and everyday activities." (176) "There were many other activities arising from Greek cultural practices and social relationships that contributed to a healing atmospere..." (182)

Key element	Example from Gesler, 1993
Relative equality	"Holistic healers attach a great deal of importance to creating equality within the healing setting. They feel that patients and practitioners will be able to communicate their symptoms and treatments far more easily if they can approach each other on a basis of equality and mutual respect." (176) "...undoubtedly, there was preferential treatment at places such as Epidauros for people of higher status. However, there is reason to believe that there was a fair amount of equality in treatment at the sanctuary." (183)
Everyday activities	Included in Table1: Model of therapeutic landscape themes. (174) "Everyday actions are both created by and help create society...Everyday life provides meaning to places and is also constrained by social forces...everyday life [can be used] to reconstruct how people try to understand what causes their illnesses and how they perceive different elements of the health-care system." (175)
Historical context	"...the Asclepian sanctuary was located on or near ground that had been considered sacred far into an unrecorded past. The site is somewhat below a sanctuary that had been dedicated to Apollo and had been used for religious rites back as far as...circa 1400 BC..." (181) "...the myths surrounding the divine/human figure of Asclepius...[state that Asclepius] became a physician and was extremely skillful...[and] dared to heal those who were doomed to die." (182)
Pilgrimage	"The sanctuary dedicated to Asclepius is located in a basin surrounded by low hills, about nine miles southwest of the small port town of Old Epidauros...It is quite possible that the psychological effect of leaving town, or traveling through a harsh, untamed, and unbounded environment, and then of emerging into a softer, enclosed landscape provided visitors with a sense of having found refuge among the gentle hills." (178)
Shared rituals	"Thus patients were aided in making sense of their illnesses and the cures of Asclepius through an attachment to well-known rituals and routines...Before they entered the abaton, patients had to carry out simple, but strictly enforced, rituals...Daily rituals performed by the priests could be attended." (183)
Beliefs, philosophies, expectations, perceptions	'Beliefs and philosophies' included in Table1: Model of therapeutic landscape themes. (174) "Beliefs and practices that we consider to be magical, such as religious rites or healing rituals, are important not because of their efficacy, but because of their affective, expressive, or symbolic effect." (180)
Role of faith	"Both the common people and the leading 'enlightenment' writers...held irrational beliefs, including the idea that some illnesses were due to divine displeasure and could be treated only by divine intervention." (180)
Origin of spiritual nature	"Like many Greek temples, the Asclepian sanctuary was located on or near ground that had been considered sacred far into an unrecorded past." (181)
Supernatural healing powers	"The chief method of treatment at Epidauros...was dream healing. Patients entered the abaton, lay down, and waited for Asclepius to appear in a vision or a dream. The god diagnosed their illnesses and either cured patients 'on the spot' or prescribed the appropriate treatment to be administered later." (181) "[Asclepius] effected cures no others could, he was associated with dreams and visions, and he was a god." (182)

Key element	Example from Gesler, 1993
Healing god	"The sanctuary dedicated to Asclepius...[and] the cult of the healing god was established...by the 5th century BC...The god diagnosed their illnesses and either cured patients 'on the spot' or prescribed the appropriate treatment to be administered later." (180-1) "Zeus...killed Asclepius with a thunderbolt. Later he was brought back to life and transformed into a god...Asclepius, half human and half god, has extraordinary healing powers..." (182)
Symbolism	'Symbolic landscapes' included in Table1: Model of therapeutic landscape themes. (174)

Gesler's original case studies also explicitly discuss definitions and key concepts of therapeutic landscapes, and suggest frameworks to be applied to this body of research. In his foundational article focusing on the topic, he outlines the theoretical contributions to this new concept; significant ideas are taken from cultural ecology, humanism, structuralism, and cultural materialism. In his following work, and first case study, Gesler creates a clear, simplified model that divides therapeutic landscape themes into the categories: 'Inner/meaning' and 'Outer/societal context'. The former includes natural setting, built environment, sense of place, symbolic landscapes, and everyday activities as the critical themes; in the latter category, beliefs and philosophies, social relations and/or inequalities, and territoriality are listed (Gesler, 1993). Several of these themes turn up in later literature, but are not generally situated in a cohesive model. The case studies of Lourdes (Gesler, 1996; see Table 5) and Bath (Gesler, 1998; see Table 6) focus much more on the role of symbolism and personal meaning derived from landscape in the process of healing, but continue to provide plentiful and balanced discussion of the key elements he has emphasized. The belief in supernatural healing, and its possible influences, such as pre-determined beliefs about certain places, rituals, and communal auto-suggestion, are also considered and dissected. Scientific studies on the occurrence

of supernatural healing are discussed in order to provide ways of rationalizing and looking at the phenomena of supernatural healing in certain landscapes.

Table 5 Key Elements in Gesler 1996

Key element	Example from Gesler, 1996
Beautiful natural environment	"The town of Lourdes is located in southwestern France, at the foot of the Pyrenees. Like many healing places, it is surrounded by scenes of spectacular natural beauty." (101)
Water	"...one must acknowledge the importance of water in religions throughout the world...Water, people believe, cleanses, purifies and heals." (100)
Removed from everyday stress	"...pilgrimage site locations may enable pilgrims to sever themselves from everyday life for a time and also may be related to their transforming function." (97) "The pilgrim passes from an everyday world of stresses and concerns to enjoy a short respite within an atmosphere that is loving and caring." (104)
Place meaning	"Emerging from the story of Lourdes are five themes which were involved in its rise to worldwide renown as a center of healing...[including] place meaning..." (104) "[People] understand the meaning of the rituals at Lourdes because they have participated in them all their lives, but the meaning is intensified there." (104)
Reputation for healing	"[This paper] is intended to be a descriptive study of health at a site which has gained an international reputation for healing." (95)
Social relations	"The factors which contribute to this reputation [for healing]...include...social relations..." (95) "Perhaps most important is the feeling of group solidarity, *communitas*, the 'field of care' that one experiences..." (104)
Everyday activities	"Activities for pilgrims, particularly those who come in groups, are highly organized (Rahtz and Watts, 1986). Our group was kept on the go for 5 days with hardly a 30 min break from early morning to late evening...The day is filled with masses, tours and processions..." (102-3)
Historical context	"The concept of miracles, like pilgrimage, must be viewed in historical context. Healing and religion are partly a matter of social history, of changing attitudes towards illness and its treatment (Ranger, 1982)." (101) "Emerging from the story of Lourdes are five themes which were involved in its rise to worldwide renown as a center of healing...[including] historical context..." (104)
Contested reality	"...Lourdes became a symbol of ideological divisions in France: modernism versus anti-modern religiosity, conservatism versus liberalism and skepticism versus belief (Pope, 1989)." (98) "This glowing description [of Lourdes] has been contested, however...as there was nothing particularly charming to be seen." (102) "Emerging from the story of Lourdes are five themes which were involved in its rise to worldwide renown as a center of healing...[including] a contested reality..." (104) "...Lourdes continues to be a place which is contested between those who seek spiritual retreat, between tourists and pilgrims, between those who believe in miracle cures and those who scoff at them, and between the sacred and profane spaces." (104-5)

Key element	Example from Gesler, 1996
Pilgrimage	"...divine intervention is believed to occur at certain specific sites, therefore, people make pilgrimages to these places to be healed." (95) "A pilgrimage entails a journey from one place to another, from one aspect of one's life to another. As a result of this movement, many people experience pilgrimage as a transformation." (96) "...political, economic and social, as well as spiritual, factors played important roles in the origins of pilgrimage to Lourdes." (98)
Shared rituals	"Journeys to expiate sin and disease can be seen as 'rituals of affliction'...they are undertaken to propitiate and exorcise those supernatural forces which create illness, death or misfortune." (96) "...the environment in which cures are experienced—constant prayer, repetition of hymns and Hail Marys—is often important." (100) "...the pilgrim can go to [Lourdes] easily, seeking either the ritual and intense excitement of a procession or a long, quiet meditation by Mary's side." (104)
Beliefs, philosophies, expectations, perceptions	"A therapeutic landscape arises when physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing." (96) "Since there was a common belief in medieval times that physical diseases had spiritual causes (such as sin), the specific goal of a religious pilgrimage was often a cure for a disease." (96) "People come expecting a transformation, an authentic experience and they often have one." (104)
Transformation	"...many people experience pilgrimage as a transformation...[which] can be viewed as a movement from the profane to the sacred, from everyday life to an encounter with the divine, or from local, conventional religion to a radiant religion experienced in a far-off place." (96) "Emerging from the story of Lourdes are five themes which were involved in its rise to worldwide renown as a center of healing...[including] transformation..." (104) "A transformation from disease...to wellness takes place at Lourdes on different levels." (104)
Role of faith	"Pilgrims know that a manifestation of the divine can occur anywhere, but it is also clear that certain places have been made precious by God...the faithful believe that the veil between the natural and the supernatural has been torn at specific places." (97) "Emerging from the story of Lourdes are five themes which were involved in its rise to worldwide renown as a center of healing...[including] the role of faith..." (104)
Origin of spiritual nature	"Bernadette Soubirous reported that Mary had appeared to her and given her certain messages...During one of her appearances, the story goes, Mary told Bernadette to dig in the dirt on the floor of the grotto. When she did, she uncovered first a trickle of water and a flowing spring..." (99-100)

Key element	Example from Gesler, 1996
Supernatural healing powers	"There were conflicting reports concerning the chemical composition of the water. However, an analysis which reported that there were no natural curative elements was officially accepted. Thus, the authorities claimed, and the faithful believed, that the cures being effected by the water had to be supernatural." (100) "Whether one labels healing at Lourdes as the placebo effect, auto-suggestion, or supernatural, it does occur." (104)
Healing god	"...Bernadette...reported that the Virgin Mary appeared to her...At Mary's bidding, Bernadette uncovered a spring...When miracle cures were claimed by those who bathed in the spring, crowds began to gather." (95) "Mary became one of the most important, if not the most important, saint to whom pilgrimage was made...The poor were especially drawn to seek Mary's aid (Neame, 1968). Weak, starving and powerless, they looked to the Virgin to alleviate their suffering in an unjust world.." (97)
Symbolism	"Typically, pilgrimages start with an apparition or a vision of a saint, a miracle performed by a saint or martyrdom. These signs and symbols provide order and meaning' to the faithful, they constitute and reinforce understood symbolic landscapes." (96-7)

Table 6 Key Elements in Gesler 1998

Key element	Example from Gesler, 1998
Beautiful natural environment	"For many residents and visitors Bath's dramatic natural setting was a key attraction...There are magnificent views from numerous vantage points around the town." (18)
Water	"Perhaps the most essential natural feature for its healing reputation is the hot springs." (18) "...the unusually voluminous outpourings of the mineral springs, contributed to a feeling of well-being...The mineral springs represented powerful otherworldly forces for the Celts...and the waters maintained a supernatural aura throughout the Middle Ages and even into the twentieth century." (34)
Sense of place	"The natural setting...contributed to the strong sense of place experienced by residents of and visitors to Bath." (26) "Although it is true that Bath's sense of place rests on more than healing, health was and remains a major factor." (34)
Place meaning	"Buildings convey symbolic meaning or help to create symbolic landscapes (Rowntree and Conkey 1980)." (23)
Territoriality	"Although Bath was not suitable for military, market, or administrative functions, the Romans found it to be a strategic spot on the periphery of their conquered territory (Stewart 1981)." (19)
Reputation for healing	"Bath achieved its healing reputation through an historical accretion of feelings about the healing powers of its mineral springs...Bath's reputation for healing was greatest in the Celtic, Roman, medieval, and Georgian periods." (17)

Key element	Example from Gesler, 1998
Social relations	"By the late seventeenth century many English towns were developing as social centers for the local gentry and the middle classes...Spa use tended to trickle down from the upper to middle to lower classes with a rough correlation between class and distance traveled..." (20)
Relative equality	"On the surface and by reputation Bath was the only place where the aristocracy mingled with the bourgeoisie in a relaxed way..." (30)
Historical context	"...Bath, England...became famous for healing in different periods of its history." (17) "...the Celts were attracted to Bath's waters for religious worship and ritual because the springs were thought to be an entrance to the otherworld...For the Romans...the mineral springs were the main attraction of the site...The baths became a center for rest and recreation for the Roman army..." (18-9)
Contested reality	"Bath's reputation was contested by attacks on its natural setting and on the alleged efficacy of its waters, by an examination of sanitation and hygiene, by questions concerning the qualifications of physicians, and through the two issues of social difference and law and order." (18) "In [Wood's] writings on architecture and ancient mythologies he set forth the idea, wholly unsubstantiated, that Bath was only the core of what was once a city the size of Babylon..." (24) "It is easy to idealize a city such as Bath...however...beneath the facade were conflicts over many issues and ideas. Attempts to control and impose meanings by certain groups were continually contested by others." (26)
Pilgrimage	"From the eleventh to fifteenth centuries...Bath attracted pilgrims to its waters from all over Europe." (19) "...people will travel very long distances to seek out places...where the understood truth of healing has taken root." (35)
Beliefs, philosophies, expectations, perceptions	"The Celts also had a firm belief in the other world, which was under the ground and was entered through a cave, cavern, well, mysterious opening, or spring. In Celtic myths there are many stories of journeys to and from the other world, which was a source of both life and death." (21) "...the therapeutic function was allied to religious sentiments that included belief in miraculous and supernatural powers." (22) "...Bath was perceived to be or understood to be a healing place for more than two thousand years." (34)
Role of faith	"The Benedictine monks who ran the Norman ecclesiastical complex [at Bath] viewed the springs as a gift from God..." (19)
Origin of spiritual nature	"...a specific myth had grown up concerning the origins of the healing power of Bath's springs. The roots of the myth are pagan, but the story obviously acquired Christian trappings...The legend is as follows. Bladud, son of a king...was banished from his father's court because he had contracted leprosy...He became a swineherd, and the pigs he tended also became infected...One day at a place where the ground never froze, the pigs began to wallow in the mud [which] cured his pigs of their affliction, [so] Bladud also immersed himself...[and] was cured...the earliest tellers of the story were familiar with the New Testament and its tale of the man who was cured when his demons were transferred to a herd of swine and the parable Jesus told about the prodigal son." (21-2)

Key element	Example from Gesler, 1998
Supernatural healing powers	"...Celts were attracted to Bath's waters...because the springs were thought to be an entrance to the otherworld and evidence of the beneficence of mother earth (Stewart 1981)." (18-9) "Bath's waters continued to convey a supernatural aura throughout the Middle Ages, a period when holy wells and springs were used as religious sites..." (21) "Even today, a tinge of the supernatural, the mythical, still hovers about the springs." (23)
Symbolism	"...[reputations] become part of the symbolic cultural landscape. The importance of interpreting symbolic landscapes is well established in the geographic and the social science of medicine literature. This idea is demonstrated by showing how the mineral springs, a healing myth, and Georgian architecture all played symbolic roles in Bath's history." (18) "Symbols can be used to constrain and control environments...but they can also be employed in positive ways, including healing...The springs had strong symbolic power for the Celts (1981)." (21) "...the buildings displayed designs or forms...which symbolized order and, interpreted through Renaissance views of the world, health and wholeness." (34)

Gesler's focuses on documenting the ways in which the landscapes fulfill the qualities he has determined as being key elements of therapeutic landscapes and emphasizes the importance of long standing reputations for healing in these places, which are crucial in defining them as 'therapeutic' landscapes. He also emphasizes the combined effects of the natural/built, social, and spiritual environments in a more holistic sense. For example, in his case study of Epidauros, the source of healing is said to be the presence of the healing god, Asclepius, and his dream healing treatments, however, Gesler makes sure to point out that this is not the only factor, noting also the importance of the social, environmental, cultural, spiritual, and political elements of the place, and their roles in healing.

4.2. Williams' contribution and a book on Therapeutic Landscapes

Other authors following Gesler have employed the concept of therapeutic landscapes in different ways. In the following sections of this chapter, I will

systematically review the remaining literature in my sample in comparison to the framework developed in the above discussion of Gesler's work. The first article following Gesler's literature is Williams' (1998) article, which was published between Gesler's case studies and the subsequent book she edited on the topic in 1999. This article adopted some of the theoretical elements from humanism that Gesler had emphasized, such as symbolism in landscape, meaning, sense of place, and authentic landscapes. Williams (1998) declares a grounding within Gesler's theory, and emphasizes that the goal of the article is to extend Gesler's (1992) use of humanism in therapeutic landscapes by applying it to holistic medicine, while also further contributing to the body of therapeutic landscape literature.

Williams claims that applying concepts from holistic medicine to therapeutic landscapes is important because ideas such as symbolic landscapes are essential to tying together humanistic geography and holistic medicine, and therefore crucial to understanding therapeutic landscapes. She emphasizes symbolism in medicine as being essential to the interpretation, research, and application of therapeutic landscapes. The article discusses seven of Gesler's key elements, two to three from each type of environment, equalling half of what is discussed in his work with the fewest elements (see Table 7).

Table 7 Key elements in Williams 1998

Key element	Example from Williams, 1998
Sense of place	In Table 1, Sense of place as the "...belief that environment holds meaning, significance, and felt value *e.g.* planned home birthing..." (1195) "Sense of place defines the identity, significance, meaning, intention, and felt value that are given to places by individuals (Pred, 1983), as a result of experiencing it over time (Relph, 1976; Tuan, 1976)." (1197)
Place meaning	"The active engagement of contemporary social theory and the new frontiers of cultural geography have brought about an enhanced understanding of both the meaning and nature of place, with respect to health..." (1193) "...Gesler summarizes, 'Places provide meaning for people in many different ways...'" (1197) "It is this subjective knowledge that give such places significance, meaning and felt value for those experiencing them." (1197) "If one recognizes that place is not just a physical entity, but rather invested with meanings, one understands a place or landscape through the conceived and perceived world. Thereby places are open to multiple meanings and representations." (1200)
Reputation for healing	"Therapeutic landscapes are those changing places, settings, situations, locales, and milieus that encompass both the physical and psychological environments associated with treatment or healing; they are reputed to have an 'enduring reputation for achieving physical, mental, and spiritual healing' (Gesler, 1993, p.171)." (1193)
Social relations	"The Sioux Lookout Zone Hospital...allows family and friends to reside in the hospital so they are able to spend prolonged periods of time with the patient (Hagan *et al.*, 1989). Such an authentic landscape encourages positive interpersonal relationships with family, friends and practitioners, providing continuous social support." (1199)
Beliefs, philosophies, expectations, perceptions	"In holistic medicine, a client is viewed as an individual, where the unity of mind, body, and spirit is emphasized (Goldstein *et al.*, 1988), and where practitioners encourage patients to relate their personal experiences, beliefs and feelings in order for the patient's situation to be holistically interpreted (Gesler, 1992)." (1194) "The holistic paradigm, in an effort to address the many dimensions of a person, accepts and in some cases incorporates these beliefs, values and experiences in healing and health...In an attempt to integrate a client's belief system into the healing and/or health process in the creation of a therapeutic landscape, holistic practitioners choose from a great diversity of practices often converging client beliefs with those associated with the particular healing practices chosen. " (1197)
Supernatural healing powers	"The holistic healing environment is therefore a positive milieu for the acceptance and integration of cultural and individual medical beliefs, whether associated with the physiological, environmental, psychological, spiritual and/or supernatural (Fuller, 1989)" (1197) "Belief in supernatural practitioners and their practices are commonly intrinsic to the social and cultural traditions that evolved in order to enhance health (WHO, 1983). Many traditional practitioners are allegedly endowed with supernatural or magical powers..." (1197)

Key element	Example from Williams, 1998
Symbolism	In Table 1, Symbolic landscape as a "...basic element in therapy *e.g.* The aboriginal medicine wheel..." (1195) "Landscapes are also symbolic systems, as they are partly the construction of cultural images and signs (Ley, 1985; Smith, 1993). The culturally-defined health and healing symbols found in the landscape are central to the concept of therapeutic landscapes, as they significantly determine the "way of seeing" the landscape (Gesler, 1991, p.170)." (1196)

Williams' edited (1999) book on therapeutic landscapes is a significant work, as it is the only book published to date dedicated to the topic. The chapters are a collection of papers from a prior conference on the topic, and are fairly diverse. Williams' (1999a) introductory chapter (see Table 8) relies heavily on excerpts and ideas from Gesler's work, with eight of the ten key elements present only being discussed in the form of quotes from, or references to, Gesler. The chapter also contributes some new ideas about the role of therapeutic landscapes in the context of health research and health care.

Table 8 Key elements in WIlliams 1999a

Key element	Example from Williams, 1999a
Water	"Since classical Greek and Roman times, water bodies have been one particular aspect of the physical environment renowned for having healing powers. In many societies water remains the symbol of healing as well as purification and absolution..." (1)
Sense of place	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that 'sense of place...influenced...wellbeing.'" (4)
Place meaning	"Meaning is key to the importance of places, and it is the subjective experiences that people have within places that give them significance." (2) "Humanist and structuralist theory have been commonly used in exploring the meaning of place, as both perspectives seek to identify the subjective view of place experiences. Consequently, health/medical geographers have revealed an enhanced understanding of both the meaning and nature of place with respect to health and health care..." (3)
Territoriality	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that '...territoriality...influenced...wellbeing.'" (4)
Reputation for healing	"Therapeutic landscapes are those changing places...associated with treatment or healing; they are reputed to have an 'enduring reputation for achieving physical, mental, and spiritual healing' (Gesler 1993, 171)." (2) "Although Gesler has focused his research on specifically defined places with reputations for healing...the therapeutic landscape concept is being adapted in other ways." (4)

Key element	Example from Williams, 1999a
Social relations	"Places not only provide an identity and satisfy a human need for roots, but are also locations of social networks, providing settings for essential activities such as employment and services, and often sought out for their aesthetic qualities (Gesler 1991)." (2-3) "Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that 'social relations...influenced...wellbeing.'" (4)
Relative equality	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that '...relative equality...influenced...wellbeing.'" (4)
Everyday activities	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that 'everyday activities...influenced...wellbeing.'" (4)
Beliefs, philosophies, expectations, perceptions	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that '...beliefs and expectations...influenced...wellbeing.'" (4)
Symbolism	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes. He does this in the case of Epidauros...noting that 'the...symbol complexes...influenced...wellbeing.'" (4)

To begin, Palka (1999), Thurber and Malinowski (1999), and Williams (1999b) similarly focus more heavily on only one or two of the three types of environments. In Palka's work about Denali National Park, the focus is mainly on Denali as a symbolic landscape and the healing power of nature; he discusses ten of Gesler's key elements, with much direct application to the case study (see Table 9). Palka states from the beginning that Denali is a different type of therapeutic landscape from those in Gesler's studies, but also that the human-place interactions that take place there are significant enough to allow for its qualification as such. Palka emphasizes both the aspects of physical landscape and the interaction between visitors to the park as being integral in the healing qualities of this place. He also suggests that although traditionally, therapeutic landscapes have been environments with a large human impact, landscapes void of human interference should also be considered as relevant (Palka, 1999).

During the two year period when Palka completed the research for this case study, he spent several weeks during a summer season having visitors complete a questionnaire regarding their experiences at the park, and their interpretations of certain elements of the park and tour, and participated in the tour as an observer. Although Palka points out that other factors such as weather and wildlife, and the temperament of others on the tour also had an effect on the visitors' experience, he summarizes visitors' impressions of the park's therapeutic qualities as being positive overall. The design of the questionnaire, however, was geared towards detailing visitors' motivations for coming to the park, personal feelings towards the place, what qualities of the park were of interest to them, and finally whether they experienced their visit as being therapeutic (Palka, 1999).

Table 9 Key elements in Palka 1999

Key element	**Example from Palka, 1999**
Beautiful natural environment	"...the notion of therapeutic landscapes, as settings for therapeutic experiences, can be extended beyond the previous focus on carefully designed built environments...to include pristine natural landscapes which are void of *any* human imprint." (30) "Denali is varied, unpredictable, colorful, and teeming with life...the combination of alpine glaciers, taiga, high alpine tundra, glacial and clear rivers and streams, and dominant mountains meld to produce breathtaking landscapes that are aesthetically pleasing...The pristine nature in Denali provides an ideal setting for a therapeutic experience." (33)
Water	"In her book *The Nature of Denali*, Forbes (1992) explains the sensation as she walks along a trail to Horseshoe Lake..." (33) "...the stop at Toklat enables visitors to visibly inspect a sizable area, to walk along the gravel bars, to hear and touch the cold, fast flowing glacial waters of the Toklat..." (40)
Sense of place	"The rest stops serve as settings for visitor interaction and contribute immeasurably to one's sense of place by enabling a heightened awareness." (36) "While any visitor's sense of place may be innately personal, similar experiences can contribute to consensual images of a place." (41)
Removed from everyday stress	"...a primary objective of all healing is to provide therapeutic environments for people receiving treatments for physical ailments or recovering from mental illness, or to serve as a preventative measure in a fast-paced, high-stress society." (30) "The conclusion reached by the Park Service is that most people come to Denali to simply look, relax and 'get away from it all.'" (40)

Key element	Example from Palka, 1999
Reputation for healing	"...Gesler (1992) emphasizes the significance of places which boast reputations for achieving enduring physical, mental, and spiritual healing." (29) "The literature on Denali emphasizes...the park's reputation as a therapeutic landscape." (33) "Denali's characterization as a therapeutic landscape undeniably contributes to its enduring spirit of place, and specifically to its reputation as a place of health." (46)
Social relations	"The rest stops...serve as points for social interaction, mutual reinforcement of the experience, and the development of consensus images of the place." (38)
Historical context	"...some of the folklore and legend surrounding Mount McKinley...According to Athapaskan tales...[includes] a group of hunters...[who] noticed the setting sun disappearing behind the western flanks of the mountain. A few hours later, they saw the sun rise out of Denali's eastern slope...the hunters reported to their chief: 'Surely we have found the home of the sun...'...Since most park visitors come to Denali during the summer months, they too must feel they have found the home of the sun, since daylight reigns for all but a couple of hours each day, a sensation that appears to 'energize' visitors to interior Alaska." (35) "...the park benefited from its distant and historically inaccessible location such that development and environmental degredation never preceded sound management practices." (45)
Beliefs, philosophies, expectations, perceptions	"Tourists develop mental images of Denali long before they arrive at the park. Promotional guides, travel brochures...and word of mouth, provide information about the park, serving to fuel the tourist's expectations about the impending visit." (33) "The Koyukon Indians have a perception of the natural environment that extends beyond the empirical into the spiritual...the Koyukons also believe that the earth itself is the source of preeminent spiritual power...and serves as the foundation of medicine power...Tourists become increasingly aware of these and other 'accepted truths' during their visit to the park. Moreover, myths and legacies are often readily accepted because they help to fulfilll the visitor's expectations." (35) "Another appealing feature was the perceived authenticity of the natural setting...visitors had great expectations, and had prejudged the place in a positive light...Tourists were nearly unanimous in their belief that there are therapeutic or healing aspects associated with Denali." (43)
Supernatural healing powers	"Behavior towards nature is governed by a variety of supernaturally based rules that ensure the well-being of humans and the environment (Nelson 1983)...[Visitors] are perceived to be blessed in return with good luck and good health." (35)
Symbolism	"Denali National Park is a symbolic landscape which represents the last frontier, pristine wilderness, and environmental preservation in action." (29) "The entire visitor indoctrination process is implemented within the context of a symbolic landscape (Cosgrove 1985), where visitors seek an authentic wilderness encounter." (47)

The questionnaire's content is not detailed in the chapter, therefore, its intent is somewhat unclear. Palka's questionnaire results showed that a majority of visitors came to Denali to "get away from it all" (1999: 42), because of Denali's reputation as an intact

wilderness, and because of a desire to visit somewhere remote and unique. The visitors' personal feelings, which Palka documented, often included feeling small in comparison to the natural setting, feeling refreshed, and a contemplative state of mind. Palka also states that visitors consistently arrived with expectations that their experience would be positive and unique, and that overall, the visit lived up to their expectations. It is also noted that visitors believed they had an authentic experience during their visit, and that they did not feel they had been manipulated into having a particular experience of the place.

As for therapeutic qualities and experiences, Palka found that most of the visitors to the park felt their visit had made them "feel better" (1999: 43). Specifically, visitors claimed feelings of relaxation, rejuvenation, appreciation, having overall positive experiences of their time spent in this place. He states that, "Tourists were nearly unanimous in their belief that there are therapeutic or healing aspects associated with Denali...[and they described Denali as] peaceful, harmonious, relaxing...energ[izing]...a healthy place which had a positive impact on each of them" (Palka, 1999: 43-4). The belief in therapeutic aspects is not, however, supported with any evidence that healing occurs. Palka performed a modified version of this study again the following summer, and used it to confirm and clarify visitors' experience of the park as therapeutic, and found similar results. He states that visitors again experienced feeling better mentally, physically, and spiritually, and although it is unclear from the article as to whether or not the questionnaire specifically asked about these aspects of their experience, Palka states that overall, visitors perceptions of Denali were unquestionably that it is a therapeutic landscape.

Thurber and Malinowski's (1999) case study of children's summer camp focuses mainly on the physical environment, providing discussion of nine of Gesler's key elements, nearly all of which pertain directly to the case study at hand (see Table 10). They base their conclusions that children's summer camps provide a therapeutic landscape on evidence such as their restorative qualities, children's enjoyment of the camp despite homesickness, and children's preferences for certain places within the camps, which are all demonstrated through their case study research. Also, the camp's design, focusing on spiritual, physical, and mental growth, but not specifically 'healing', is said to align with Gesler's models of therapeutic landscapes, and therefore claimed to help to qualify the camps as therapeutic landscapes. The physical layout of the camp, daily schedule followed by the campers, and camp leadership are emphasized as critical elements in the camp landscape, and sense of place and purpose are said to be a commonality held with other therapeutic landscapes (Thurber and Malinowski, 1999).

The two main research projects undertaken in this case study are of campers' moods during their stay at the camp, and campers' favourite places in the camp environment. Campers' moods were self-rated through a daily check list rating their moods, and findings overall saw great improvement of mood at the beginning and end of their stays, but wavered during the middle section of their stay. These findings are interpreted as an initial adjustment to the camp, and also a final anticipation of return home. It is also acknowledged that the camp is not immediately therapeutic to the campers, but further study showed that returning campers felt much less homesickness than new campers.

Table 10 Key elements in Thurber and Malinowski 1999

Key element	Example from Thurber and Malinowski, 1999
Beautiful natural environment	"Another group of responses indicated positive aesthetic qualities of the camp surroundings or expressed the feeling that the natural setting was important because it should be preserved." (67)
Water	"Camp Belknap's 177 acres lie along 2000 feet of Lake Winnepesaukee shorefront in central New Hampshire...The waterfront, situated in a sheltered bay, includes two beaches and docks for swimming, boating, and fishing." (58-60)
Sense of place	"[Gesler] outlines a model of the therapeutic landscape that emphasizes the themes of*...sense of place...*" (54) "...these statements...may also indicate an understanding of the importance of one's surroundings, of possessing a sense of place." (67)
Removed from everyday stress	"The most common reason given [for feeling the natural surroundings made the camp 'better'] contrasted the natural environment of the camp with some aspect of the city or with a perceived urban way of life...There is definitely a recurrent theme of escaping from negative elements of the boys' everyday environments." (66-7)
Everyday activities	"[Gesler] outlines a model of the therapeutic landscape that emphasizes the themes of*...everyday activities...*" (54) "For the physical well-being of the campers, the physical sites chosen...provided ample space for a variety of activities, including swimming, baseball, and running..." (57) "...spiritual growth was central to camp life...daily vespers services, and Sunday chapel were mandatory." (57) "As Camp Belknap expanded in size...its...daily schedule...continued to reflect the original goal of the YMCA, that being to promote growth in spirit, mind, and body." (57-8) "While some places are clearly designed to develop a specific element of the YMCA's mission...it is through the daily activity schedule that these values are passed on to the boys." (60-1)
Historical context	"The origins of organized camping in the United States are directly rooted in spatial changes of the late nineteenth century. After the Civil War, the Industrial Revolution engulfed the nation...Manufacturing meant urbanization...With increasing urbanization came dramatic social changes affecting children...fearful parents increasingly looked to outside forces to guide and influence their children (Gaster 1992). Groups such as the Young Men's Christian Association and the Boy Scouts vowed to provide just this guidance...Thoreau and others popularized nature...some organizations found it difficult to keep members interested, and the long summer months of boredom were especially difficult...trips to the 'wilderness' provided just the kind of activities needed...Some character builders perceived a moral benefit of being outside as well" (56)

Key element	Example from Thurber and Malinowski, 1999
Beliefs, philosophies, expectations, perceptions	"[Gesler] outlines a model of the therapeutic landscape that emphasizes the themes of...*natural setting, built environment, sense of place, symbolic landscapes,* and *everyday activities* within the context of larger social beliefs and philosophies" (54) "Other landscape perception studies have shown that children do not respond as strongly as adults to elements of nature when expressing preferences for landscape photographs..." (55) "A second trend in the data is the final increase in positive affect...Presumably...due to happiness associated with anticipating a return home...In addition, this effect illustrates the importance of children's perceptions: just the thought of reuniting was enough to enhance some children's moods." (63-4)
Role of faith	"...spiritual growth was central to camp life, and the YMCA always saw camping as a good way to strengthen the Christian faith among its members...At Belknap, Bible study, daily vespers services, and Sunday chapel were mandatory. Early skits often involved Bible tales and preachers regularly came to give special chapel services..." (57)
Symbolism	"[Gesler] outlines a model of the therapeutic landscape that emphasizes the themes of...*symbolic landscapes...*" (54)

The second study of campers' favourite places within the camp environment identified preferences for a number of places including the lake front, the cabin, the camp fire circle, and the lodge. Semi-structured interviews with the campers were used to follow up on details of this study, and although some answers seemed more obvious, such as whether natural surroundings made the camp better or worse, reasons given for the findings tended to revolve around escape from negative aspects of urban life. Campers generally claimed to feel more relaxed due to the camp's environment, which the authors interpreted as signalling the presence of a therapeutic landscape.

Williams' (1999b) contribution on the home care workers' environment as a therapeutic landscape focuses on a discussion surrounding place-identity. Fewer (seven) of the key elements from Gesler's work are discussed, and only two or three per type of environment (see Table 11). Specific place-based elements of physical, mental, and spiritual healing properties are altogether absent. Williams justifies classifying the environment of the home care workers as a therapeutic landscape based on the argument

that Gesler's focus on healing, or restoration of health in those who are unhealthy, should be extended to health maintenance, or sustaining a positive state of health. Williams argues that "...if a healthy, definitive [place-identity] fit exists, then the environment is deemed therapeutic, as it contributes to well-being..." (71), and that, "[w]hether such landscapes are associated with healing or maintenance of health and well-being they generally have an affinity or a strong sense of place to those experiencing them" (1999: 73). Taking notes from humanistic research, Williams emphasizes sense of place as key to identity and meaning, authenticity of landscape, and personal connection to place cultivated over time.

Table 11 Key elemets in Williams 1999b

Key element	Example from Williams, 1999b
Water	"The local characteristics of the Sault include the close proximity to wilderness, which evokes a similar sentiment, as is evident in the response nurses had about the physical geography of the Sault and surrounding area: ...'I like Lake Superior. I love Lake Superior, it really has a hold on me.' [RN4] ...'Well I do like to be near water...' [RN2]" (83)
Sense of place	"Whether such landscapes are associated with healing or maintenance of health and well-being, they generally have an affinity or a strong sense of place to those experiencing them...Sense of place defines the identity, significance, meaning, intention, and felt value given to a place, often a result of experiencing it over time." (73) "Authentic landscapes endowed with a strong sense of place are known only from within, exemplified in the home, where 'networks of interpersonal concern' have existed for an extended period of time...Home, as with other environments that commonly elicit a strong sense of place, is positively associated with health...One way to describe 'sense of place' or any relationship one has with the environment is through positive place identity." (74)
Place meaning	"The application of the concept of therapeutic landscapes to place identity follows the recent work about the meaning of place, illustrating a shift away from understanding places in themselves, and towards an appreciation of place as a social and cultural category..." (72) "It is the subjective experiential knowledge that give such places significance, meaning and felt value..." (73) "Although the physical, social, and cultural characteristics of places influence place identity, place identification is also mediated by the characteristics people bring to places and the structure of their experiences with places. Such factors are critical to the meanings of places to the individual, in the dialectic of people and place that underlies place identification." (84)

Key element	Example from Williams, 1999b
Reputation for healing	"[Therapeutic landscapes] are reputed for having an 'enduring reputation for achieving physical, mental, and spiritual healing' (Gesler 1993, 171)." (73)
Social relations	"In a similar fashion, Massey states that 'a 'place' is formed out of the particular set of social relations which interact in a particular location' (Massey 1992, 12). Because social relations are dynamic and changing, so too are places." (77) "Local social involvement—particularly those with friends, but also those involving kin, organizational memberships, and local shopping—prove to be the most consistent and significant sources of sentimental ties to local places...Sault Ste. Marie was shown to shape identification through social environments, defined by the location of family, friends, neighbors or acquaintences." (85)
Beliefs, philosophies, expectations, perceptions	"Further research could provide a more detailed knowledge of these relationships, through exploring whether or not differences in perceptions of place can be found across independent measures, such as practitioner's level of education, income, ethnicity, age, marital and family status." (91)
Symbolism	"Culture or the symbolic context of a place may also shape place identification. Community sociologists have documented the continuing vitality of places as symbolic locales (Strauss 1961)." (83)

The main research project Williams (1999b) discusses is the survey and interviews conducted with home care workers in a medically underserviced region in Canada. The research details home care nurses' experiences of community sharing, belonging, and attachment, and shows that the nurses have strong place-identity fits. These have evolved over time based on the characteristics of their work, the larger community, the region's physical and cultural environments, and symbolism within the landscape. The interpretation of the finding of strong positive place-identity as indicative of northern Ontario being a therapeutic landscape is, however, not well explained. Williams states that,

> The strong, positive place identity that nurses have shown in both the questionnaire survey and in-depth interviews illustrates that the place in which they both work and live is, in fact, a therapeutic landscape, in that the health-maintaining attitudes and behaviors that they discuss lead to an enhanced well-being. (1999b: 90)

She further concludes that,

> The definitive connection [between home care nurses and their local setting], which has been illustrated through both quantitative and

> qualitative research has been shown to be health enhancing—contributing to health maintenance and well-being, and thereby making the place [a] therapeutic landscape. (Williams, 1999b: 91)

Although these are strong statements, the rationale between the existence of strong place-identity and the conclusion that a therapeutic landscape is present is somewhat unclear.

Kearns and Barnett's (1999) chapter on New Zealand's Starship children's hospital only possesses three of the key elements, mainly because it deals with a 'non-traditional' healing landscape, which is not dealt within detail in Gesler's original literature. It is, however, a case study of a landscape dedicated to healing, and a type of therapeutic landscape described in Gesler's (1992) foundational article. It is one of a few literary pieces where the authors do not attempt to make any broad conclusions based on a single piece of case-specific research. This discussion particularly lacks a discussion of key elements of the natural/built environment (see Table 12). There is a discussion of, and focus on, the theoretical basis of the case study, which surrounds re-framing this hospital as a positive place of healing rather than somewhere that would create fear in young patients. Kearns and Barnett revisit the idea of health as a commodity and those who view health care as consumers, and emphasize the re-framing of health and health care in this case with symbols that normalize and familiarize the hospital while creating an exciting and otherworldly experience. The contrast between this otherworldly healing landscape and standard health care facilities is significant.

Table 12 Key elements from Kearns and Barnett 1999

Key element	Example from Kearns and Barnett, 1999
Reputation for healing	"...whether popular reputation...or explicit marketing...potentially health-promoting sites become conceptualized as containers which represent focal centers for experiences and reputations found in, but not out of, place (Kearns 1997)." (177)
Beliefs, philosophies, expectations, perceptions	"For this pre-school child, sudden pain implied a need to visit the Starship, and this perceived need triggered memories of 'placial icons' (Hopkins, 1990) which at the hospital include a robot." (171) "...names such as the 'Starship' suggest imaginary rather than literal expectations...metaphors mediate between the biophysical and socio-cultural worlds and, in the words of Kleinman (1973, 207), '...healing occurs along a symbolic pathway of words, feelings, values, expectations, beliefs...which connect events and forms with affective and physiological processes.'" (177)
Symbolism	"...the recently completed...children's hospital...was...named 'Starship,' a metaphor de-emphasizing the institution's medical purposes and invoking ideas of otherworldliness...In choosing this name, symbols were being (re)placed both tangibly and linguistically in an attempt to reorient children's health care in an era of branding and marketing." (169-70) "...we build on...Gesler's exhortation that we '...decode healing environments for their symbolic meaning'...new styles of service provision have taken highly visible and symbol-laden forms in the built environment..." (175) "Linguistic symbols can take the form of *metaphors* which involve the application of a word or idea to something to which it is imaginatively, but not literally, applicable..." (176) "...for some the stars now added to the hospital logo are more than neutral celestial emblems. Rather, there are spiritual resonances with stars being symbolic of souls of the dead..." (187) "'Starship' contains two component metaphors: 'star' and 'ship.' The former hints of a shining example, something that attracts attention. The vehicular connotations of 'ship' hint of a movement towards a destination and this concurs with the metaphor of illness as a journey (Cassidy 1995)." (188)

The positive symbolism seen within the Starship hospital leads Kearns and Barnett to suggest that, "The de-emphasis of medical symbolism thus assists...in the transformation of a medical setting into a key element of Auckland's therapeutic landscape" (1999: 189). They also link the symbolism in the Starship hospital to questions about how illness and health care are treated, noting that:

> ...Starship raises questions as to why it is a children's hospital that incorporates such concessions to comfort as carpets, pleasing colour and curved corridors...the fantasy like image of the Starship has created a therapeutic environment which is well known... (Kearns and Barnett, 1999: 191)

Finally, Scarpaci's (1999) work stays close to a strict discussion of therapeutic landscapes in a healthcare context, addressing the most (eleven) key elements of all the authors from Williams' book (see Table 13). Although he discusses such a large number of Gesler's key elements, it should be noted that aside from the discussions on place meaning and symbolism, the other key elements are only considered in relation to Gesler's work, and not the case study at hand. Scarpaci notes Gesler's (1993) work on Epidauros, but mainly focuses on the healthcare landscape of Havana. Similar to Kearns and Barnett's chapter, Scarpaci focuses on a case study of non-traditional health care. Scarpaci details the symbolism surrounding a strong presence of healthcare facilities and also the presence of revolutionary propaganda, both of which contribute to a sense that the government has prioritized social welfare and health. Scarpaci points to this study as one of a changing therapeutic landscape and does not make any overarching claims or conclusions. The focus is largely on the health care system, which explicitly promotes both maintenance of health and healing.

Table 13 Key elements from Scarpaci 1999

Key element	Example from Scarpaci, 1999
Sense of place	"...Gesler argues that places exhume meanings from the sense of place they evoke..." (204) "According to Gesler: 'In places such as Epidauros, the...sense of place...influenced physical, mental, and spiritual well-being.'" (205)
Removed from everyday stress	"Temples for worship were accessible and the town [of Epidauros] was isolated from the stresses of daily life." (205)
Place meaning	"...Gesler argues that places exhume meanings from the sense of place they evoke, their everyday activities, symbolism, and their built environments." (204) "Regardless of Havana's future, its cityscape is full of meanings of healing and state care." (218)
Territoriality	"According to Gesler: 'In places such as Epidauros, the...territoriality...influenced physical, mental, and spiritual well-being.'" (205)
Reputation for healing	"[Gesler] identifies places that have attained an enduring character for achieving physical, spiritual and mental healing...he explained the healing reputation of the Aslepian [sic] sanctuary in Epidauros, Greece." (204-5)

Key element	Example from Scarpaci, 1999
Social relations	"According to Gesler: 'In places such as Epidauros, the...social relations...influenced physical, mental, and spiritual well-being.'" (205)
Relative equality	"According to Gesler: 'In places such as Epidauros, the...relative equality...influenced physical, mental, and spiritual well-being.'" (205)
Everyday activities	"...Gesler argues that places exhume meanings from...their everyday activities..." (204) "According to Gesler: 'In places such as Epidauros, the...everyday activities...influenced physical, mental, and spiritual well-being.'" (205)
Beliefs, philosophies, expectations, perceptions	""According to Gesler: 'In places such as Epidauros, the...beliefs and expectations...influenced physical, mental, and spiritual well-being.'" (205)
Healing god	"Although the local god [in Epidauros], Aslepius [sic], was revered for casting tranquility and healing powers on those who gathered at Epidauros, the sanctuary endured as a place of healing until the sixth century A.D. When proselytizing Christians controlled the place and eradicated the Aslepian [sic] cult." (205)
Symbolism	"[One of the ways] the role of health care symbolizes well-being and public commitment is through the built environment...a dense network of clinics, hospitals, biotechnology centers, rest homes, pharmacies, billboards and murals send a constant message that health care is close at hand." (202) "...landscapes of healing remain interpretive ones that contain signs and symbols." (204) "...Gesler argues that places exhume meanings from...symbolism..." (204) "According to Gesler: 'In places such as Epidauros, the...symbol complexes...influenced physical, mental, and spiritual well-being.'" (205) "Symbolism is important in Revolutionary Havana and health care plays a key role in promoting socialism. One of the tallest buildings in Havana is the Hermanos Amejeiras Hospital." (207) "At the eastern edge of Havana is the Jose Marti Pioneer city...It has become one of the 'medical diplomacy' features of Cuba (Feinsilver 1993) and a symbol of Havana's therapeutic landscape." (207)

4.3. Subsequent research

There were four significant articles published in the time between the publication of Williams' (1999) book, and May, 2004, the cut-off date for this thesis research. The following articles will be examined in the final section of this chapter:

- Kearns and Collins (2000), on New Zealand's children's health camps,
- Williams (2002), on therapeutic landscapes in home care,
- Wilson (2003), on therapeutic landscapes and First Nations peoples, and
- Milligan, Gatrell and Bingley (2004) on communal gardens as therapeutic landscapes for the elderly.

These articles provide more in-depth case studies of therapeutic landscapes, discussing between nine and fifteen of Gesler's key elements of therapeutic landscapes, and also investigate the elements in more detail.

Kearns and Collins (2000) provide a second study of children's camps, in this case, children's health camps in New Zealand. The theory they use follows directly from Gesler's work, which they review and compare to their case study. They pose and respond to the question of which elements make the camps therapeutic, encompassing twelve key elements from Gesler's work, with only four referring to Gesler's work and not the case study at hand (see Table 14). They also review elements specific to the case, including education on healthy lifestyle habits, the physical landscape, daily routines (some of which are out of date, such as enforcement through corporal punishment in earlier days), treatment of emotional/behavioural problems, and distance from stressors. Kearns and Collins state that within the camps,

> The trend towards catering for a wide range of problems accelerated in the 1980s and 1990s, as the...health camps...responded to issues such as low self-esteem and child abuse, and admitted children from extremely difficult or problematic backgrounds...increasingly dealing with children whose problems are 'social in nature, as opposed to solely health-related'. (2000: 1052)

Although the spiritual aspects of Gesler's theory are not discussed, Kearns and Collins (2000) closely follow the elements of therapeutic landscapes set out in Gesler's

work, and also note that understandings of health and therapeutic qualities are changing. Of course, children's health camps are inherently dedicated to restoring the health of unhealthy children, so they are easily compared to Gesler's work on healing landscapes.

Table 14 Key elements in Kearns and Collins 2000

Key element	Example from Kearns and Collins, 2000
Beautiful natural environment	" [Epidauros] was located in a scenic, elevated environment..." (1049)
Water	"[Epidauros] was located...near fresh water springs..." (1049)
Sense of place	"Both the sanctuary's [at Epidauros] physical surroundings and its buildings contributed to a therapeutic landscape with a strong sense of place (see Ley, 1981)." (1049)
Removed from everyday stress	"Gesler's analysis leads him to conclude that nature may foster mental and physical well-being, that a degree of isolation from the stress of everyday life may improve health..." (1049) "...particular emphasis was placed on the value of providing children with 'time out' from stressful situations and family problems. In other words, short-term removal from difficult circumstances offers potential health benefits." (1055)
Reputation for healing	"While the therapeutic qualities of contemporary medical landscapes may be open to debate, Gesler (1993) asserts that much can be learnt from places which established reputations for healing, such as Epidauros in Greece." (1049)
Everyday activities	"[Dr. Elizabeth Gunn's] camps offered large meals, fresh air, sunshine and gentle exercise, and their success was measured on the weigh-scales...At the same time children were instilled with skills for 'healthy living' ranging from teeth-brushing to table manners..." (1050-1) "The character of the first camps was clearly contingent on this post-war milieu...To this end camp life was strictly regimented with early-morning bugle calls, discipline enforced through corporal punishment, and activities such as marching, saluting the flag, and silent sunbathing..." (1051)
Historical context	"Children's health camps were established in New Zealand at a time when the well-being and development of children were issues which ranked highly on the public agenda. Concerns about childhood malnutrition and the susceptibility of the young to diseases such as tuberculosis coincided with 'a whole cluster of ideas about national efficiency, racial fitness and the threat of an effete urban life' (Tennant, 1994, p. 20). In this context there was a growing preoccupation with personal health which was clearly reflected in the organisation of the first camps." (1050)
Shared rituals	"...considerable emphasis was placed on providing large meals and recording the 'mass poundage' gained by children. Vigorous exercise was discouraged, lest the campers burn off too many calories...'Food, and its consumption in vast quantities and ritualized manner, was a preoccupation of the health camps...'" (1052)

Key element	Example from Kearns and Collins, 2000
Beliefs, philosophies, expectations, perceptions	"Belief in the healing powers of nature...is widespread and has a long history..." (1049) "...we contend that evolving understandings of the purpose of health camps have correlated with changing perceptions of the camp environment: as concerns about children and their health have shifted over time so too have the elements of camp life considered therapeutic." (1050) "...their organisation also reflected strong contemporary beliefs in the therapeutic qualities of nature, and of sunlight in particular." (1052) "...rural communities and lifestyles are perceived to be under increasing pressure from negative (predominantly urban) influences." (1052) "...a child could best learn to improve his or her own health when living 'in an environment that ensures s/he is safe, warm, wanted, well clothed, stimulated, has consistent and recognised boundaries/expectations and has positive interaction with others'." (1055)
Transformation	"'Here the boy or girl whose health is sub-normal—below par—and who will otherwise be one of the first to fall to the approach of disease, becomes a changed being—revitalised in mental and physical resources, on the way to become a useful, self-reliant and prosperous citizen...Such a child returns to school and home bright-eyed and vigorous, full of the joys of life and with a health insurance policy with premiums fully paid up for years ahead (...Savage...in Woods 1996, p. 39).'" (1048)
Healing god	"Epidauros...was home to a sanctuary dedicated to Asclepius, a Greek demi-god and renowned physician." (1049)
Symbolism	"In the middle of the century it was widely accepted that the camps were national treasures whose existence symbolised New Zealand's commitment to the well-being of children and helped to 'maintain its supposed position as world leader in health and welfare' (Tennant, 1995, p. 109)." (1048)

Williams (2002) followed a couple of years later with a study focusing on the home as a therapeutic landscape in the context of health care. She maintains her previous reasoning for the application of therapeutic landscape theory to home care as being based on the ability of therapeutic landscapes to apply to both healing and maintenance of health and well-being. Williams states that since the home has been shown to be therapeutic in the context of palliative care, it would be important to look at it in terms of therapeutic qualities for informal care-givers as well. She notes that other researchers have found the home as a location for care to be less disruptive for the family/care-givers, as well as more conducive to a sense of normalcy and maintenance of relationships with the person in need of care. In this article, Williams reviews some important past

contributions to therapeutic landscape research, relates them to the topic in the context of home care, and provides some useful suggestions for future research. There is, however, a lack of a balance of Gesler's key elements of therapeutic landscapes discussed. Although she discusses several of these elements, they are more heavily focused on the natural/built and social environments (see Table 15).

Although Williams finishes this article by quoting Gesler on the complexity of therapeutic landscapes and the need to analyse them in order to better apply the concept to 'contemporary health care issues', successfully demonstrating this complexity has been a difficult task to accomplish. In this study, focus has again been directed towards only parts of the whole picture of what makes up Gesler's conception of therapeutic landscape. Again, this study does not differentiate between therapeutic experiences or qualities of place, and therapeutic landscapes.

Table 15 Key elements in Williams 2002

Key elements	Example from Williams, 2002
Sense of place	"Those environments that bring about a strong positive sense of place for individuals can also be described as authentic landscapes, just as those associated with placelessness is [sic.] described as unauthentic (Relph, 1976). Meaning, value and experience are found in those environments that have a strong sense of place. Sense of place defines the identity, significance, meaning, intention, and the felt value that are given to places by individuals (Pred 1983) as a result of experiencing it over time (Relph, 1976; Tuan, 1976)." (146)
	"One health application of a strong sense of place is psychological rootedness, usually achieved through a long-standing and possibly ongoing relationship with a certain place." (146)
	"...whether the experience and meaning of home maintains its sense of place for family caregivers over the caregiving process has yet to be determined." (147)
	"Maintaining a positive sense of place has possibilities for caregiver health promotion, as it is strongly associated with a healing environment..." (149)
	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...sense of place...influenced physical, mental, and spiritual well-being' (p. 186)." (150)

Key elements	Example from Williams, 2002
Place meaning	"Recognizing that the home environment not only designates a dwelling but also represents a multitude of meanings (such as personal identity, security and privacy) which likely vary according to class, ethnicity and family size..." (142) "Sociologists define place identity as an interpretation of self: '...that uses environmental meaning to symbolize or situate identity...From a social psychological perspective, place identities are thought to arise because places, as bounded locales imbued with personal, social, and cultural meanings, provide a significant framework in which identity is constructed, maintained, and transformed...' ...(Cuba & Hummon, 1993, p. 112)" (144) "As Gesler summarizes, 'Places provide meaning for people in many different ways...' ...It is this subjective knowledge that gives such places significance, meaning and the felt value for those experiencing them." (146) "Clearly, home has special meanings, and those meanings are important to one's feeling of well-being (Namazi, Eckert, Rosner, & Lyon, 1991)." (147) "Meaning is the key to the importance of places, and it is the subjective experiences that people have within places that give them significance....The growing interest in the concept of therapeutic landscapes...follows the recent work about the meaning of place, illustrating a shift away from understanding places in themselves, and towards an appreciation of place as a social and cultural category (Jones & Moon, 1993; Kearns, 1993)." (148)
Territoriality	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...territoriality...influenced physical, mental, and spiritual well-being' (p. 186)." (150)
Reputation for healing	"Home is deemed a non-traditional health care setting (Abel & Kearns, 1991; Williams, 1998), where health-promoting properties represent focal centres for unique healing properties and reputations found in, but not out of place (Kearns, 1997)." (146) "Although Gesler has focused his research on specifically defined places with reputations for healing...the therapeutic landscape concept is being adapted in other ways..." (148)
Social relations	"...Massey states, 'a 'place' is formed out of the particular set of social relations which interact in a particular location' (Masssey, 1992, p. 12). Because social relations are dynamic and changing, so too are places." (145) "Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...social relations...influenced physical, mental, and spiritual well-being' (p. 186)." (150)
Relative equality	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...relative equality...influenced physical, mental, and spiritual well-being' (p. 186)." (150)
Everyday activities	"Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...everyday activities...influenced physical, mental, and spiritual well-being' (p. 186)." (150)

Key elements	Example from Williams, 2002
Beliefs, philosophies, expectations, perceptions	"...Kearns and Gesler (1998, p. 6) suggest that Eyles (1995) makes the most useful articulation of place: 'Sense of place, he proposed, is an interactive relationship between daily experience of a (local) place and perceptions of one's place-in-the-world...'" (146) "Does care in the home bring about a change in the belifs, experience, meaning and sense of place that a home environment has for the family involved?" (149) "Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...beliefs and expectations...influenced physical, mental, and spiritual well-being' (p. 186)." (150)
Symbolism	"Examining the home as a site of shared symbolic meaning (Relph, 1976) draws upon the humanistic ideas that reconstitute landscape." (146) "Gesler suggests that an important way forward is to theorize about the creation of therapeutic landscapes—noting that '...symbol complexes...influenced physical, mental, and spiritual well-being' (p. 186)." (150)

Wilson (2003) provides the second to last article, bringing in a novel take on therapeutic landscapes in the context of First Nations culture. She argues for the need in therapeutic landscape research for recognition of the culturally-specific role of place in maintenance of health (physical, emotional, mental, and spiritual). She believes this need for cultural-specificity in therapeutic landscape research and literature has been mainly overlooked, especially for First Nations peoples. There has been little attention to the relationship between cultural beliefs and health of First Nations peoples, and Wilson's research shows the importance of this relationship.

Wilson brings up an extremely important issue, stating that, "...the current conceptualization of therapeutic landscapes as primarily physical and/or symbolic locations of healing is limited in scope" (2003: 83). She distinguishes her research from others that have focused on extraordinary events such as visiting spas, because her work focuses on everyday lives of First Nations peoples in the context of health and place, emphasizing social and spiritual factors. Her article focuses heavily on key elements within the social and spiritual environments, but despite the lack of focus on the

natural/built environment, she still includes fifteen key elements, nearly all pertaining directly to the case study, the most of any author since Gesler (see Table 16).

Table 16 Key elements in Wilson 2003

Key element	Example from Wilson, 2003
Sense of place	"...Gesler...argued that by incorporating theory from cultural geography such as sense of place...health geographers could begin to examine 'locations of healing' as symbolic systems." (84)
Place meaning	"Recent research conducted within the Geography of Health has been instrumental in promoting and emphasizing the need for health research that focuses on place as a zone of experience and meaning..." (84) "This, he felt, would move health geography beyond mere locational analyses of health care delivery to more in-depth examinations that explored places as sites of meaning." (84)
Reputation for healing	"...Gesler (1993, p. 171) defined therapeutic landscapes as places with 'an enduring reputation for achieving physical, mental, and spiritual healing'..." (84)
Social relations	"...by conceptualizing places as social relations and practices, the link between place, identity and health becomes explicit...places are loci of social relations and practices that operate among different people. These social relations shape both the experience of place and an individual's sense of self, which are both central to health..." (90)
Everyday activities	"...all of the interviewees use both conventional medicine and traditional health practices in their everyday lives." (86) "...most people referred to [Mother Earth] as encompassing the earth in its entirety and contributing to all aspects of everyday life...the land represents more than just the physical or symbolic space in which people carry out their daily activities." (88) "...the activities in which individuals participate in their everyday lives are important for physical, emotional, mental and spiritual health." (90)
Historical context	"Historically, a relationship with the land has been an imporant component of First Nations peoples' lives and cultures. Before European contact most First Nations groups in Canada could be described as subsistence cultures with the diet and daily nourishment of these groups provided by the land...The Royal Commission on Aboriginal Peoples in Canada suggests that a common theme among First Nations cultures is a belief in the importance of the land and a life based on stewardship and harmony with the earth..." (87)
Pilgrimage	"...researchers have successfully demonstrated the healing benefits associated with the symbolic and material aspects of particular places such as spas, baths, places of pilgrimage, and hospitals..." (84) "...much of our understanding of therapeutic landscapes has been limited to the healing properties of physical places that can be mapped, such as, spas, baths, sites of religious piltrmiages, and hospitals...Much of the research on therapeutic landscapes is centred on extraordinary events in people's lives that take place in particular locations, such as, religious pilgrimages..." (85)

Key element	Example from Wilson, 2003
Shared rituals	"...smudging, which involves the burning of the sacred medicines and the symbolic washing or healing of the body, mind and spirit, is also done by some...smudging is healing: 'It's just a belief that we are purifying our mind and our body and our spirit...'" (89) "'...The lodge represents Mother Earth's belly, her womb...It is a cleansing and the whole time you are in there, you are praying. When you crawl out, it is like you are re-born, like a child. You feel so good when you come out of there.'" (90)
Beliefs, philosophies, expectations, perceptions	"...healing places symbolize social ideals, values and beliefs." (84) "We must begin to explore other (non-physical) dimensions of therapeutic landscapes; in particular those that do not exist solely 'on the ground' but are embedded within the belief and value systems of different cultural groups....Within the Canadian context, very few geographers have conducted in-depth explorations of the cultural belief systems of Aboriginal peoples and how they shape health." (85) "...colonial policies have served to disrupt and, in some instances, alter the ways in which First Nations peoples relate to the land...Hence, many individuals grew up in an environment where spiritual beliefs and teachings were suppressed." (86) "The Ojibway word *mno bmaadis*, which translates into 'living the good life' encapsulates beliefs in the importance of balance...According to beliefs, all four elements of life, the physical, emotional, mental and spiritual, are represented in the four directions of the medicine wheel." (87) "Ashinabek consider the land to be a female entity and a provider of all things necessary to sustain life and as such is referred to as *Shkagamik-Kwe* (Mother Earth)..." (88)
Transformation	"'...The lodge represents Mother Earth's belly, her womb...It is a cleansing and the whole time you are in there, you are praying. When you crawl out, it is like you are re-born, like a child. You feel so good when you come out of there.'" (90)
Role of faith	"...it is not enought to be physically connected to the land, there must also be a spiritual connection: 'She (Mother Earth) is something that heals you if you let it. You don't always feel it. You have to be thinking about it. You can't just go out for a walk and feel it. You have to be spiritually connected and feel her.'" (89)
Origin of spiritual nature	"Ashinabek consider the land to be a female entity and a provider of all things necessary to sustain life and as such is referred to as *Shkagamik-Kwe* (Mother Earth)..." (88) "Individuals are connected spiritually to both the Creator and Mother Earth through their medicines and this helps to maintain health. Cedar, sweetgrass, sage and tobacco are considered to be sacred medicines and they are used in a variety of ways to connect with Mother Earth and the Creator." (89)
Supernatural healing powers	"'...The lodge represents Mother Earth's belly, her womb...It is a cleansing and the whole time you are in there, you are praying. When you crawl out, it is like you are re-born, like a child. You feel so good when you come out of there.'" (90)
Healing god	"'...The lodge represents Mother Earth's belly, her womb...It is a cleansing and the whole time you are in there, you are praying. When you crawl out, it is like you are re-born, like a child. You feel so good when you come out of there.'" (90)

Key element	Example from Wilson, 2003
Symbolism	"...the current conceptualization of therapeutic landscapes as primarily physical and/or symbolic locations of healing is limited in scope...The land does not just represent a physical space but rather, represents the interconnected physical, symbolic, spiritual and social aspects of First Nations cultures." (83)
	"...Gesler...argued that by incorporating theory from cultural geography such as...symbolic landscapes, health geographers could begin to examine 'locations of healing' as symbolic systems...embedded within therapeutic landscapes..." (84)
	"...the land, as place, represents the daily interconnected physical, symbolic, spiritual and social aspects of Anishinabek cultures and it is essential for maintaining the balance necessary for good health." (87)
	"...smudging, which involves the burning of the sacred medicines and the symbolic washing or healing of the body, mind and spirit, is also done by some...smudging is healing: 'It's just a belief that we are purifying our mind and our body and our spirit...'" (89)
	"...health in Aboriginal populations requires both physical...and symbolic...healing...symbolic healing is dependent upon 'the use, interpretation, negotiation, and manipulation of cultural symbols as central to the process of healing'..." (89)
	"...what is interesting is the deeply rooted symbolism of the sweat lodge. Through prayer, singing, drumming and sweating, the sweat lodge provides one of the most direct spiritual and symbolic links between an individual, Mother Earth and the Creator. The dome-like shape of the sweat lodge is highly symbolic of the relationship individuals have with the land, in the image of Mother Earth... '...The lodge represents Mother Earth's belly, her womb...When you crawl out, it is like you are re-born, like a child. You feel so good when you come out of there.'" (89-90)

In First Nations cultures, land is seen more holistically, not only as a physical entity, but also holding social and spiritual meaning, and therefore is integral to identity and health. Wilson backs up her theory through the use of an in-depth study of a First Nations community in Ontario, showing the importance of the multiple scales at which therapeutic landscapes are experienced. This case study includes an extensive discussion of therapeutic landscape theory and its contribution to this body of research. Noting that others have suggested the expansion of the concept of therapeutic landscapes to include holistic and indigenous (and non-western) medicine, Wilson adds that care must be taken to avoid reductionism and 'intellectual imperialism', and not to blindly apply her findings across other cultures.

Wilson argues that the important ideas that must be carried through therapeutic landscape research include meaningful perspectives on place (rather than simply locational approaches), cultural specificity (and de-westernisation) and the acknowledging of multiple identities, diversity, and difference in interpretations of health-place relations. She also suggests a need to look beyond physical and symbolic healing aspects of place, and the exploration of everyday geographies and non-physical dimensions within therapeutic landscapes, for instance the role of different belief systems. Wilson, like many of the other more recent authors, incorporates the idea of 'maintenance of health' as part of therapeutic landscapes.

Finally, Milligan, Gatrell and Bingley (2004) discuss Gesler's work, and make similar conclusions to both Williams and Wilson concerning the limits of therapeutic landscape research, stating that,

> [Much of the previous discourse] around the concept...has been largely confined to the abstract and historical, taking singular, famous and/or one-off events or places such as spas, baths, national parks and hospitals as the focus of concern...While this discourse has been of considerable importance in developing our understanding of the role of place in contributing to health and wellbeing, to date it has largely ignored the differing scales at which therapeutic landscapes are manifest and experienced. In particular, it has tended to overlook... ordinary everyday places... (1783)

Additionally, Milligan *et al.* show support for Williams' (2002) concern regarding the inclusion of health maintenance in the definition of therapeutic landscapes, as opposed to restricting it only to healing. In light of these issues, Milligan *et al.* use their study of community gardens and the elderly as a venue for researching everyday places in the role of health maintenance in a therapeutic landscape context, and add the idea of pro-active construction of therapeutic landscapes. Milligan *et al.* further extend their discussion of therapeutic landscape theory to Palka's (1999) work on wilderness as

therapeutic landscape, which is applied to their work on community gardening, which for the elderly can act as important time spent within an accessible natural environment. Their article focuses mainly on key elements within the natural/built and social environments, incorporating a discussion of nine of Gesler's key elements, in direct relation to their case study (see Table 17).

Table 17 Key elements in Milligan, Gatrell, and Bingley 2004

Key element	Example from Milligan, Gatrell, and Bingley, 2004
Beautiful natural environment	"...the landscape is seen to be experienced in a relational sense, where the aesthetics of a pleasing and tranquil environment form a significant element of the therapeutic qualities of the social encounter." (1785)
Sense of place	"Tuan (1990) identified the importance of gardens in the construction of a domestic 'sense of place'." (1786)
Removed from everyday stress	"Natural landscapes were also intimately linked to older people's social interactions in ways that can be central to relieving the stresses of everyday life." (1785)
Territoriality	"Alma (79), in particular, noted in her diary that, *'In my absense 'Fred' filled my prepared flower beds with plants from his garden, which was most disappointing...So I started to clear a new plot and make it ready for planting so I could put in plants of my own choice...I like putting them into the earth...doing it myself...I felt quite possessive about it'.* This possessiveness was evident in the considerable pains she took to individualise and define her new plot by installing low fencing and planting up 'her patch' with flowers of her own choice." (1788)
Social relations	"For others, activity in the garden was less associated with a place to relax and be content and more as a place of social interaction between neighbours and passing members of the local community...while the boundaries between the home and the wider urban landscape are clearly delineated, the social encounter experienced by being in the domestic garden further illustrates that dynamic interconnection between public space and the private space of home..." (1786) "...the increasing popularity of allotment gardening can be seen as a growing reaction to the privatisation of public life and the need for spaces that support social contact and active participation...where allotment officers actively encourage a mix of abilities on available sites, the benefits arising from the social interaction inherent within such communal gardening activity also have a powerful potential to address the UK government's social exclusion agenda." (1787) "And important aspect of the communal gardening activity has been the development of social networks...[which] can act as buffers to stressors, providing a structure for acquiring skills and enhancing a person's sense of self." (1788)

Key element	Example from Milligan, Gatrell, and Bingley, 2004
Relative equality	"While many older people may be keen or interested gardeners, declining physical fitness can render them unable to undertake the heavier tasks associated with gardening activity. Hence, gardening communally offered an opportunity to bring together a peer group that enabled each individual within the group to maximise his or her skills and abilities to the benefit of the group as a whole...While some participants initially set out as 'lone' gardeners intent on developing their own segregated plot, it quickly became evident that if the club was to facilitate the needs of all its members, it would require participants to work together, undertaking communal gardening activity in which each participant gardened according to their level of ability." (1788)
Historical context	"Interest in the cultivation of gardens has a long and respected history—ranging from the ancient Hanging Gardens of Babylon to the small city gardens of contemporary suburbia. However, while gardening has been seen by individuals as, essentially, a leisure activity, it has also been suggested that the cultivation of a garden plot may offer a simple way of harnessing the healing power of nature (Norfolk, 2000)." (1782)
Beliefs, philosophies, expectations, perceptions	"...for some older people, the garden represents a place of ontological security, reinforcing the notion of the 'home as haven'—a safe space to which older people can retreat from the conflicts and perceived threats of the urban landscape..." (1786) "Our study has also highlighted the potential benefits of communal gardening activity for older people, which, when approached sympathetically, can meet the needs of gardeners with a significant range of abilities and personal expectations." (1790)
Symbolism	"Knopf (1987) points to four potential benefits of the natural landscape: nature restores; it facilitates competence building; it carries symbols that affirm the culture or self; and it offers a pleasing diversion." (1785)

4.4. Critiquing the results of the literature analysis

Before proceeding to the overall results which focus on comparing the subsequent literature to Gesler's foundational works, we must take a moment to think critically about Gesler's own contributions. The therapeutic landscapes on which he performed case studies were discussed as if they were inherently therapeutic, but we must ask the question of for whom these landscapes would be therapeutic. Gesler himself mentioned in his case study of Lourdes that he did not find it to be particularly therapeutic, and we must be aware that the specific religious and historical origins of these places might not translate to people from other cultures. Gesler's work, as well as that of many of the later

authors is very eurocentric, and makes generalizations based on what might be interpreted as therapeutic by those coming from a Judeo-Christian cultural background.

It could also be said that Gesler's holistic treatment of the three types of environments making up therapeutic landscapes (natural/built, social, and spiritual) could be excluding potential therapeutic landscapes that possess qualities of only one or two types of environment, or that certain individuals might find one type of landscape to be more or less therapeutic due to their personal preferences or histories. Possibly one of the greatest questions or critiques of Gesler is whether or not the term he created, 'therapeutic landscape' is indeed the appropriate term for this concept, as this naming of the concept might be seen as the source of the subsequent confusion. The term 'therapeutic places' might have been more appropriate for the place-specific nature of his case studies, while the later literature by other authors on different types of environments promoting healing and the maintenance of health and wellbeing might more accurately be called 'therapeutic landscapes'.

In either case, Gesler's original theories have been adapted to different extents to cater to specific case studies that have been done, often emphasizing only certain portions of the larger concept. It is this departure from the greater concept, in order to accommodate the study of certain types of landscapes, that threatens the value of the original version of the concept for analysing the types of place-specific healing landscapes Gesler originally studied. This is not so much a problem within the authors' individual work, but more so a general evolution of the concept that has removed it from its original use and meaning. This issue is important to address, for as much as the new interpretations are useful and perhaps more practically applicable in a modern healthcare context than Gesler's, this evolution has occurred at the expense of the original meaning

of the concept. Of course, concepts evolve over time and that must be accommodated, but if such a drastic shift away from the original concept is necessary to incorporate case studies on particular types of landscapes, the use of this particular analytical tool for those applications should be reconsidered.

Gesler's various concepts and elements form a platform on which much of the later literature on therapeutic landscapes develops, but in his work, they are used in a more unified sense, tying together theory and historical grounding. Williams goes on to contribute more to a humanistic interpretation of some health geography themes, and also provides a jumping off point on which much of the subsequent research is based, heavily referencing segments of Gesler's previous work interpreting therapeutic landscapes through humanism. The collection edited by Williams, as a whole is, however, inconsistent in its addressing therapeutic landscape theory, and about half of the chapters have very little content on therapeutic landscapes, apart from using therapeutic landscapes as a way to contextualize other research on health and place.

The chapters that address therapeutic landscapes more directly and thoroughly are also problematic, as many are vague about research methods, the basis on which certain case studies are chosen, and how conclusions were reached. Although much of the work is interesting and within the context of health geography research, its validity to therapeutic landscape research is not evident. This is not to criticize the work itself, but more so the pervasive lack of clarity and definitive boundaries around therapeutic landscapes as a concept. Of those that do address therapeutic landscapes, mainly Palka (1999), Thurber and Malinowski (1999), Williams (1999a, 1999b), Kearns and Barnett (1999), and to an extent, Scarpaci (1999), it is crucial to look critically at the elements of the literature that display the original elements of therapeutic landscape theory. The

number of key elements discussed varies, ranging between 3 and 11, but none approach Gesler's 14-19, and they generally lack balance of elements within at least one type of environment.

In Palka's work, looking at the chapter in its entirety, and taking into account his description of the visitors' opportunities and inclination to reinforce certain beliefs about the park, it is not surprising that the results state that visitors experience Denali as being therapeutic. From his research, it is easily concluded that the visitors arrive open to having a significant and unique experience, providing an escape, relaxation, and rejuvenation; in other words, they are open to the suggestion that their experience may be therapeutic. Although these points are generally consistent with Gesler's work, these results are difficult to interpret, as the main conclusion is that this site of recreation where people go on holiday is relaxing, and therefore therapeutic. Relaxation and rejuvenation can be generalized to many holiday locations, however, and that does not necessarily mean they are therapeutic landscapes, as they may have no intention or effect relating to healing or health maintenance.

In Palka's case study results, there is a tension between the visitors' obvious openness to suggestion of a therapeutic experience, and the claim that the experience of this place had not been manipulated via the style of the tour of the park and the information provided during the tour. When he repeats his research, however, it is equally unclear whether any changes were made to the style or content of the questionnaire, and the intent of this repetition of research is unclear. 'Feeling better' is quite a subjective quality to base any claim on, as it is difficult to measure, and there is no mention of healing from a state of ill-health.

Although there is obviously a balance of therapeutic elements shown in this case study, the purpose of healing is not emphasized, and results regarding this aspect are quite soft. Additionally, an aspect of the landscape that is touched upon, but would be relevant to explore further, is the historical and cultural aspects of Denali and Mount McKinley in relation to the native Athapaskans and Koyukon Indians. According to Palka, the folklore regarding the spiritual aspects of the environment, and human-environment relations includes legends regarding the healing powers of the spirituality within the environment. This itself would lend a historical and symbolic strength to Denali's role as a therapeutic landscape that would put it at a level more consistent with Gesler's original case studies if the aspect of healing was stronger. It is not clear whether the visitors went to tour Denali with the specific intent of being healed or if there occurred any healing from a state of illness, which is a central factor to the case studies in Gesler's original literature.

Thurber and Malinowski's (1999) case study of children's summer camp characterizes the camp as a therapeutic landscape, but lacks an extensive discussion of elements of the social and spiritual environments contributing to this conclusion. There is no systematic evaluation of which qualities have led to this conclusion, which is not atypical of therapeutic landscape research, but which would help with the argument, as it is not a landscape intended to play a role in healing or health maintenance. Much of their research data can only be interpreted subjectively, as the moods of the campers prior to arrival at camp are undocumented. We must, however, ask how the connection is drawn between the enjoyability and comfort at camp, and actual therapeutic effects.

Thurber and Malinowski's case study provides some ideas about the positive elements of the children's experiences at the camp, as well as framing further potential

research as to the therapeutic aspects of children's summer camps. A much more detailed investigation into any influence of the landscape on healing, and into the elements of the social environment, rather than simply the restorative or therapeutic qualities of the place, would be helpful in filling out the discussion. More focused interpretations of Gesler's themes and models in relation to the landscape of children's summer camps would also contribute much to this discussion of how this case fits into the larger discourse on therapeutic landscapes.

Williams' chapter is a major point of deviation from Gesler's framework that centred around landscapes promoting healing and restoration of health, as she focuses only on maintenance of health in the context of place-identity fits. The issue that arises from Williams' contribution, is that if therapeutic landscapes are to be interpreted as including any landscape that 'contributes to wellbeing', the boundaries around what may be considered as such become very fuzzy. The extension of the definition from landscapes that restore health to include landscapes that promote maintenance of health and well-being may exclude little from the definition, and making this category even more subjective, as what may be therapeutic to one person may not be to another. We must, therefore, be careful not to generalize place-identity fit as being an automatic indicator of therapeutic landscapes solely based on this specific case study, as overgeneralization has been a common shortcoming of research on this topic since its beginning.

The conclusions Williams makes are largely detached from Gesler's key elements, as the stated result of the study is that there is a strong place identity among home care nurses in northern Ontario, and therefore that it is a therapeutic landscape. Her emphasis on sense of place is equally detached; even though it is emphasized by Gesler as being a

key element, we can see that it is only one element among others, and not directly indicative of a therapeutic landscape. He states that, "...if people can attach a strong sense of place, which includes such qualities as identity and security, to a place, then that place has a better chance of being therapeutic," (Gesler, 1993: 184) but not that it is automatically to be considered as such.

In Kearns and Barnett's chapter, not only does this study of a radically different children's hospital develop our understanding of therapeutic landscapes, but it also has a practical element of bringing about a new focus on how novel health care strategies can be effective. This focus on symbolism in health care landscapes and construction of meaning within health and health care are important issues that need to be continually explored within new case studies of therapeutic landscapes. This study by Kearns and Barnett does, however, bring up the question of how to differentiate between medical and therapeutic dimensions of healing. This case study also brings up the need for more case studies of non-traditional therapeutic landscapes, as even though they are one of the original types of therapeutic landscape discussed in Gesler's early work, they have had little attention in later work, and have the potential for much practical application.

In Williams' later article, the idea of the home care environment as a therapeutic landscape for homecare workers is controversial, as it is not intended to be a healing landscape for the home care workers, but for the patients. This is not to say that the environment could not play this role for both parties, but the conclusions made are largely unclear in their reasoning. Many of the research questions Williams poses at the conclusion of this article, such as "Does the meaning of home change due to the changing experience of home?", "Does care in the home bring about a change in the beliefs, experience, meaning and sense of place that a home environment has for the family

involved?", and "What impact does the required emotional labour of caring have on place-identity and the meaning of home?" (2002: 149), focus on humanistic aspects of home care, but not necessarily the therapeutic nature of the landscape of the home.

In Wilson's article, many of the suggestions on how to proceed with future research either correspond with, or expand on Gesler's theory, and look to bring it up to date with the progress that other branches of theory within geography have undergone. She not only addresses past and current theory and its gaps, but also uses her research results to directly back up the relevance of her case study of therapeutic landscapes in a First Nations cultural context, displays awareness of her position as a researcher, and brings up critical questions regarding therapeutic landscape's application. Hers is one of the most progressive and thoughtful pieces in recent years, which has the potential to push the evolution of therapeutic landscape theory into new and necessary directions.

Finally, Milligan, Gatrell, and Bingley discuss a common concern (of incorporating different scales, esp. everyday) that seems to have become a focus for those more recently researching therapeutic landscapes, and is one of the most pressing issues to be dealt with at present. This final article by Milligan *et al.* gives another excellent example of a more recent case study that both engages therapeutic landscape theory, and provides a different perspective on what qualifies as a therapeutic landscape and how they can be used in practical applications. Together with the other more recent articles by Kearns and Collins (2000), Williams (2002), and Wilson (2003), Milligan *et al.* (2004) complete a set of therapeutic landscape literature that creates a very useful jumping off point for future research in this field. This literature poses some important questions and issues that need to be explored to allow for increased coherence as well as practical application of therapeutic landscapes. Some of these articles also begin to move back to

a more holistic critical discussion of the key elements of therapeutic landscapes that were present in Gesler's earlier works.

Reflecting on the literature, I suggest contextualizing the evolution of therapeutic landscapes in relation to Biglan's classification system of academic disciplines (Schommer-Aikins, Duell, and Barker, 2003), which would likely classify the discipline of Health Geography as a Soft-Pure discipline. 'Soft' disciplines, such as sociology, tend to lack a common paradigm, with much argument among academics regarding methodology and central concepts, as opposed to 'hard' disciplines, such as chemistry, where academics tend to have agreed upon a single paradigm, research methodology, and central concepts. 'Pure' disciplines, again such as sociology, tend to focus on continually building theory, as opposed to 'applied' disciplines, such as finance, which tend to focus on applying theories instead of theorizing about them, out of practical necessity. As a Soft-Pure discipline, Health Geography would then sensibly be seen as a discipline that focuses on debating the use of different paradigms, methodologies, and central concepts, and is constantly in a state of evolution. Therefore, therapeutic landscapes, as a part of the discipline of Health Geography fit into this state of debate and evolution.

It must, however, be acknowledged that the original concept that Gesler created focused heavily on site-specific places renowned for their intrinsic healing powers, often thought to stem from spiritual sources, has been largely abandoned to the more recent direction towards transportable landscapes which aim not only to heal, but also maintain health. The ideas of health maintenance and more regularly accessible or everyday environments follow the more general evolution of the surrounding branches of geography, and do indeed provide a more modern and practically-applicable interpretation that has the potential to be of great use in healthcare. This is not to say that

the types of landscapes Gesler researched are no longer in use, for as he notes, Lourdes has been regaining its popularity in more recent years. We must therefore address the divide between the older and newer interpretations of the concept, as they have both proven to be useful and compelling in their own rights, and their differences should be embraced rather than ignored.

At this point, I suggest more in-depth thought about how such concepts might be categorized. Concepts and objects are identified, organized, and understood through categorization, which links them through common characteristics. There are two main approaches to constructing categories, definitional or classical categorization and cognitive categorization. The former more strictly defines the categories based on shared properties that are necessary to belong to the given category, whereas the latter recognizes that in more complex categories, such necessary conditions are rarely met. The cognitive approach instead allows for categories be seen as a continuum, more clear at one point, and more blurred at its boundaries. An attempt to categorize therapeutic landscapes with the definitional approach is rather difficult, if not impossible, as the concept of therapeutic landscape is subject to interpretation, and is not usually seen as possessing inherent qualities. Additionally, the variety of landscapes covered in the literature is vast, focusing on differing numbers and types of elements. Inevitably, the definitional categorization would not be able to incorporate this level of variation and some would not fit into either category.

Cognitive categorization uses a structure based on a central most representative prototype, and more and less representative examples of the prototype. These can exist in a linear or radial structure, depending on the complexity of the category. Hamilton (2002) uses the example of birds to further demonstrate this approach to categorization,

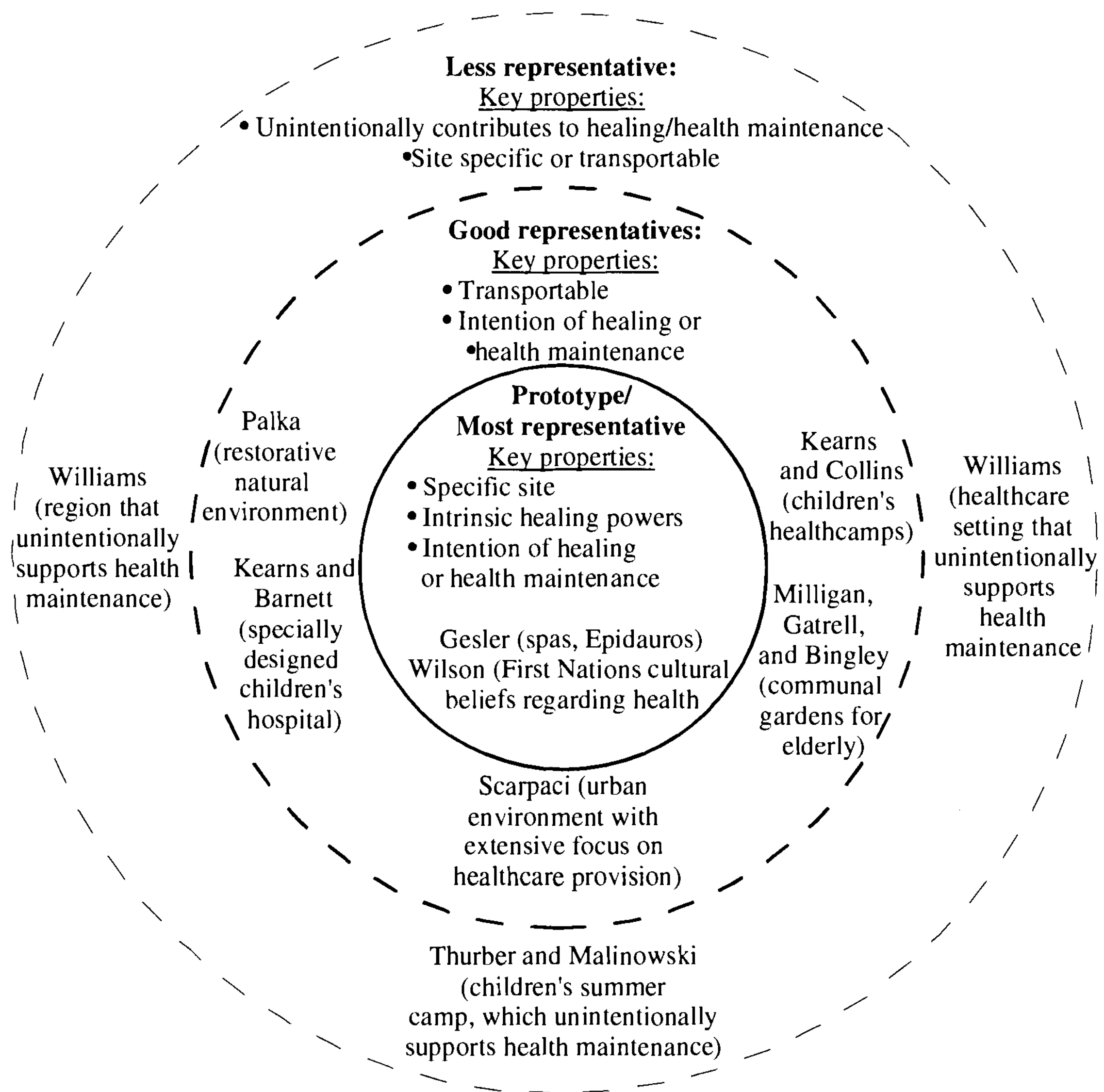
stating that people perceive a small bird such as a sparrow or robin as the prototype of the category 'bird'. Other good representatives include eagles and hawks, and less representative examples include penguins and ostriches. All are genetically equal members of the category though some are more representative of the prototype than others. The prototype of bird focuses on characteristics such as flight, small size, song, and feathers, which are possessed by the protoype, and generally possessed by good representative members. In the case of the less representative members, however, not all characteristics are possessed, for instance, penguins do not fly, nor do they sing like a songbird. Ostriches also do not meet the characteristics of small size or song. Interestingly, people are more likely to generalize characteristics of the more representative examples to the category as a whole than those of the less representative examples. In other words, one might think that because sparrows sing, all birds sing, though it is not so, or that because robins fly, all birds fly. But one would not generalize the idea that because a penguin swims instead of flying that all birds do so, nor that because ostriches are large, all birds are large. Additionally, people tend to perceive that a disease might be more contagious from a more representative to a less representative bird, but not vice versa (Hamilton, 2002).

I argue that a cognitive theory of categorization would be more appropriately applicable, in which a more general category of therapeutic landscapes is seen as a continuum where more and less representative examples of therapeutic landscapes are placed as equal members of the category (Hamilton, 2002). In this type of categorization, we are able to represent a category that is possessing a unified intention overall, but with a great variety of different cases between the earlier and later conceptualizations. This type of categorization also allows for more abstract categories that have more complex

internal structures to be modelled as a radial structure rather than a linear continuum, where there is a stereotypical prototype as the most representative example of the category, with other examples that are less representative of the category depending on how different they are from the prototype (Hamilton, 2002).

More specifically (see Figure 9), in terms of the prototype, I would suggest it be described as a combination between Gesler's and Wilson's conceptualizations of therapeutic landscapes, being a specific physical, mental, or spiritual object/site that possesses intrinsic healing power, such as a religious site, a spa, or even a spiritual belief system that can be conceived of as a non-physical object. The next most representative objects would be sites that intentionally contribute to healing or maintenance of health, such as natural environments (see Palka, 1999; and Milligan, Gatrell and Bingley, 2004), hospitals (see Kearns and Barnett, 1999), and settings focused on effective healthcare (see Scarpaci, 1999; Kearns and Collins, 2002). And the least most representative objects would be sites that appear to unintentionally support maintenance of health, such as certain work environments or cities (see Williams, 1999b, 2002), or summer camps (see Thurber and Malinowski, 1999).

Figure 9 Cognitive categorization of therapeutic landscapes



5 Results of Key Author Survey

As is apparent from the diverse nature of therapeutic landscape literature to date, research following Gesler has been heading in several different directions. It would appear to be critical to the continued integrity and analytical value of the original conception of therapeutic landscapes that the key elements of this original conception are not overshadowed by the more recent changes in emphasis. However, the questions of how the concept has evolved and what impact this has had provide interesting points of discussion that have not been explicitly addressed in the therapeutic landscape literature. In light of this, I consulted several of the key authors regarding the definition of therapeutic landscape, how it has changed, how it has been used, and what changes might help guide the future of the topic.

What follows is a discussion including the results of interviews of key therapeutic landscape authors. It addresses their individual definition of 'therapeutic landscapes', their perception of what makes up the conceptual core of therapeutic landscapes, whether they feel there is a common conceptual core applied in the research and literature, if they have noticed changes in the conceptual core that have occurred over time, and finally, if changes to the conceptual core of therapeutic landscape should be applied in future research. To summarize, most of the authors identified that the concept revolves around

the relationship between health and place, and that their definition involved places that contribute to healing and maintenance of health. They generally felt that the variety and breadth of the concept and the ways it has been applied are a positive characteristic, and identified that there has been an evolution from Gesler's original literature to the later work on the subject. The authors had a variety of suggestions pertaining to the future of the concept and changes that may help its future development. These included further discussion of the meaning of 'therapeutic', ongoing flexibility, the role of individual perception, more quantitative and practically applicable research, and discussions of scale and cultural specificity.

5.1. How authors define 'therapeutic landscape'

Table 18 lists attributes of therapeutic landscapes mentioned by the key authors in the email interviews, and shows the number of authors who included each element in their discussion of defining and conceptualizing therapeutic landscape. To summarize the findings listed in the table, a majority of the authors stated that a therapeutic landscape is a place that promotes physical, mental, and spiritual healing, and/or health and well-being, some noting that there must be a lasting reputation for healing before a place can be deemed therapeutic. To be considered a therapeutic landscape, according to a majority of the authors, the place should have strong physical and social features that contribute to healing, some noting the importance of symbolic features as well.

Table 18 Key elements in defining therapeutic landscape based on author's responses.

	Elements of the definition of therapeutic landscape	**# of authors (n=7)**
1	Place promotes health and well-being	■■■■■■
2	Place promotes healing	■■■■■
3	Place promotes physical healing	■■■■
4	Place promotes mental healing	■■■■
5	Place promotes spiritual healing	■■■■
6	Place's physical features contribute to healing	■■■■
7	Place's social features contribute to healing	■■■■
8	Place's symbolic features contribute to healing	■■
9	Place has lasting reputation for healing	■■
10	Place can be natural or built	■■
11	A strict definition is not appropriate	■■
12	Concept a tool for analysis rather than actually type of place	■■
13	Place promotes emotional healing	■
14	Place facilitates restoration and relaxation	■
15	Therapeutic landscapes are subjective	■
16	Everyday landscapes are included	■
17	Sense of place is important	■
18	Promotes maintenance of health and/or wellbeing	■

A point to note is that two authors believed that it would be best not to restrict the concept with a strict definition, as it may be more useful to think of therapeutic landscapes simply as a tool for analysis rather than an actual type of place. Alternately, respondents stated that the definition should not be refined because it would pose too great of a constraint to the currently broad applicability of the concept. Many of the authors concluded that the changes that the definition of therapeutic landscapes has gone through is a positive change rather than one that threatens the original intent and applicability of the concept.

With the current broad application of therapeutic landscapes, I would argue that any number of places fulfill some aspect of the definition, but it is important to maintain some basic boundaries around the concept. I suggest that one of the simplest ways that therapeutic landscapes could be differentiated is that they should be environments that focus on the intention of healing or health maintenance, and which individuals visit with such an effect. The fuzziness around what should and should not qualify as a therapeutic landscape is the reason why further discussion of the definition is necessary. Some authors such as Williams (1999b, 2002) and Wilson (2005, pers. comm.) argue that everyday landscapes can be equally as effective therapeutic landscapes as those special sites which Gesler and others have studied. This may be explained by Gesler's comment (2005, pers. comm.), where he brings up the influence of perception in defining what kinds of landscapes may be seen as therapeutic. This is a point reinforced by Wilson (2005, pers. comm.), who notes the need to investigate gendered and cultural specificity, as well as for whom certain landscapes may be health promoting or inhibiting. Despite the authors' apparent positive reception of the breadth and malleability of the concept, I would suggest that some basic boundaries surrounding the category be drawn in order to maintain some sense of its original intention and its modern interpretations.

5.2. The conceptual core of therapeutic landscapes

Recognizing what composes the conceptual core of therapeutic landscapes is crucial to clarifying the meaning of therapeutic landscape, and to the strength of the concept. Consulting the key authors proved useful in this regard, as there was relative consensus on one central concept, being that human-environment relationships play a

central role in the idea of place being therapeutic. Malinowski (2005, pers. comm.) described this important element, stating that, "...the conceptual core is the human-environment interaction, which is both physical and cognitive...[T]herapeutic landscapes offer both a pleasing physical environment...as well as aesthetically or spiritually attractive elements."

Wilson (2005, pers. comm.) adds that the conceptual core is obviously the impact of place on health, more specifically, the impact of place characteristics and meanings on individual and community health. Williams (2005, pers. comm.) brings in an important element to consider, noting the role of holistic and socio-ecological or socio-environmental models of health as being crucial to the understanding of the relationship between health and place in the context of therapeutic landscapes.

Gesler (2005, pers. comm.) describes the original source of the concept at the time as stemming from his study of related areas, which he summarizes as breaking down into three categories: "...(1) cultural ecology or human/environment relationships for physical features, (2) structuralism/political economy for the social features, and (3) humanism for the symbolic features." Elements of symbolism and humanism are strong components of the conceptual core according to several of the key authors surveyed, such as Kearns (2005, pers. comm.) who mentions "...symbol[ism], meaning, [and] experience...", and Palka (2005, pers. comm.) who emphasizes "...sense of place [and] authenticity..." as integral elements of the conceptual core.

Promotion of health and well-being is also a commonly noted element of the conceptual core, according to several of the key authors. It is, however, important to remember that promotion of health alone does not define this concept. It is the complex combination of health promotion, the human-environment relationship, social

relationships, humanistic elements such as symbolism, and a holistic or socio-ecological model of health that come together to allow this tool of therapeutic landscapes to be used to research and discuss the health-place relationship.

5.3. Coherence of therapeutic landscapes in literature

The shift in the meaning of therapeutic landscape throughout the literature is generally considered to be positive. Many of the authors view the malleability of the concept as an asset and appreciate that it can be teased out to focus on different aspects and accommodate different case studies and research projects. Many of the definitions the key authors reported using had significant grounding in Gesler's (1992, 1993) early works, and there was some disagreement in responses as to whether or not Gesler's influence on the definition was still prevalent. Williams (2005, pers. comm.) feels that,

> Less often is the place of concern in more recent applications **reputed** to have an "enduring reputation for achieving physical, mental and spiritual healing" (Gesler, 1992, 743), as commonplace environments and the activities within them are increasingly the focus of interest... (emphasis original)

She adds that it is not uncommon for some aspects of a therapeutic landscape to be emphasized in a particular study. The shift of focus towards more commonplace environments and activities within them, as well as the way certain literature focuses only on certain aspects of therapeutic landscapes, are two of the greatest changes to this concept. The convenience of therapeutic landscape as an analytical tool for health and place relations is one of the greatest contributors to the diversity of its use.

Kearns (2005, pers. comm.) on the other hand, comments that although Gesler's ideas have been broadened from studying specific sites to "...more generalized and large-

scale landscape settings (e.g. Palka's study of Denali Park)...and also...into places that are much more recent...with 'shallow' histories (e.g. Starship hospital)," his original ideas are still integral in the literature. Palka (2005, pers. comm.) reinforces Kearns' statement, adding that,

> Traditional conceptions of therapeutic landscapes are often restricted to 'built places' such as spas, hospitals, asylums, or religious shrines...My conception of a 'therapeutic landscape' stems from the more general notion of 'landscape'...Thus, pristine natural settings, such as those found in some of our great national, state, or provincial parks can serve as therapeutic landscapes...I differ from others not so much in definition, but in context and application.

It is this divergence in context and application, while maintaining somewhat similar definitions, that appears to be what that authors view as a uniting feature. Malinowski (2005, pers. comm.) notes that he prefers to use a definition that is more middle of the road, as it allows emphasis on both the natural and built environment, but he also states that other authors tend to emphasize and minimize certain aspects of the discussion.

Wilson (2005, pers. comm.) sees the commonality among the literature as focusing on "...identifying specific links between the meaning of places and the health of individuals." Another of the authors sees the body of literature's definitions and conceptual core to be, "...quite loosey-goosey, which is fine and makes it fun to read about...," (Anonymous, 2005, pers. comm.) seeing it as a positive quality of the concept that it is not confined to more structured boundaries. There is definitely an openness about the conceptual shift and lack of coherence in the details of this concept that many of the key authors embrace and see as a strength, rather than a threat to its integrity.

5.4. *Changes over time*

Gesler (2005, pers. comm.) recognizes the changes the concept has gone through over time, nearly downplaying the relevance of his foundational work:

> ...the concept has evolved from my rather simple early ideas. It has been broadened out and critiqued...the therapeutic landscape idea is being used in more nuanced and complex ways, using some more recent theoretical and methodological ideas than my original work...focus[ing] on everyday geographies rather than exceptional places...[Looking at how] perceptions of what is healthy are seen in a particular social and economic environment...[and] the idea...that a person's experience of a therapeutic landscape is relational, it emerges through a complex set of transactions between a person and their social and environmental setting.

The main changes that have been seen over time according to the key authors is along the lines of Gesler's response, that there has been a broadening out and complexity developed from his early case studies. Kearns (2005, pers. comm.) echoes this, reiterating that he has seen "...a shift into considering sites of contemporary and recent significance rather than just ones of historical and reputational significance." Williams (2005, pers. comm.) adds that, "Rather than studying particular sites...the therapeutic landscape concept is now being used in a much more applied manner, with applications of what we've learned from studying [these] particular sites..."

This trend towards more generalized and everyday environments appears to be one that will continue into the foreseeable future of therapeutic landscape research. Gesler (2005, pers. comm.) adds some crucial context, noting that, "The point is made that settings are not intrinsically therapeutic, but are experienced in very different ways by different people. A distinction is made between a 'therapeutic landscape' and a 'therapeutic landscape experience'." This is exactly the kind of distinction that could play an important role in discussions of the therapeutic landscape concept and its potential for future use, but it does not seem to be a point that is exercised in the

literature. The idea that settings might be viewed as not being intrinsically therapeutic, but subjectively interpreted is also an important distinction, as wilderness can be a very threatening and unsafe place, just as spas, which are perceived as being inherently health-promoting were often criticized for being gathering places for those with potentially infectious diseases.

Wilson (2005, pers. comm.) provides invaluable insight into the changes the concept has undergone, and is one of the more visionary researchers who is pushing the boundaries of therapeutic landscapes in novel, rather than simply broader, directions. On the progress of the concept, she describes the importance of the changes it has undergone:

> Initially, the concept of therapeutic landscape was incredibly important for demonstrating the importance of place for health beyond spatial and locational approaches. By embracing and adopting perspectives from cultural geography, this provided health geographers...with an alternative way of conceptualizing the link between health and place. By acknowledging that places are more than just locations connected across space, therapeutic landscapes enabled health geographers to place more emphasis on the meaning of places for health. (Wilson, 2005, pers. comm.)

Wilson also notes the same types of changes as the other key authors, emphasizing the move from studying specific sites to a more complex application of the topic:

> More recently, a critical geography has emerged around the concept of therapeutic landscapes and researchers have begun to acknowledge the importance of recognizing that therapeutic landscapes exist in everyday lives and geographies and across multiple scales. Further, recent research has demonstrated that therapeutic landscapes are not limited to those places that can only be mapped. In fact, researchers have shown the significance of non-physical dimensions of therapeutic landscapes, in particular, those that are embedded within the beliefs and value systems of individuals, groups, and communities. (Wilson, 2005, pers. comm.)

Wilson's (2003) work on therapeutic landscapes in the context of First Nations culture and belief systems is illustrative of her comments, as it puts a completely new

perspective on the idea of therapeutic landscapes, focusing on human-environment relationships in the realm of spiritual and cultural beliefs, and how these beliefs can impact health. Palka (2005, pers. comm.) demonstrates an interest in similarly intriguing applications such as "therapeutic landscapes of the mind" and "virtual therapeutic landscapes", and it is quite possible that we will see more of these kinds of novel interpretations in the future literature on the topic.

The most important thing to take away from the shift this concept has undergone is that what began as a complex concept with more straightforward applications has progressed to have very diverse applications. The future of this concept or analytical tool is unclear, but it has proven itself not only to be useful, but a novel way of approaching human-environment relationships as well as place-health links. Finally, let us turn to the key authors to explore what is needed in the future of this concept.

5.5. Necessary changes?

One thing in common between the key authors, is that they each have recommendations of changes that they believe would contribute in a positive way to the future of therapeutic landscape research. In light of the shift in how the concept of therapeutic landscape is applied, it is important that we take these recommendations seriously. Of course, like past changes, these suggestions must be taken with a grain of salt and critiqued in their own right.

Kearns (2005, pers. comm.) provides an overarching suggestion, emphasizing the need for further investigation and, potentially, change being that it would be useful to provide, "[f]urther specification of what therapeutic might mean." This is indeed an

important suggestion, as part of the fuzziness in the discourse stems from a lack of distinction between therapeutic landscapes, therapeutic activities, therapeutic qualities, and therapeutic experiences, all of which are vital in their own right, but all of which may not define therapeutic landscapes. It would seem that a division exists between the belief that therapeutic landscapes must demonstrate a capacity to heal versus a capacity to make people feel relaxed and well.

Gesler's (2005, pers. comm.) suggestions encourage the path research has been taking, as he states, "...my hope is that researchers will continue to critique and broaden the concept and apply it to new situations. It has seemed flexible enough so far to continue to be used as a conceptual and methodological tool." Gesler reminds us that this freedom of exploration has contributed significantly to the progress of the concept. I would however suggest caution in this respect, as we must make sure that use of the concept is reinforced with critical analysis and theory and not simply used any which way to conform to the needs of specific research projects.

Williams (2005, pers. comm.) notes that humanism has been a prevalent theory used in the development of therapeutic landscapes, and that its usefulness would be opened up by applying some other theoretical approaches. These sorts of applications are only beginning to be seen within this body of literature. It would seem unavoidable that as the concept is used more, it will be interpreted within different theoretical contexts, the product of which remains to be seen in more detail.

Malinowski (2005, pers. comm.) reminds us of the relative youth of this concept, noting that,

> There's a lot that can still be done. There have been so few researchers really. It seems like a lot of work has been done on hospitals, resorts, and the wilderness. What about other types of place? Parks, urban spas,

> schools, etc. Or what about places that people go to but are chaotic, such as a beach with 10,000 other people. How is this therapeutic?

This is an interesting point, revisiting the issue of perception of therapeutic landscape rather than an intrinsic value. It suggests that perhaps the question is not whether certain landscapes are therapeutic, but how certain landscapes are interpreted as such. It is also unclear whether or not places that would not typically be seen as therapeutic could be qualified as therapeutic landscapes. This issue is intertwined in the question of whether it is the intrinsic qualities of the landscape, or the therapeutic activities or experiences that occur there, or a combination of both, that are what make the landscape therapeutic.

Palka (2005, pers. comm.) echoes some of Williams' work that suggests that the definition of therapeutic landscape should include not only landscapes which promote healing and restoration, but also those that promote maintenance of health and well-being, noting that:

> ...a primary objective of all healing systems is to provide therapeutic environments for people receiving treatment for physical ailments, recovering from mental illness, or simply in need of rest and relaxation. Therapeutic landscapes can also serve as a pro-active means to achieving better health in a fast-paced, high-stress society.

Palka (2005, pers. comm.) also suggests that the therapeutic landscape concept would benefit greatly from the introduction of solid quantitative research to back up claims of healing properties of therapeutic landscapes, suggesting it may spark more interest in the topic. It is apparent that quantitative evidence has been largely lacking, but this sort of endeavour has the potential to provide credibility that would increase interest in the topic and contribute to real-life policy applications that could make use of such a tool. Palka (2005, pers. comm.) goes so far as to propose that, "Perhaps movement into

the virtual arena would better facilitate capturing quantitative data?" which would be another entirely new context and application for this concept.

Finally, Wilson (2005, pers. comm.) provides us with some questions that would be useful to address in the future to provide a better understanding of therapeutic landscapes, touching on several key questions:

- What are the different scales at which therapeutic landscapes are manifested?
- What are the gendered and cultural specificity of therapeutic landscapes?
- For whom are these landscapes therapeutic? That is, are there individuals or groups of the population for whom places are health inhibiting as opposed to therapeutic or health promoting?

Wilson (2005, pers. comm.) adds that investigating these questions is, "...essential for ensuring the continued utility of therapeutic landscapes within geography and other disciplines." Wilson has been one of the few researchers to bring up some of the key questions that need to be addressed. These have generally been overlooked in therapeutic landscapes research and literature to date, and would contribute immensely to clarifying and updating the concept.

Although most of the key authors seem to support continued broadening and exploration, there are some voices speaking to the contrary, questioning the potential for future use of this concept:

> I believe [therapeutic landscapes are] only of interest to medical geographers and so I doubt its contribution to a larger scholarly community would be forthcoming. Clearly, the ability to generalize is difficult. These landscapes are largely confined to case studies. Individual perceptions will shape how these spaces are interpreted. My sense is that the concept of therapeutic landscapes has been 'milked' for pretty much all that's there to be gained... (Anonymous, 2005, pers. comm.)

This statement contradicts the sentiment of most of the other authors, in that this author seems to believe the concept is already beyond salvation. Although the key authors are far from consensus on certain issues, most of them believe in the usefulness of therapeutic landscapes as both a theoretical concept and practical tool for analysis, and it appears that it is a common goal to continue using this concept in the future.

6 Final Discussion and Recommendations

Therapeutic landscape theory has undergone a significant evolution since its original appearance. There has been little apparent examination of the progression of therapeutic landscape research and literature. The discrepancy between the apparent critical need for attention to the concept, and the key authors' general embracing of the trajectory it has taken is notable. The newness of the concept of therapeutic landscape may indeed be a challenge in this respect, as there is only now a large enough body of work to take a step back from the current path of the research and evaluate what steps to take next. It is, however, apparent in some of the most recent work, notably Wilson's (2003), that this opportunity is upon us, and that there is both the room for branching out, and the need for some critical thought.

Research since Gesler's original literature has gone in the direction of broadening definitions, pushing boundaries, and branching off into segments of the original definition. This has led therapeutic landscape research to a state where seemingly any kind of landscape could be used as a case study, and the argument made that it can be conceptualized as a therapeutic landscape. Because researchers have adopted segments of Gesler's definition and focused on them, rather than using the more holistic model that Gesler originally put forth, the concept has been applied to a great variety of cases,

contributing to the growth of the concept and body of work. Some elements of the definition, have been used individually in a manner that assumes that if one element of the definition is present, this is sufficient to qualify a landscape as a 'therapeutic landscape'. However, if we look back to Gesler's original work, it is the balanced interplay between the different elements of the natural/built, social, and spiritual environments that, when combined, concept of 'therapeutic landscape'. To explain this division between more holistic and more piecemeal uses of the concept, I suggest that we frame the concept with a cognitive categorization model, using Gesler's concept as the stereotype of a 'therapeutic landscape' and subsequent work as more or less representative of this prototype.

Gesler's work has been given its due respect in later literature, but is also discounted, even by himself, for its focus on specific landscapes that revolved around spiritual symbolism, myth, physical landscape, and social interactions. Recent authors have treated the expansion of boundaries around the concept as the natural course of development for this area of research, pointing out that an applicability to everyday environments is a critical element of the newer incarnation of the research. This applicability to everyday environments makes sense in respect to creating tangible, practical uses for the concept in the area of community health planning and policy. The term, which originally denoted a collection of specific landscapes with unique healing abilities that had stood the test of time, has gone on to be used to describe landscapes that have calming effects, or are conducive to good physical and mental health. Instead of attempting to split this concept into two boxes, where the older and newer conceptions are at odds, with some interpretations fitting into neither box, a continuum of more and

less representative examples of the original concept provide a compromise on how to conceptualize this complex idea.

A point of major evolution lies in a distinction made by Williams' (1998, 1999b, 2002) where she emphasized a different interpretation of therapeutic landscapes, being that they should be defined as not only places that are conducive to healing, but also places that are conducive to the maintenance of health and well-being. It is this inclusion of the maintenance of health and well-being, that Williams (1998) introduced early on in the timeline of therapeutic landscape research, which has opened the door for the inclusion of various landscapes that have significantly different meanings to those in Gesler's case studies. The result of this has been a great variety of applications of therapeutic landscapes to different case studies. This broadening has been pervasive, but it is less clear what the overall impact of it has been. Although some loss of Gesler's original intention is apparent, it does not seem to have registered as problematic to the key authors in the field, most of whom have embraced this broadening whole-heartedly. It is an easy change to embrace, as it opens up the possibilities for not only research, but applicability of the concept in more practical ways.

The interviews of the key authors provided a point of reference with which to compare the findings of the literature analysis section of this project. Reflecting on the questions posed, the key authors generally did not perceive the changes that the definition of therapeutic landscapes has gone through as a problem. With only the one exception, they did not see a threat to the integrity of the concept, or its continued use, in these changes. The findings from the key author survey show them to be quite comfortable with the path that therapeutic landscape research and literature has been following. Looking at the literature, it is apparent that there has been a noticable evolution in the

conceptualization of therapeutic landscapes that has shown it to be quite an organic and malleable concept. This may well be due to the convenience of therapeutic landscape as an analytical tool.

The implication of the shifts in the concept of therapeutic landscapes appeared to be a continued loss of the applicability of the concept in its original sense, but if we conceptualize therapeutic landscapes according to the cognitive categorization model, I suggest that it allows for both recognition of the original concept and its subsequent interpretations. As therapeutic landscape theory is pushed to become more inclusive of a broader range of environments, with various reasons for doing so, it may indeed shift to an even greater extent. Research using Gesler's original concept in its entirety has, for the most part, ceased, and the research on everyday places, focusing on a select few of the elements from Gesler's models, has overtaken much of the focus.

This is not at all to say that the research trends that have been pervasive since Gesler lack any usefulness or strength in their own right. In fact it is much the opposite. They have been proving more practical applications of the concept in the realm of healthcare environments and planning. Gesler's original branch of research on specific landscapes that have historically grounded, spiritually inspired healing effects, is unique and provides a useful tool for investigating the healing powers of spirituality, symbolism, and other less tangible forces. These types of investigations may well translate into more modern investigations of places of healing, whether it be in the context of modern medicine, traditional medicine, spas, or rehabilitation landscapes. The newer subjects of research, on the other hand, focus on the everyday landscapes that help to maintain health, as well as landscapes that focus on specific elements of the model, such as pleasant physical environments, or social interaction present in certain environments, are

useful as well, but differ from the specific, historically and religiously grounded landscapes of Gesler's original case studies. Due to the changes the concept has undergone, it is important to direct some critical thought about how the new interpretations and original theory be conceptualized.

As has been seen in much of the research, such as that on community gardening for the elderly (Milligan *et al.*, 2004), First Nations therapeutic landscapes (Wilson, 2003), therapeutic landscapes for home care workers (Williams, 2002, 1998), children's summer camps (Thurber and Malinowski, 1999), health camps (Kearns and Collins, 2000) and hospitals (Kearns and Barnett, 1999), and therapeutic landscapes in the wilderness of national parks (Palka, 1999) as well as in urban environments (Scarpaci, 1999), there is a wealth of real life application for this type of conception of therapeutic lanscapes. This research is important, but its applications are different from that of the historical and religiously grounded specific landscapes in the early therapeutic landscape research. It would be ideal if the two streams of research could be recognized but also maintained to be used as tools where they are most effective.

The overall contribution of this project includes not only a crucial review and analysis of therapeutic landscape literature, but opens up the posibility of applying a more clear and coherent interpretation of the concept to research in other areas. For instance, further investigations of therapeutic landscapes in accessible or everyday places has great potential within the areas of health promotion and community planning, where there is the possibility of looking at what types of therapeutic landscapes might be effective, and easily integrated into neighbourhoods with poorer overall health outcomes. Also, in the areas of landscape design and architecture, in healthcare and other urban settings, more

quantitative research would provide specific ideas about how to make these kinds of settings more therapeutic overall.

There are two central recommendations that result from this project. These are:

1. The original and subsequent interpretations of therapeutic landscapes are at the same time different, but based on a united conceptual core. So that the evolving range of interpretations of the concept can be more easily represented and applied, I suggest the different interpretations be modeled using cognitive categorization, where Gesler's concept, and also potentially Wilson's, represents the prototype, with the rest of the examples positioned as more and less representative versions of the concept.

2. Several key questions that have been brought up by the key authors, or through their work, most of which pertain to the more transportable, everyday interpretations of therapeutic landscape should be considered. These questions would be important to address in future therapeutic landscape research and literature, therefore I suggest some ways to approach them:

   - What is the role of health maintenance within therapeutic landscapes?

     Particularly with the pervasiveness of chronic illness, health maintenance will likely play an increasingly important role in therapeutic landscapes, and it would be useful to attempt to detail the pathways through which therapeutic landscapes might effectively be used in health maintenance. This might begin with various perceived therapeutic landscapes being used by people with chronic illnesses, recording which are most effective, and investigating the specific characteristics of those landscapes.

   - How should therapeutic qualities of place, therapeutic experiences of place, and 'therapeutic landscapes' be differentiated? Are there elements intrinsic to therapeutic landscapes, or is it a subjective qualification?

     It would be useful to attempt to quantify the effects of the intrinsic versus perceived effects of therapeutic landscapes to such an effect. This might be accomplished by assessing the effectiveness of place-specific therapeutic landscapes, for example, Denali National Park, versus similar

types of landscapes, ie. other national parks with similarly untouched wilderness.

- How can the concept of therapeutic landscape move towards cultural, age, and gendered specificity?

  Some authors such as Wilson, Scarpaci, and Milligan *et al.* have already contributed to this, but more focused case studies pertaining to these issues are necessary. This might be taken on by specifically recording whether people with certain characteristics (age, gender, sexual preference, culture, etc.) find different types of therapeutic landscapes to be effective.

- Must therapeutic landscapes be locationally-specific, or can they be inclusive of everyday landscapes or certain 'types' of landscapes?

  Authors have already embraced everyday landscapes wi*thin t*herapeutic landscapes, but it would be interesting to investigate the different elements and pathways that are at work in these different types of landscapes. This might entail a similar approach as the question of assessing whether it is the intrinsic of perceived therapeutic qualities of the landscapes that are effecting therapeutic results.

- How can the concept of therapeutic landscape be adapted to accomodate multiple scales?

  More focused case studies investigating the role of scale would be useful. For instance, it might be useful to reinvestigate a landscape such as Northern Ontario, and assess the scale (the region, the city, the community, the home itself, physically, psychologically, spiritually) at which the landscape of home care workers might be therapeutic.

- How can therapeutic landscape research achieve more systematic assessments and practical results?

  Again, more quantitative research on the elements and pathways through which therapeutic landscapes work would contribute greatly. Some more comparative studies may help in this respect, contrasting the

characteristics of different therapeutic landscapes and their effectiveness for different people.

Therapeutic landscape is a unique concept and a valuable tool for analysis. It has undergone continual evolution in meaning and application since its inception, a shift that deserves more attention. There are some important differences between the original theory and literature, and more recent work in this field, which must be noted and addressed by key figures in the field. As much as the original and recent research are different, they are have a common conceptual core and unique and useful applications. The differences between the two branches of research should, therefore, be embraced by reconceptualizing them as more and less representative versions of Gesler's original prototype. This would be the most effective way to maintain the important concepts originally introduced by Gesler, and also allow for the more recent, broader research to take on the issues of everyday therapeutic landscapes, landscapes that focus on maintenance of health and well-being, and incorporate any new ideas that are introduced. There is a great amount of investigation yet to be undertaken within therapeutic landscape research. After nearly a decade and a half of research and discourse, it is of utmost imporance to a step back and assess the importance of retaining the original meaning and applicability of therapeutic landscapes, and figure out how the more original and recent interpretations of the concept may be able to coexist.

Bibliography

Armstrong, D. (2000). A survey of community gardens in upstate New York: Implications for health promotion and community development. *Health & Place.* 6(4): 319-27.

Barnett, C. (1998). The cultural turn: Fashion or progress in human geography? *Antipode.* 30(4): 379-94.

Brawley, E.C. (2001). Environmental design for Alzheimer's disease: a quality of life issue. *Aging & Mental Health.* 5(Supplement 1): 79-83.

Crang, M. (1997). Analyzing qualitative materials. In Flowerdew, R. and Martin, D. (Eds.) *Methods in Human Geography: a guide for students doing research projects.* Essex, England: Addison Wesley Longman Ltd. 183-96.

Doege, M.C. (2003). Photo of Epidauros. Used with permission of photographer. Source: http://en.wikipedia.org/wiki/Image:Epidaurus_Theater.jpg July 31, 2006.

Dunn, J.R. (2000). Housing and Health Inequalities: Review and Prospects for Research. *Housing Studies.* 15(3): 341-66.

Dunn, J. and Hayes, M. (2000). Social inequality, population health, and housing: a study of two Vancouver neighborhoods. *Social Science & Medicine.* 51(4): 563-87.

Dunn, K. (2000). Interviewing. In Hay, I. (Ed.) *Qualitative Research Methods in Human Geography.* NY: Oxford University Press. 50-82.

Friedrich, M.J. (1999). The Arts of Healing. *Journal of the American Medical Association.* 281(19): 1779-81.

Gesler, W.M. (1992). Therapeutic Landscapes: Medical issues in light of the new cultural geography. *Social Science & Medicine.* 34(7): 735-46.

Gesler, W.M. (1993). Therapeutic landscapes: theory and a case study of Epidauros, Greece. *Environment and Planning D: Society and Space.* 11: 171-89.

Gesler, W.M. (1996). Lourdes: healing in a place of pilgrimage. *Health & Place.* 2(2): 95-105.

Gesler, W.M. (1998). Bath's Reputation as a Healing Place. *Putting Health into Place: Landscape, Identity, and Well-being.* NY: Syracuse University Press. 17-35.

Hamilson, J.W. (2002). Theories of categorization: a case study of cheques. *Canadian Journal of Law and Society.* 17(1): 115-138.

Hayes, M.V. (1999). "'Man, disease and environmental associations': from medical geography to health inequalities." *Progress in Human Geography.* 23(2): 289-96.ku

Hitching, C. (2002). Gardens of healthy delight. *HD: The Journal for Healthcare Design & Development.* 33(7): 14-6.

Howe, G.M. (1977). *A World Geography of Human Disease.* London: Academic Press.

Joseph, A. and Phillps, D. (1984). *Accessibility and Utilization: Geographical Perspectives on Health Care Delivery.* New York: Harper & Row.

Kearns, R.A. (1993). Place and health: Towards a reformed medical geography. *Professional Geographer.* 45(2): 139-47.

Kearns, R. (1997). Narrative and metaphor in health geographies. *Progress in Human Geography.* 21(2): 269-77.

Kearns, R.A. and Barnett, J.R. (1999). Auckland's Starship Enterprise: Placing Metaphor in a Children's Hospital. *Therapeutic Landscapes: The Dynamic Between Place and Wellness.* MD: University Press of America, Inc. 169-99.

Kearns, R.A. and Collins, D.C. (2000). New Zealand children's health camps: therapeutic landscapes meet the contract state. Social Science & Medicine. 51(7): 1047-59.

Kearns, R.A. and Joseph, A.E. (1993). Space in its place: developing the link in medical geography. *Social Science & Medicine.* 37(6): 711-17.

Kearns, R. and Moon, G. (2002). From medical to health geography: novelty, place and theory after a decade of change. *Progress in Human Geography.* 26(5): 605-25.

Khachatourians, A. (2005). Photo of community garden.

Kurasaki, K. (2000). "Intercoder Reliability for Validating Conclusions Drawing from Open-Ended Interview Data." *Field Methods.* 12(3): 179-94.

Lafargue, J. (2005). Photo of Our Lady of Lourdes Basillica. Used with permission. Source: http://commons.wikimedia.org/wiki/Image:Lourdes_cathedrale.jpg July 31, 2006.

Lafargue, J. (2005). Photo of statue of Mary at Lourdes. Used with permission. Source: http://commons.wikimedia.org/wiki/Image:Lourdes_marie_statue.jpg July 31, 2006.

Litva, A. and Eyles, J. (1994). Health or healthy: Why people are not sick in a Southern Ontarian town. *Social Science & Medicine.* 39(8): 1083-91.

MacIntyre, S., MacIver, S., and Sooman, A. (1993). "Area, Class and Health: Should we be Focusing on Places or People?" *Journal of Social Policy.* 22(2): 213-34.

May, J. (1954). Medical Geography. In Preston and James (Eds.) *American Geography: Inventory and Prospect.* Syracuse: American Association of Geographers. 453-68.

Meade, M., Florin, J., and Gesler, W. (1988). *Medical Geography.* NY: Guilford Press.

Milligan, C., Gatrell, A., and Bingley, A. (2004). 'Cultivating health': therapeutic landscapes and older people in northern England. Social Science & Medicine. 58(9): 1781-93.

Moon, G. (1995). (Re)placing research on health and health care. *Health & Place.* 1(1): 1-4.

Palka, E. (1999). Accessible Wilderness as a Therapeutic Landscape: Experiencing the Nature of Denali National Park, Alaska. *Therapeutic Landscapes: The Dynamic Between Place and Wellness.* MD: University Press of America, Inc. 29-51.

Parfitt, J. (1997). Questionnaire design and sampling. In Flowerdew, R. and Martin, D. *Methods in Human Geography: a guide for students doing research projects.* Essex, England: Addison Wesley Longman Ltd. 76-108.

Peet, R. (1998). *Modern Geographical Thought.* MA: Blackwell Publishers Inc.

Rauma, P. (2003, October). "What Makes a Healing Garden?" *Nursing Homes Long Term Care Management.* 50-5.

Raver, A. (1995). "The Healing Power of Gardens." *Saturday Evening Post.* 267(2): 42-5.

Relph, E.C. (1976). *Place and Placelessness.* London: Pion Books.

Scarpaci, J. (1999) Healing Landscapes: Revolution and Health Care in Post-Socialist Havana. *Therapeutic Landscapes: The Dynamic Between Place and Wellness.* MD: University Press of America, Inc. 202-20.

Schommer-Aikins, M., Duell, O.K., Barker, S. (2003). Epistemological beliefs across domains using Biglan's classification of academic disciplines. *Research in Higher Education.* 44(3): 347-66.

Shannon, G. and Dever, G. (1974). *Health Care Delivery: Spatial Aspects.* New York: McGraw-Hill.

Stamp, D. (1964). *Some Aspects of Medical Geography.* London: Oxford.

Subramanian, S.V., Lochner, K.A., and Kawachi, I. (2003). Neighborhood differences in social capital: a compositional artifact or a contextual construct? *Health & Place.* 9: 33-44.

Thurber, C. and Malinowski, J. (1999). Summer Camp as a Therapeutic Landscape. *Therapeutic Landscapes: The Dynamic Between Place and Wellness.* MD: University Press of America, Inc. 53-70.

US National Park Service. (2006). Photo of Mount McKinley, Denali National Park. Used with permission, licensed under Public Domain. Source: http://en.wikipedia.org/wiki/Image:Denali_Mt_McKinley.jpg July 31, 2006.

Westphal, J.M. (2003). A Reflection on the Role of the Landscape Architect in American Health-care Delivery. *Landscape Research.* 28(2): 205-16.

White, N.F. (1981). Modern health concepts. In White, N.F. (ed.) *The Health Conundrum.* Toronto: TVOntario. 5-15.

Wieczorek, T. (2003). Photo of Bath. Used with permission, licensed to Public Domain. Source: http://en.wikipedia.org/wiki/Image:Roman_bath_at_bath_england.jpg July 31, 2006.

Williams, A. (1998). Therapeutic landscapes in holistic medicine. *Social Science & Medicine.* 46(9): 1193-1203.

Williams, A. (1999a). Introduction. *Therapeutic Landscapes: The Dynamic Between Place and Wellness.* MD: University Press of America, Inc. 1-11.

Williams, A. (1999b). Place Identity and Therapeutic Landscapes: The Case of Home Care Workers in a Medically Underserviced Area. *Therapeutic Landscapes: The Dynamic Between Place and Wellness.* MD: University Press of America, Inc. 71-96.

Williams, A. (2002). Changing geographies of care: employing the concept of therapeutic landscapes as a framework in examining home space. *Social Science & Medicine.* 55(1): 141-54.

Wilson, K. (2003). Therapeutic Landscapes and First Nations peoples: an exploration of culture, health and place. *Health & Place*. 9(2): 83-93.