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# Therapeutic experiences of community gardens: putting flow in its place

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ABSTRACT

This paper develops the concept of therapeutic place experiences by considering the role of activity. Research of community gardening finds that particular tasks are therapeutic and exhibit the characteristics of flow, but those who lack influence over their community gardening are less likely to benefit from flow as their sense of control is reduced. The notion of emplaced flow is proposed to locate individual experiences amongst socio-spatial factors which limit self-determinacy and therefore affect wellbeing. Emplacing flow prompts critical reflection on who is excluded from therapeutic place experiences, and whether sites offering momentary escape have an enduring impact on wellbeing.



## 1. Introduction

It has long been thought that certain places are conducive to healing with gardens one environment associated with recovery and relaxation (Aldridge and Sempik, 2002; Cooper Marcus and Barnes, 1999; Milligan and Gatrell et al., 2004: 1782; Ward Thompson, 2010: 189). How such places enhance wellbeing is poorly understood (Andrews, 2004; Duff, 2011; Hawkins et al., 2013; Kearns and Andrews, 2010: 313; Rose, 2012: 1381). In this paper I aim to understand processes through which therapeutic place experiences benefit wellbeing[1] and address the need for greater attention to the therapy of bodily motion (Doughty, 2013, Gatrell, 2011, 2013) by examining the role of activity. Research of community gardening demonstrates that what people do is as significant as where they are, and reveals activities which are therapeutic. I employ Csikszentmihalyi's concept of flow (2002) to characterise how activity enhances wellbeing and compare experiences of community gardens to identify factors which prevent individuals achieving flow. I suggest flow should be emplaced to recognise how activity and environment interact, and to locate individual experiences within socio-spatial relations.

Although wary of ever-expanding empirical application of the therapeutic place concept (Andrews, 2004: 308; Kearns and Andrews, 2010: 313) community gardens bring fresh insights. A community garden is somewhere people come together to grow plants and share the benefits of doing so (ACGA, no date; FCFCG, no date a). They allow comparison of individual experiences so move discussion of wellbeing beyond the predominant focus on individuals (Doughty, 2013: 141; Kearns and Andrews, 2010: 318; Williams, 2007: 3). Community projects contend with funding and public policy revealing how socio-economic forces shape therapeutic experiences, bringing a much-needed critical perspective (Andrews, 2004: 308; Kearns and Andrews, 2010: 322). Community gardens have been considered as therapeutic places for elderly people (Hawkins et al., 2013; Milligan and Gatrell et al., 2004) and those with mental health issues (Parr, 2007). The cases discussed here offer a broader perspective as they involve people with varied backgrounds and health profiles whilst contrasting case studies suggest factors which prevent places being universally therapeutic.

This paper outlines the evolution of the concept of therapeutic places to highlight gaps in understanding how places like community gardens enhance wellbeing, before introducing Csikszentmihalyi's theory of flow to explain the therapy of bodily activities. Next I present three case studies and explore how gardening is experienced as flow, then argue the need to consider this as emplaced within spatial and social influences. Finally I consider how social relations affect sense of control in ways which limit the potential to find therapy in a community garden.

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[1] Wellbeing is notoriously difficult to define (Fleuret and Atkinson, 2007) but at its simplest conveys "healthiness and happiness" or being well and feeling well (Kearns and Andrews, 2010: 309).

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## 2. Understanding therapeutic places

Understanding links between place and health took a significant step when Will Gesler recognised that humans have long sought sites conducive to healing, or 'therapeutic landscapes' (1993). He identified their common characteristics including a natural setting, sense of place and symbolic significance which interact to create a restorative atmosphere. Subsequent studies identified additional social, symbolic, built and natural contributors (Collins and Kearns, 2007; Conradson, 2005: 337). The notion of therapeutic landscapes was criticised for focusing on special healing sites (Milligan and Gatrell et al., 2004: 1783; Smyth, 2005: 489) as everyday places also enhance health (Milligan and Gatrell et al., 2004: 1783; Smyth, 2005: 490; Williams, 2007: 2; Wilson, 2003). Research identified mundane health-enhancing locations so therapeutic place came to denote an environment conducive to wellbeing (Williams, 2002: 148). Hugely diverse places have been considered therapeutic (Williams, 2007: 9) including beaches (Collins and Kearns, 2007), pampering spas (Little, 2013) and homes (Williams, 2002), whilst some suggest therapeutic places might be imagined (Andrews, 2004; Rose, 2012). Anthony Gatrell recently challenged a site-based perspective and proposed the notion of therapeutic mobilities to heighten attention to journeys and bodily movements (2011 and 2013).

Therapeutic places were initially treated as having innately healthy qualities (Andrews, 2004: 309; Atkinson and Fuller et al., 2012: 7; Duff, 2011: 151; Smyth, 2005: 490). This was particularly problematic in the case of natural environments equally capable of inducing stress (Milligan, 2007; Milligan and Bingley, 2007). The concept developed in recognition that a place may be healing and/or hurtful for different individuals and across time (Conradson, 2005; Cutchin, 2007; Gesler, 2005: 296; Smyth, 2005; Williams, 2007: 2). Understanding this ambiguity requires attention to subjective experiences of places (Milligan, 2007: 267) as relational events (Conradson, 2005; Duff, 2011). Conradson argues that the outcome of a place experience is never pre-determined or guaranteed to be therapeutic, rather "positive experiences of these places always derive from particular forms of socio-natural engagement" (2005: 338). From a relational perspective there are no definitive criteria for therapeutic places as nowhere is intrinsically healing (Conradson, 2005: 338; Cutchin, 2007; Duff, 2011: 155; Collins and Kearns, 2007). Rather a therapeutic place experiences is a "positive physiological and psychological outcome deriving from a person's imbrication within a particular socio-natural material setting" (Conradson, 2005: 339).

A relational perspective on therapeutic places is required as nowhere is unambiguously therapeutic, but makes it difficult to know where to seek therapy or how to shape places to enhance wellbeing: if individuals find different places healthy anywhere might be therapeutic. As Pain and Smith identify a holistic understanding of wellbeing risks concepts which represent everything and nothing (2010: 301), so with a relational interpretation therapeutic places are everywhere and nowhere. Understanding therapeutic encounters redirects attention from spatial characteristics to qualities of experience, but *how* place experiences heal has been inadequately interrogated (Conradson, 2005: 346; Duff, 2011: 155; Milligan and Bingley, 2007: 809; Rose, 2012: 1381). To address this Emma Rose (2012) considers psycho-social processes and proposes that mentalising–attending to states of mind in oneself and others–explains how viewing places is therapeutic. She emphasises symbolic aspects and visual appreciation which–as community gardens demonstrate–are not the only modes of encounter. Alternatively, Anthony Gatrell (2013) and Karolina Doughty (2013) focus on bodily processes to understand how walking and its motive qualities are therapeutic.

Walking is one physical activity which enhances wellbeing (Doughty, 2013, Gatrell, 2013, Milligan and Bingley, 2007), others being beach sports (Collins and Kearns, 2007) dance (McCormack, 2003), and gardening (Milligan and Gatrell et al., 2004). Yet the moving body has been relatively neglected in wellbeing geographies (Kearns and Andrews, 2010: 315) so it is not clear how activities become therapeutic or what conditions facilitate this. The tendency towards disembodied perspectives is epitomised by one of the most widely cited explanations of how gardens restore health (see Adevi and Martensson, 2013; Fieldhouse, 2003; Hawkins et al., 2013; Hitchings, 2006; Kaplan and Kaplan, 1995). Attention Restoration Theory (ART) suggests that natural environments are inherently restful so demand less of our limited capacity for attention which is easily overworked so becomes fatigued or stressed (Hartig and Evans et al., 2003; Kaplan and Kaplan, 1989). As Cameron Duff has identified this focuses on cognitive processes, paying little attention to the qualities of place and how they are shaped (2011). It treats place as ready-made location for therapeutic activities (Duff, 2011) which is particularly flawed in the case of gardens which gardeners actively shape. ART posits a remarkably passive person–place interaction which does not consider activity or how bodily motion contributes to healing. Hawkins et al. (2013) found that in communal contexts a combination of doing gardening activities and being in the garden environment are therapeutic. My intention is to further interrogate the qualities of garden 'doings' and the interaction between activity and environment to counter previous neglect of bodily movement. The concept of flow explains how certain activities are restorative so helps identify characteristics to be replicated elsewhere to create further opportunities for therapy.

### 2.1. Flowing movements

The concept of flow is perhaps the most well developed characterisation of positive human experiences, supported by extensive psychological research. Csikszentmihalyi describes flow as "the state in which people are so involved in an activity that nothing else seems to matter" (2002: 4); time passes quickly and one ceases to feel separate from task or world. By concentrating on an activity one becomes so absorbed that it feels effortless and other concerns are forgotten (Csikszentmihalyi, 2002). This is not a state of inaction as skill and effort are required, hence certain activities are conducive to flow. They are achievable but not so simple they can be done without concentration and require practice to achieve a degree of skill which allows the body to move with little conscious direction (2002: 103). Csikszentmihalyi suggests that tasks with clear goals are advantageous, and ideally one should receive immediate feedback on success, however the activity should be intrinsically rewarding or autotelic[2] (2002: 67).

Csikszentmihalyi identified the characteristics of flow based on extensive research of intensely positive experiences (2002) making the concept an empirically grounded explanation of the links between activity and wellbeing (Asakawa, 2010; Robinson and Kennedy et al., 2012). It has influenced occupational therapy (Robinson and Kennedy et al., 2012) including therapeutic gardening (Fieldhouse, 2003). By analysing numerous accounts of optimal experiences Csikszentmihalyi identified key attributes common across a vast range of activities (2002). These provide a framework for understanding therapeutic experiences which highlights commonalities whilst accommodating the variety of activities considered by research in this field. Flow arises from engagement in a

[2] Gardening has end products–plants and often food–but this does not preclude the achievement of flow because of the significant time delay between effort and achievement, and as many garden tasks are not directly productive (e.g. weeding), especially in communal contexts where an individual contributes only part of the labour. Whilst community gardeners often grow food they are often doing so for leisure, hence gardening can be autotelic.