

## Medical contribution in therapeutic landscapes planning

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### Abstract

In the postindustrial age, the cities had to face the problems of “what went wrong” (pollution, loss of green spaces, etc.) thus highlighting the need for important socio-economical changes, in order to preserve health and to avoid moral decline. To-day the slump of hospitals, the fast development of medical technology, and the economical pressures endanger the care of the patient in the hospitals, though they are efficient “diagnostic machineries”. Specific therapeutic landscapes require different people, and different projects for different conditions, according also to the expectations of care-givers and care-receivers. Healing gardens may help recovery by enhancing both the individual wellbeing and relationship with other people: rural environments, natural light and proper sounds may aid interior and exterior communication.

The therapeutic landscapes (TL) planning is a fascinating enterprise, supported from a roused again interest for the health related places.

Already during ancient periods particular buildings were consecrated to the recovery and special attentions were dedicated to pregnant women and to the prevention of fetal distress.

In old Egypt Kuphy was obtained by retting grasses, flowers and berries cultivated and picked in healthy places; Kuphy was an aromatic essence that probably contributed to the promotion of a civilisation up to now largely unknown. In wellbeing palaeology, mysterious correlations between TL, monuments and astral constellations - as Orion belt and circumpolar stars - were known but not already understood.

The Pergamum temple was dedicated to Aesculapius, the god of medicine, Apollo's son and Hygeia's father, the god of the health. This temple was built in a bucolic environment with springs, basins, gymnasia

and healing gardens: a place not only for worship but also to stay, to play and to recover.

Another magic site was dedicated to Aesculapius, a temple in Rome in the Tiberine Island, where still today is located one of the most important hospitals of the city.

Virgil celebrated TL ... and Virgil was coming from a TL that for centuries promoted the attention for the environment and at present is the centre of an interesting project, unfortunately dedicated only to a little number of users, unavailable to the most.

During 1999 Williams connected TL with health planning and in 2000 Palka studied the visitors' reactions to recover accessibility improvements. Kearns devoted himself to the particular aspects of children hospitalization. Four years later Milligan emphasized the importance of the gardens, and Gesler published his hospital planning.

During postindustrial era the towns victims of

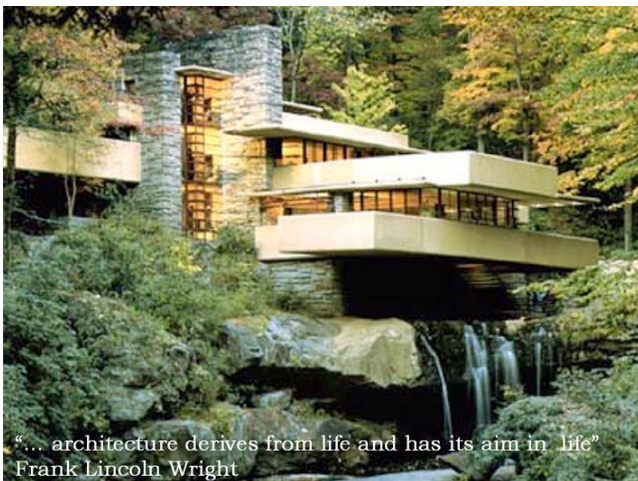


Figure 1 - Frank Lloyd Wright, House over the fall, Bear Run, Pa., USA, 1936

“WHAT WENT WRONG” (pollution, loss of green spaces, ecc.) are proof of the need of more attention to social and economic changes, for the health defence and particularly for the opposition to moral decline.



Figure 2

Gregory and Duncan (2000) suggest spaces and materials respectful of connection and identity, at the same time durable and ready to changes.

Spatial organization must consider spatial admittance, movement in the space and space meaning in the expectations (Halford e Leonard, 2003). This seems to be related to Malone theory (2003) about the three proximities: physical, narrative and moral. Particularly in hospital we need space and time to talk together, to dialogue and to familiarize.

Usually hospitals have large spaces, unfortunately often degraded, and this produces the failure of the wished effect and even worse the opposite effect. The swift increase of the medical technologies and the economic conditioning determined some of the late resolutions, but there are also encouraging attentions. Recovery may receive an important contribution from a multidisciplinary approach to TL. Roger Ulrich in 1981 demonstrated a correlation with the landscapes

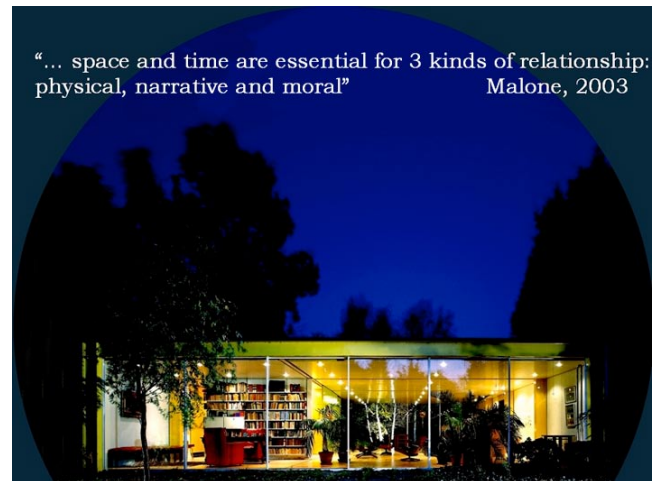


Figure 3

from the windows of the hospitals. The Joint Commission for the Accreditation of Hospitals Organization established: “Patients and visitors need connections with nature through exterior spaces, plants, halls and TL” (1999).

Is it possible that the selections will be efficient for everyone? Are different projects better for different conditions? What kind of peculiarity for patients and care-givers? Places, structures, situations, rooms assigned to therapy, recovery and wellbeing are useful for the patients and also precious for the caregivers. Moreover these conditions allow to retrieve the true role of the medical doctor, contrasting some recent approaches: unconventional, alternative, complementary or traditional medicine. “Quality of life”, *welfare* preferred to wellbeing and “needs of health” are evidence of a long period of lack of attentions.

It is difficult to consider home a hospital far away from its original Latin meaning or a research building that removes dramatically from the beloved daily life. Hospital buildings were planned for a very different welfare: human body is the main subject of attentions, but when it was the only subject, sometimes the project determined restrictions and physical and cultural shutting down. There is the risk that hospitals, too efficient “examining machines”, may be unable to observe the patients. When the hospitals are institutions characterized from the peculiarity to separate cared and carers as well as to restrict the connections with outside world and the relations between people, then the way back to health, to home, to the family and to the friends may be difficult.

During XIX century, with its sequence of positive incentives, appeared the first descriptions of TL: emerging vital spaces, ecological conceptions of Hope. The hope that did not leave Vincent van Gogh during his wandering: his physic troubles were punctually underlined, but the famous painter with his colours could describe accurately the emotions of the patients.



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Figure 4

Healing gardens are important for specific pathologies, but above all to strengthen wellbeing, to promote the recovery of a patient or a group of patients: spaces



Figure 5 - Vincent Van Gogh, The garden of the Hospital in Arles, 1889 (Winterthur, Sammlung Oskar Reinhart "am Römerholz").



Figure 6 - Vincent Van Gogh, The ward of the Hospital in Arles, 1889 (Winterthur, Sammlung Oskar Reinhart "am Römerholz").

supporting either solitary environment or relationship with other patients, relatives and care givers, spaces suitable to reduce the stress and to remove from the sterile areas of the hospitals and also to reintegrate in every day life with movements, natural entertainments and slight occupations. Negative urban factors (noise, smog, artificial lights, etc.) are minimized from gardens: natural lights and proper sounds may benefit.

The therapeutic key of McDowell garden is in celebrating our relations to nature and to spirit, not only with the plants; with this intention some models are suggested: comfortable halls, structures with water, opportune utilization of colours and lights, natural materials (wood, stones, fences, reticulated works, ecc.), integrations to art and varied models of natural life.

Considering TL as intensely private and social landscapes, surprising when they appear between usual daily views, some questions immediately rise: Who is the patient? Which correlations may guide to the recovery? How, where and when therapy may be made powerful? This is the right time to abandon some incorrect definitions: the patients had patience for too much time. It appears necessary to start naming them "expectings" and reconverting hospitals in "therapeutic environments", not only efficient, but also really encouraging the wellbeing of the expectings.

Tonnellier pointed out (2005) how Honoré de Balzac correlated (1833) TL with health promotion in his work *Le medicin de campagne*. During a period characterized by striking social, economical and political development, Honoré de Balzac exploited - for electoral



Figure 7 - Vincent Van Gogh, Picture of Dottor Gachet, 1890 (Paris, Galerie du Jeu de Paume).





... I have been working on a size 20 canvas in the open air in an orchard, lilac ploughland, a reed fence, two pink peach trees against a sky of glorious blue and white [F394, JH 1379], probably the best landscape I have done  
(30 March 1888)

Figure 8 - Vincent Van Gogh, Souvenir de Mauve, march 1888 (Otterlo, Rijksmuseum Kröller-Müller).



... a ploughed field, a big field with clods of violet heath – climbing toward the horizon a sower in blue and white – on the horizon a field of short ripe corn (21 June 1888)

Figure 9 - Vincent Van Gogh, Corn field, June 1888 (Amsterdam, Rijksmuseum Vincent Van Gogh).

purpose - the heroism of a country doctor in promoting health. This consisted in the use of TL in defence of the man, pointing out a new way to civilization, opposing the urban deliveries and painting rural images. Though this TL was not intrinsically therapeutic, it appeared from the interactions between people and things through an inner mirage.

## References

- Duncan, J. 2000. Place. In *Human geography*, eds RJ Johnson, D Gregory, G Pratt and M Watts, 582-4. Malden, MA: Blackwell Publishing Ltd.
- Porteous, J.D., Smith, S.E. 2001. *Domicide: The global destruction of home*. Montréal: McGill-Queen's University Press.
- Gesler, W.M. 1992. Therapeutic landscapes: medical issues in light of the new cultural geography. *Soc Sci Med.*, 34, 735-46.
- Gesler, W.M., Bell, M., Curtis, S., Hubbard, P., Francis, S. 2004. Therapy by design: evaluating the UK hospital building program. *Health & Place*, 10, 117-28.
- Gilmour, J.A. 2006. Hybrid space: constituting the hospital as a home space for patients. *Nursing Inquiry*, 13, 16-22.
- Gregory, D.G. 2000. Space. In *Human geography*, eds RJ Johnson, D Gregory, G Pratt and M Watts, 767-73. Malden, MA: Blackwell Publishing Ltd.
- Halford, S., Leonard, P. 2003. Space and place in the construction and performance of gendered nursing identities. *Journal of Advanced Nursing* 42, 201-8.
- Kearns, R., Collins, D. 2000. New Zealand children's health camps: therapeutic landscapes meet the contract state. *Social Science and Medicine*, 51, 1047-59.
- Liaschenko, J. 1994. The moral geography of home care. *Advances in Nursing Science* 17, 16-26.
- McDowell, C.F., Clark-McDowell, T. 1998. *The Sanctuary Garden: Creating a Place of Refuge in Your Yard or Garden*, Fireside.
- Malone, R.E. 2003. Distal nursing. *Social Science and Medicine*, 56, 2317-26.
- Milligan, C., Gatrell, A., Bingley, A. 2004. Cultivating health: therapeutic landscapes and older people in northern England. *Social Science and Medicine*, 58, 1781-93.
- Palka, E.J. Valued landscapes of the Far North: a geographical journey through Denali National Park. Rowman & Littlefield, MD
- Tonnellier, F., Curtis, S. 2005. Medicine, landscapes, symbols: "The country Doctor" by Honore de Balzac. *Health Place*, 11:313-21.
- Ulrich, R.S., Addoms, D.L. 1981. Physiological and recreational benefits of a residential park. *Journal of Leisure Research*, 13, 43-65.
- Williams, A. 1998. Therapeutic landscapes in holistic medicine, *Soc Sci Med.*, 46, 1193-203.

*Wherever we live,  
we graze the suggesting mystery reality,  
the gaze doesn't restrict to a brief illusion*