



## Health, healing and recovery: Therapeutic landscapes and the everyday lives of breast cancer survivors

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### ABSTRACT

Drawing on the theory of therapeutic landscapes, this paper examines the importance of place for shaping health and healing among breast cancer survivors. Semi-structured in-depth interviews were conducted with 14 women in the Greater Toronto Area at various stages of breast cancer recovery to examine where and how they access and create landscapes of healing. The interviews revealed the importance of everyday and extraordinary therapeutic landscapes that are created in bodies and homes, as well as the broader community and nature. Those landscapes with which women interact on an everyday basis appear to be most important for physical and psychological healing. In addition, the research suggests a strong interplay between emotions and place such that emotional geographies, which appear to be embedded within places of healing, play an important role in shaping and maintaining therapeutic landscapes. Further research is needed to understand the place of emotions in creating therapeutic landscapes, particularly for those populations most in need of healing.

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### Introduction

Worldwide, breast cancer is the most common cancer among women, with the highest incidence in economically developed countries (Keitel & Kopala, 2000). In terms of mortality, breast cancer is the second leading cause of cancer related deaths in women, exceeded only by lung cancer (WHO World Cancer Report, 2003). In Canada, the chance of developing breast cancer in a woman's lifetime is one in nine (around 11%) and the ratio of incidence to mortality is approximately 30%. On average 429 Canadian women are diagnosed with breast cancer every week and 102 will die every week from this disease. Alarming, there are reports of an increasing trend in breast cancer incidence worldwide, particularly in countries undergoing development such as those located in Asia and South

America (Bray, McCarron, & Parkin, 2004; World Health Organisation, 2007).

Alongside the knowledge that breast cancer rates are increasing, there is heightened concern about the way we live, what we may be exposed to in our everyday environments and how this may be related to cancer incidence. There is a growing body of evidence that links specific environmental exposures to the development of cancer. For example, asbestos, pesticides (e.g., Alavanja, Hoppin, & Kamel, 2004) and Teflon are known carcinogens (e.g., Davis, Axelrod, Bailey, Gaynor, & Sasco, 1998; Krieger, Ashbury, Purdue, & Marrett, 2003). According to the WHO, however, these types of exposures account for only 4% of cancer cases worldwide (WHO online, 2007). In addition to the known carcinogens, there is a range of chemicals and pollutants to which people are advised to minimise their exposure. These include lawn care products, polybrominated diphenyl ethers (flame retardants found in everyday items such as furniture foam), hormone disruptors such as bisphenol A (found in plastics), and certain

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exposures in the workplace and air pollution (e.g., Brophy et al., 2006; Canadian Strategy for Cancer Control, 2007). While important for identifying known and probable cancer causing substances in the environment, such research often fails to acknowledge the positive role of environments in shaping cancer or cancer experiences.

Drawing upon the therapeutic landscapes literature, in this paper we examine the role of different environments in shaping the health and healing experiences of breast cancer survivors. In doing so, it is our goal to contribute to existing work on therapeutic landscapes in two ways. First, very few studies have explicitly focussed on individuals recovering from a serious illness. Second, while more recent research has begun to examine the importance of everyday environments of healing, traditionally the study of therapeutic landscapes has been rooted in more extraordinary locations of healing (e.g., spas, baths). In this paper, we explore the importance of both everyday and extraordinary landscapes of healing for breast cancer survivors. The next section of the paper reviews the existing literature on therapeutic landscapes. In the third section, we provide a description of our research participants and the methods used in the study. Following this, we present the results of the research, paying particular attention to the different types of everyday and extraordinary therapeutic landscapes that are created and experienced by breast cancer survivors. We conclude with a discussion of the importance of the findings for researching and understanding therapeutic landscapes theory.

### Therapeutic landscapes

Gesler (1991) first introduced geographers to the term 'therapeutic landscape' in his book *The Cultural Geography of Health Care*. According to Gesler (1992), therapeutic landscapes are locations associated with treatment or healing. Specifically, they are places in which "physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive to healing" (Gesler, 1996, p. 96). Over the last 15 years, the concept of therapeutic landscapes has been studied extensively within the field of health geography and its importance is beginning to be recognized in other disciplines such as nursing (Gilmour, 2006; Kennedy, Shannon, & Chuahorm, 2004), landscape and urban planning (Rodiek & Fried, 2005), and kinesiology (Goodwin & Staples, 2005; Van Ingen, 2004).

The study of therapeutic landscapes has greatly enhanced understandings of health and place. In particular, this theory recognizes that certain places not only have the potential to enhance health but also contribute to healing. Within the therapeutic landscapes literature, the types of places associated with healing appear to fall under two categories: those pertaining to extraordinary landscapes and those representing everyday landscapes of healing. In using the term 'extraordinary' we are referring to those therapeutic landscapes that are located within places outside of people's day-to-day lives and are often associated with extraordinary events in people's lives (e.g., hospitalization, travel).

A significant amount of literature is dedicated to studying therapeutic landscapes that exist outside the realm of people's daily geographies. In general, extraordinary therapeutic landscapes tend to involve encounters with distant locations that have enduring reputations for healing. Important examples include ancient sites of healing such as Epidaurus, Greece, (Gesler, 1993) and locations of mineral springs and spas (Geores, 1998; Gesler, 1991, 1998). For example, Geores (1998) explores how the meaning and symbolism of the metaphor 'Health = Hot Springs' served to commodify Hot Springs, South Dakota, as a therapeutic landscape in the late 18th and early 19th centuries. Her work demonstrates how a sacred Native American healing place was commodified and marketed as healing place for 'white' Americans. In addition, research also focuses on the healing properties associated with sites of spiritual or religious pilgrimages such Lourdes, France (Gesler, 1998).

Nature, as found in parks and camps, also represents an important extraordinary landscape of healing (Hall & Page, 2002). For example, Palka (1999) discusses the therapeutic landscapes of Denali National Park, Alaska. He advocates for pristine yet accessible wilderness areas arguing that they have the potential to restore, heal, and promote wellness. Conradson's (2005) study of encounters with nature at a short-stay respite care reveals that such interactions are important for enhancing self-confidence and for providing new forms of mobility for people with physical impairments. The literature also points to the significance of encounters with nature for enhancing and improving the health of children within camp settings (e.g., Kearns & Collins, 2000; Thurber & Malinowski, 1999). Kearns and Collins (2000) discussion of the historical and contemporary importance of health camps in New Zealand emphasizes the pathways through which interactions with wilderness and participation in outdoor activities have healing benefits for children experiencing illnesses. Similarly Kiernan, Gormley, and MacLachlan (2004) demonstrate that therapeutic recreation camps are important for supporting self-esteem and reducing self-reported physical symptoms among children with chronic illnesses.

In addition to spas, baths, and nature, research has shown that sites of formal health care delivery (e.g., hospitals, asylums) including the care supplied by certain health care providers (e.g., nurses, midwives) also represent important landscapes of healing (Andrews, 2004; Andrews, Holmes, & Poland, 2005; Geores & Gesler, 1999; Gesler & Kearns, 2002; Kearns & Barnett, 1999).

While important, extraordinary therapeutic landscapes represent places people encounter mainly for short periods of time. In contrast, a smaller body of research focuses on the creation of everyday therapeutic landscapes within home and community-based environments. For example, some studies have examined the transformation of home spaces into therapeutic landscapes through the provision of formal and informal care to elderly populations (Cutchin, 2005; Martin, Nancarrow, Parker, Phelps, & Regen, 2005; Williams, 2002). Further demonstrating the importance of home as a location of healing, Coyle's (2004) research reveals how home environments can represent safe spaces/therapeutic landscapes for women diagnosed with environmental illness.

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