



## From therapeutic landscapes to healthy spaces, places and practices: A scoping review



Sarah L. Bell<sup>a,\*</sup>, Ronan Foley<sup>b</sup>, Frank Houghton<sup>c</sup>, Avril Maddrell<sup>d</sup>, Allison M. Williams<sup>e</sup>

<sup>a</sup> European Centre for Environment and Human Health, University of Exeter Medical School, Truro, TR1 3AE, Cornwall, UK

<sup>b</sup> Department of Geography, Maynooth University, Maynooth, Co. Kildare, Ireland

<sup>c</sup> College of Health Science & Public Health, Eastern Washington University, Spokane, WA, USA

<sup>d</sup> School of Archaeology, Geography and Environmental Science, University of Reading, Reading, UK

<sup>e</sup> School of Geography and Earth Sciences, McMaster University, 1280 Main Street West, Hamilton, Canada

### ARTICLE INFO

#### Keywords:

Therapeutic landscapes  
Therapeutic mobilities  
Therapeutic assemblage  
Wellbeing  
Scoping review

### ABSTRACT

The term ‘therapeutic landscapes’ was first coined by health geographer, Wilbert Gesler, in 1992 to explore why certain environments seem to contribute to a healing sense of place. Since then, the concept and its applications have evolved and expanded as researchers have examined the dynamic material, affective and socio-cultural roots and routes to experiences of health and wellbeing in specific places. Drawing on a scoping review of studies of these wider therapeutic landscapes published between 2007 and 2016, this paper explores how, where, and to what benefit the ‘therapeutic landscapes’ concept has been applied to date, and how such applications have contributed to its critical evolution as a relevant and useful concept in health geography. Building on themes included in two earlier (1999, 2007) edited volumes on *Therapeutic Landscapes*, we summarise the key themes identified in the review, broadly in keeping with the core material, social, spiritual and symbolic dimensions of the concept initially posited by Gesler. Through this process, we identify strengths and limitations of the concept and its applications, as well as knowledge gaps and promising future directions for work in this field, reflecting critically on its value within health geography and its potential contribution to wider interdisciplinary discussions and debates around ‘healthy’ spaces, places, and related practices.

### 1. Introduction: the healing power of place

Drawing on theories in cultural ecology, structuralism and humanism, the therapeutic landscapes concept was first posited in 1992 by Wilbert Gesler as a vehicle for exploring why certain environments seem to contribute to a ‘healing sense of place’ (Gesler, 2003). Such environments were defined as therapeutic landscapes, ‘where the physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing’ (Gesler, 1996: 96). This definition conveyed the importance of understanding the physical and social health-promoting qualities of a given space, but also the more subjective ways in which people might interpret and use that space (Cattell et al., 2008).

A first edited volume by Williams (1999) brought together early applications of the concept, focusing on the literal relationships between health and place. Studies conducted at this time explored the healing properties of widely acknowledged, ‘extraordinary’ places of healing, such as sacred pilgrimage sites, groves and hot springs (Gesler,

1993, 1996; 1998). Soon, however, researchers extended the concept to incorporate the health *promoting* (as well as healing) qualities of therapeutic spaces and the therapeutic value of *everyday* spaces. These included both aesthetic qualities and more imperceptible social networks offering a sense of security and inclusion (Smyth, 2005; Wakefield and McMullan, 2005). Alongside these developments, criticisms emerged that ‘over time, researchers have done little more than claim certain phenomena to be therapeutic landscapes’, using the term rather like ‘an explanatory bumper sticker’ (Andrews, 2004: 308).

The assumption that places were somehow *intrinsically* therapeutic raised particular concern, prompting greater recognition of the *relational* nature of people’s therapeutic landscapes. In particular, Conradson (2005: 338) argued that therapeutic landscape experiences should be more critically approached as ‘a relational outcome, as something that emerges through a complex set of transactions between a person and their broader socio-environmental setting’. This relational kernel has since been embraced more widely amongst health geographers, resulting in notions of ‘therapeutic taskscape’ (Dunkley,

\* Corresponding author.

E-mail addresses: [Sarah.Bell@exeter.ac.uk](mailto:Sarah.Bell@exeter.ac.uk) (S.L. Bell), [ronan.foley@nuim.ie](mailto:ronan.foley@nuim.ie) (R. Foley), [fhoughton@ewu.edu](mailto:fhoughton@ewu.edu) (F. Houghton), [avril.maddrell@reading.ac.uk](mailto:avril.maddrell@reading.ac.uk) (A. Maddrell), [awill@mcmaster.ca](mailto:awill@mcmaster.ca) (A.M. Williams).

<https://doi.org/10.1016/j.socscimed.2017.11.035>

Received 3 May 2017; Received in revised form 18 August 2017; Accepted 17 November 2017

Available online 21 November 2017

0277-9536/ © 2017 Elsevier Ltd. All rights reserved.

2009), ‘therapeutic assemblage’ (Foley, 2011) and ‘therapeutic mobilities’ (Gattrell, 2013), each reflecting on the dynamic material, affective and socio-cultural roots and routes to experiences of health and wellbeing in place. Williams’ (2007) second edited collection, *‘Therapeutic Landscapes’*, further responded to critiques and examined the continuing evolution of the term, including emerging ambiguities and contestations.

In this scoping review of the literature published since *‘Therapeutic Landscapes’* (Williams, 2007), we examine how the subject has changed over the last ten years and how different critical challenges and deepening knowledge of the subject have played out within health geography. Scoping reviews present a valuable opportunity to ‘identify the extent and nature of research evidence’ (Grant and Booth, 2009: 101) across a broad topic of interest, balancing breadth with depth of insight in order to gain a preliminary understanding of research gaps in the field (Arksey and O’Malley, 2005). Our review of the therapeutic landscapes literature published from 2007 to 2016 was informed by the research question: “How, where and to what benefit has the *‘Therapeutic Landscapes’* concept been applied to-date, and how have such applications contributed to its critical evolution as a relevant and useful concept in health geography?”

## 2. Review methodology

Following the scoping review approach set out by Arksey and O’Malley (2005), initial searches were conducted in May 2016, using three search terms (“therapeutic landscape”, “therapeutic mobilities”, “therapeutic network”) within three comprehensive electronic databases (Web of Science, ProQuest, Scopus). Recognising the limitations of journal indexing within electronic databases, additional manual searches were conducted to identify recent publications within journals known to have a significant publication record in this area of research (checking the contents tables of ‘Health and Place’, ‘Social Science and Medicine’, ‘Social and Cultural Geography’), as well as scanning reference lists of shortlisted sources. Although this paper focuses on sources published since 2007, the search dates were initially selected to identify sources published since 1992, when the ‘therapeutic landscapes’ term was first posited by Gesler. The full search strategy, including search fields, retrievals, inclusion/exclusion criteria, and approaches to quality appraisal and source charting is included as [Supplementary Material](#). Further database searches, conducted in December 2016, used the same procedures to identify new sources published since May 2016.

Of the 252 sources identified in total, 161 were published since 2007. For the purposes of this paper, we summarise the key review findings in line with the core material, social, spiritual and symbolic dimensions of the concept as initially posited by Gesler (1992), exploring developments in its application since Williams’ (2007) edited collection, *‘Therapeutic Landscapes’*. Although we examine each dimension in turn for analytical purposes, we acknowledge their interdependence in shaping people’s therapeutic experiences in practice. In our discussion, we reflect on contestations of the term, identifying strengths and limitations of the concept and its applications, alongside gaps in the knowledge base. We also propose future directions for the concept, reflecting critically on both its value within health geography and its potential contributions to wider interdisciplinary discussions and debates around ‘healthy’ spaces, places and related practices. Although we focus primarily on the therapeutic landscapes literature identified via the scoping review, we do touch on wider bodies of literature where appropriate throughout the paper.

## 3. Material/physical dimensions of place: “palettes of place”

The health and healing benefits of space and place have received widespread cross-disciplinary research attention to-date, with a particular focus over the last ten years on the presence and role of specific

‘green’ and ‘blue’ materialities found therein. Here we reflect on a subset of this literature – that which draws explicitly on Gesler’s concept of therapeutic landscapes (be it in isolation or alongside related concepts) – to explore the everyday experiences and practices that make such places health-enabling for individuals and communities. We use the term ‘palettes of place’ to examine how and why diverse, interlinked materialities may enable health at different times and for different people. Reflecting earlier therapeutic landscapes research, studies published over the past ten years have examined the influence of material settings, ranging from large-scale (counterside, coasts and sea-side) through meso-scale (urban parks and riverine spaces) to micro-scale environments (hospitals and clinics, woods, gardens, and allotments). The scope of earlier work has been extended through studying diverse populations, including varied ages, genders, cultures, bodily abilities and place-specific practices.

### 3.1. Developing palettes of place

The material benefits of so-called ‘green’ space remains a constant trope within the therapeutic landscapes literature, offering rich insights into how it feels to encounter and move through such settings. The enabling power of ‘nature’ remains central, with ongoing research identifying benefits of interactions with woodlands, parks and gardens (Milligan and Bingley, 2007; Plane and Klodawasky, 2013). This speaks to health education and promotion initiatives, within which elements of outdoor exercise like yoga, or embodied mobilities like walking, are enacted in and through green space (Lea, 2008; Doughty, 2013; Gattrell, 2013). Originally subsumed within green space, *blue spaces* have become sites of increased attention, with water at the centre of a range of outdoor spaces perceived to promote healthy living (Foley and Kistemann, 2015). Recent work has focused on an ever-increasing range of ‘blue’ settings (islands, cities, rivers, coasts, beaches, lakes) and practices (swimming, promenading, retirement, walking) that mark the beginnings of a burgeoning study area (Kearns et al., 2014; Bell et al., 2015; Foley, 2015; Lengen, 2015; Thomas, 2015). A specific environmental health interest in the urban blue has an earlier provenance but remains important in city-based studies, both within and beyond the therapeutic landscapes literature (Völker and Kistemann, 2013, 2015).

Blue/Green spaces can be seen as pristine, even aspirational, and yet therapeutic materialities come in many shades; with browns and greys representing built environment spaces such as allotments, community gardens, abandoned or vacant plots that act as valuable interstitial micro-spaces for restoration and wellbeing (Pitt, 2014; Finlay et al., 2015; Houghton and Houghton, 2015; Völker and Kistemann, 2015). Studies also consider a more blurred palette, such as the always-mobile greens, blues and greys of land/water interfaces (Foley, 2015) or place interactions of brightness and shadow and linear mobilities evident whilst walking in forests and by streams (Doughty, 2013; Völker and Kistemann, 2013). Shadings can shift in positive and negative ways, wherein perceptions of lakes, for example, shift from spaces of light and reflection to spaces of darkness and oblivion (Lengen, 2015). The differential conversations and subjects emerging from this work create space for voices of difference but also more place-responsive narratives.

There has been a slow but steady acceptance of a *hybrid* green-blue in the past ten years that draws attention to a new ‘palettic’ understanding of therapeutic landscapes in which hitherto fixed understandings of green and blue space are increasingly under critical scrutiny. Notably, the growing focus within and beyond the therapeutic landscapes literature on affective, *embodied*, *multisensory* outdoor experiences raises interesting challenges to this ‘palettic’ approach (Spinney, 2006; Straughan, 2012; Nettleton, 2015). As discussed by Brown (2016), for example, by framing the environment primarily through colour, there is a risk of overlooking the wider textures, terrains, auditory tones, smells and sensations that are felt through the body to render such encounters therapeutic or otherwise. In this way, perhaps a shift towards palettic ‘sensescapes’ might better equip

Download English Version:

<https://daneshyari.com/en/article/7328820>

Download Persian Version:

<https://daneshyari.com/article/7328820>

[Daneshyari.com](https://daneshyari.com)