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Therapeutic micro-environments in the Edgelands: A thematic analysis of Richard Mabey's *The Unofficial Countryside*

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ABSTRACT

The concept of therapeutic landscapes, as introduced by Gesler, has had a significant impact on what has become a reformed geography (or geographies) of health. Research in this field has developed the number and type of sites that have been characterised as therapeutic landscapes. A wide range of environments have now been explored through the analytical lens of the 'therapeutic landscape'. This research further expands current descriptions of such environments by exploring Edgelands as therapeutic micro landscapes. Edgelands refer to the neglected and routinely ignored interfacial zone between urban and rural that are a routine characteristic of the urban fringe resulting from dynamic cycles of urban development and decay. Using a hybrid method of thematic analysis incorporating both inductive and deductive approaches, this research explores Richard Mabey's seminal work on this topic, *The Unofficial Countryside*. Previous examinations of the features of therapeutic environments are therefore scrutinised to explore both scale and the possibility of further extending the kind of environments that may be described as therapeutic to include Edgelands. This approach is informed, in part, by principles of mindfulness, a historically Eastern, but increasingly Western approach to exploring oneself and the environment.

This research identifies that these overlooked and neglected landscapes are in fact vibrant, resilient and enthralling environments teeming with life, renewal and re-birth. Examination reveals that there are three crucial outcomes of this research. The first relates to the issue of scale. Mabey's book provides evidence of the importance of micro environments in providing a therapeutic environmental focus. Secondly, this research explores the potential of mindfulness as an approach in Geography. Lastly, this research also identifies Edgelands as therapeutic sites and calls for an increased understanding and appreciation of their potential.

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1. Introduction

The term therapeutic landscapes, which was first introduced via Gesler in 1991, has had a pivotal influence on the development of geographies of health over the last two decades. Drawing on the work of Gesler, Williams (1998, p. 1193) initially described therapeutic landscapes as 'those changing places, settings, situations, locales, and milieus that encompass both the physical and psychological environments associated with treatment or healing ... reputed to have an "enduring reputation for achieving physical, mental, and spiritual healing" (Gesler, 1993, p. 171).

However, although this approach was initially focussed on what has been termed 'traditional therapeutic landscapes' (Laws, 2009, p. 1827), analysis has since broadened considerably. Thus although the initial focus of Gesler's work included an analysis of spa towns, such as Bath (1998), and spiritual and historic sites such as the Marion Shrine at Lourdes in France (1996) and the Asclepeion sanctuary at Epidaurus in Greece (Gesler, 1993), in recent years only a fraction of the focus of research in the therapeutic landscapes field has focussed on such environments (e.g. Foley, 2010, 2011; Foley et al., 2011; Williams, 2010). The therapeutic landscapes concept was subsequently developed through the work of a number of researchers, most notably including Williams (1998, 1999, 2002, 2007).

A critical examination of the therapeutic landscape concept conducted approximately 15 years after its development (Gesler,

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1991) by Khachatourians (2006) identified 21 themes in Gesler's therapeutic landscape literature which were located within the three domains of the natural/built environment, the social environment and the spiritual environment. Details of these themes are given in Table 1.

It is important to note that simply assuming a particular environment is intrinsically therapeutic, or not, is a crude form of environmental determinism. Conradson (2003) in particular has written in detail on the importance of exploring the subjective and relational experience of individuals to their environment. With this in mind Conradson (2005) refers to the 'therapeutic landscape experience' which helps to focus attention on individual experience and hence puts relational issues centre-stage. This approach is echoed in the work of other authors, both within (Gastaldo et al., 2004; Milligan and Bingley, 2007; Sampson and Gifford, 2010; Rose, 2012; Wood et al., 2013a, 2013b) and outside (Bingley, 2003) the therapeutic landscapes literature.

This paper continues with an examination of the expanding conceptions of therapeutic landscapes that are evident in the literature, before moving on to explore alternative therapeutic landscapes. The unresolved (and perhaps never to be resolved) issue of scale in such descriptions is then explored, followed by the closely related question of pace. This includes an examination of mindfulness, which the authors believe is an under-explored approach within the therapeutic landscapes literature. This is followed by an examination of what are termed Edgelands, before moving on to a description of therapeutic Edgelands via an examination of Richard Mabey's text, *The Unofficial Countryside*.

2. Expanding the concept

Over time the evolving literature on therapeutic landscapes has developed beyond iconic sites of healing and spirituality to include other sites such as summer and health camps (Thurber and Malinowski, 1999; Kearns and Collins, 2000; Morse Dunkley, 2009) and outdoor and rural environments (Morita et al., 2007; Grose, 2011), including remote wilderness (Palka, 1999). Other environments have included yoga centres (Hoyez, 2007), medical spaces (Evans et al., 2009) and bluescapes (Völker and Kistemann, 2013).

In terms of the type of sites that have been examined through the therapeutic landscape construct two key and somewhat contradictory themes are apparent. The first relates to a focus on what have been termed 'therapeutic mindscapes' (Houghton and Houghton, 2013) evident in early work by Williams (1998) and later developed through the work of Andrews (2004) and Gastaldo

et al. (2004). These are therapeutic landscapes of the imagination, such as those used in relaxation therapy (Houghton and Houghton, 2013). Linked to developments on this theme is research exploring the link between imaginative literature and therapeutic landscapes (Baer and Gesler, 2004; Tonnellier and Curtis, 2005).

The second, and more prevalent types of place to be examined through the therapeutic landscape framework are what Andrews and Kearns (2005) term "everyday" and ordinary places." Emphasising the importance of such situations, these authors suggest a need to focus on "otherwise unremarkable places" (p. 2698), and "ordinary and overlooked locations" (p. 2711). This approach is echoed in the work of Willis (2009) and forms an element of an explicit critique of therapeutic landscapes presented by Milligan et al. (2004: 1783), who state that research in this field 'has tended to overlook ... ordinary everyday places', a message echoed by Wilson (2003). Research in this vein has therefore included a focus on venues such as gardens (Milligan et al., 2004) and home spaces (Williams, 2002; Dyck and Dossa, 2007; English et al., 2008). The developing focus on 'everyday landscapes' as therapeutic landscapes is also evident in Wakefield and McMullan's (2005) exploration of the construction of places in a city in decline as either health-affirming or health-denying. This focus on more routine spaces and places within the therapeutic landscape literature is echoed in the wider health geographies literature (Dyck et al., 2005; Cattell et al., 2008).

3. Alternative therapeutic landscapes

This research seeks to extend an emerging undercurrent in the literature on therapeutic environments which at first glance may appear irreconcilably contradictory. A growing and informative body of literature has emerged which suggests that environments that would usually be 'written-off' as negative and harmful, may when explored be seen as therapeutic. In assessing the following it is perhaps useful to note Wakefield and McMullan's (2005: 299) admonition that 'it is possible for places to simultaneously hurt and heal'. Perhaps one of the most notable examples of such an environment may be seen in DeVerteuil and Andrews (2007: 273) description of the Soviet Gulag system as an 'ambivalent, fragile and absent' therapeutic landscape.

Tan (2013) has recently provocatively proposed that smoking spaces may be viewed as enabling spaces of wellbeing. Putting aside physical health impacts and focussing on the widely acknowledged importance of autonomy, Tan explores smoking spaces as sites facilitating social, sensual and affectual wellbeing. A somewhat similar investigation by Wood et al. (2013a) has explored the importance of smoking spaces for wellbeing among in-patients in a psychiatric hospital in terms of social capital generation and resistance to institutional control. The theme of the development of therapeutic landscapes in inpatient psychiatric settings, which may at first appear to be large, impersonal institutions (Goffman, 1961) has also been the focus of sustained attention in recent years (Liggins et al., 2013; Wood et al., 2013a, 2013b). Burges Watson et al. (2007) have similarly investigated the concept of flexible therapeutic landscapes involved in birthing and the place of pain relief.

The theme of alternative, and perhaps unanticipated, therapeutic landscapes is also evident in the work of Griffin (2008) who has explored the 'street' as a therapeutic milieu for street-involved youth. In the wider geographies of health literature, similar non-traditionally positive spaces can be seen being explored in an affirmative light. For example Milligan and Bingley (2007) have examined the positive impact of unstructured 'wild spaces' and unstructured play rather than purpose designed play spaces. Similarly, a recent exploration of the liminal spaces that act as

Table 1
Key aspects of Gesler's therapeutic landscapes.

Natural/built environment	Social environment	Spiritual environment
Territoriality	Shared rituals	Symbolism
Place meaning	Pilgrimage	Healing god
Removed from everyday stress	Contested reality	Supernatural healing powers
Sense of place	Historical context	Origin of spiritual nature
Water	Everyday activities	Role of faith
Beautiful natural environment	Relative equality	Transformation
	Social relations	Beliefs, philosophies, expectations, perceptions
	Reputation for healing	

Source: Khachatourians, 2006.

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