

Chapter 1

Introduction: The Continuing Maturation of the Therapeutic Landscape Concept

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Wil Gesler first developed the concept of therapeutic landscapes in the early 1990s, approximately 15 years ago. Since then, the concept has developed into a central component of health geographical thinking, being recognized at the 9th International Medical Geography Symposium (Montreal, 2001) as one of a few recent, internationally recognized contributions that health geographers have made to the larger discipline. Several books have been devoted to the subject and the number of peer-reviewed research papers appears to grow exponentially as each year passes. The centrality of the therapeutic landscape concept within the sub-discipline of health geography is confirmed with its inclusion in general health geography texts, the most recent being *Health and Inequality* (Curtis, 2004). While employed in a growing range of subject areas within health and social geography more broadly, the concept has been increasingly used in disciplines outside health geography, illustrating its flexibility and wide-ranging potential. This collection provides evidence of both the expanded use of the concept within the discipline of health geography – with 16 chapters illustrating a wide range of subject areas, as well as the innovative use of the concept in the anthropology of health, with four chapters illustrating various applications. This introductory chapter is broken up into three sections; the first section briefly traces the evolution of the concept, noting the central critiques. Second, a topical overview of the collection provides the foundation for the third and final section, which outlines ongoing trajectories and future directions.

The Evolution of the Therapeutic Landscape Concept

This section begins by first reviewing the concept's early application to traditional healing sites and carries through to contemporary applications in geography. Following, a discussion of the critiques of the concept, the current wide-ranging and ever-expanding use of the concept both within and outside geography is then reviewed. Due to the brevity of this review, not all pertinent work is discussed; only a few pieces of work have been noted to highlight the trajectory of the concept thus far.

The therapeutic landscape concept has its theoretical origins in cultural ecology, structuralism, and humanism, and provides a framework for analysis of natural and built, social, and symbolic environments as they contribute to healing and well-being

in places – broadly termed landscapes (Gesler, 2003). Gesler's pioneering work on the Asclepian Sanctuary at Epidauros, Greece (1993), Marian Shrine at Lourdes, France (1996) and Roman Baths at Bath, England (1998) provided the template from which further applications emerged. Certainly, the ongoing examination of traditional sites continues to inform our understanding of the variant attributes or characteristics that should be given attention when creating a healing or healthful environment.

In addition to my own work in holistic health applications, which first suggested the idea of 'landscapes of the mind' (Williams, 1998), the first edited collection, entitled *Therapeutic Landscapes: The Dynamic between Place and Wellness* (Williams, 1999), illustrated the growing acceptance of the therapeutic landscapes concept within a socio-ecological model of health, with attention to a population health approach. In addition to covering traditional landscapes, the collection examined applications for marginalized populations, and applications in health care sites. These original three sub-sections, as used in the first collection – traditional landscapes, applications for marginalized and special populations, and health care applications – operate as categories for the work that followed, and still apply to the organization of the work contained within this current volume.

The use of the concept in examining the spaces and places for marginal and special populations have been many. Among them are numerous health promoting sites, including children's health camps (Kearns and Collins, 2000), gardens for the elderly (Milligan et al., 2004), community-based alcohol recovery programs (Wilton and DeVerteuil, 2006), respite centres (Conradson, 2005), and home for home-based caregivers (Williams, 2002). Related to this is the literary analysis of fiction that has used the therapeutic landscape as an interpretative framework (Baer and Gesler, 2004; Tonnellier and Curtis, 2005). Further, the application of the concept to specific cultural groups outside of the developed West illustrated the wide potential use of the concept (Wilson, 2003; Williams and Guilmette, 2001; Madge, 1998). As expected, a number of applications have been made to better-known health care settings. Included among these are those highlighted in Gesler's *Healing Places* (2003); hospital environments (Gesler et al., 2004; Curtis et al., 2007) and long-term care facilities (Andrews and Peter, 2006).

The evolution of the therapeutic landscapes concept has taken place, in part, due to numerous critiques (Gastaldo et al., 2004; Wakefield and McMullan, 2005; Conradson, 2005). One critique has been that healing places are not limited to places celebrated for their reputed healing qualities. Rather healing can take place in everyday, ordinary places, whether a residential backyard, a hospital room, or an imagined landscape. This critique has immeasurably extended the application of the concept beyond its earliest understanding, where reputed sites such as Lourdes, and Epidauros, made up the sites from which the concept was first developed. Another critique contests the nature of sites considered to be healing or therapeutic, arguing that such places can be simultaneously healthful and hurtful. A related critique has been made specific to the varied potential of any particular site for healing and/or health; what may be healing for one individual or group may not be for another. Finally, perception of whether a health-related landscape is therapeutic or not is context-dependent; that is, it is affected by local social and economic conditions

and their associated changes. These latter critiques have certainly forced us to look at landscapes and places deemed to have therapeutic qualities more carefully, being sure to explore as many viewpoints as possible.

The concept has, not surprisingly, expanded in its reach beyond the discipline of geography. Certainly the idea of landscapes as therapeutic has been used extensively in landscape architecture, with the study of landscape design with respect to health and healing being well established before the concept of therapeutic landscapes was introduced in geography. Similarly, building design specific to health care facilities has been ongoing for approximately 30 years. The term therapeutic landscape is now being used formally in these literatures (Cooper Marcus, 2001). Environmental psychologists have a long history of research specific to therapeutic environments, specifically as they relate to natural environments; this is reviewed in the introduction to Part 5 in the present volume: *Transcending Geography: Applications in the Anthropology of Health*. Like geographers, anthropologists have borrowed from the psychology literature but, surprisingly, have only recently applied the therapeutic landscape concept to their work, as discussed in the introduction to Part 5. The four chapters making up this section thereby provides the initial employment of the term in anthropological research.

Further to anthropology, a number of other disciplines have been formally employing the therapeutic landscape concept, as we have come to understand it in geography; kinesiology, sport sociology, midwifery and nursing are among these disciplines. The meaning of summer camp, as therapeutic landscapes for youths with disabilities specific to identity development, has been researched by kinesiologists in Canada (Goodwin and Staples, 2005). The health experiences of members of a running club for sexual minorities highlight the social aspect of the therapeutic landscapes concept in research on the sociology of sport (van Ingen, 2004). The health professions of nursing and midwifery have recognized the importance of place in healing, noting how the therapeutic landscape concept incorporates social relations as well as the characteristics of the physical environment (Kennedy et al., 2004; Andrews, 2002). The growing use of the therapeutic landscapes concept outside of geography, and particularly in medical/health anthropology (this volume), illustrates its flexibility and wide applicability.

Common Threads and Notable Contributions

This collection is organized into five parts, based on the substantive content of the chapters contained within them. It becomes obvious when reading from the chapters that many of them could have been inserted in one of a number of the parts; each has been located in what has been determined to be the best fit, recognizing the need to keep parts as even as possible. Although each chapter is discussed in detail in the next section, they are briefly described here to provide the backdrop for the discussion of common threads and notable contributions. The first section, entitled *Traditional Therapeutic Landscapes: Natural and Built Environments*, examines the health-related qualities of specific environments, including: beaches, monastery retreats, yoga centres and mountains. This subject area continues to view places as therapeutic, hence the term 'traditional', albeit in a more critical manner than was the case ten

years ago. *Therapeutic Geographies for Special Populations* makes up the second section, which explores the significance of therapeutic characteristics in the worlds of unique populations, including: addicts, support group users, urban neighbourhood residents and families. Part 3, *Applications in Health Care Sites*, provides examples of how health care sites and services are, to various degrees, therapeutic, as based on design, décor, signage, and meaning; sites include hospitals, assisted living residences and the home. The fourth part, *Contesting Landscapes as Therapeutic: Contemporary Advances*, further develops the critiques of the therapeutic landscape concept, as discussed in the previous section; Toronto gay bathhouses, an agrarian Guatemalan municipality, wooded areas in the UK, and the Soviet Gulag are the places explored. The fifth and final part, *Transcending Geography: Applications in the Anthropology of Health*, is devoted to the application of the therapeutic landscape concept in health anthropology, where ethnographic methods are used to explore: purposive community in suburban development, dementia care in long-term care facilities, art-making in public spaces, and a hospital as an aesthetic-therapeutic place.

What becomes evident when looking at the collection as a whole is a number of common threads that are woven throughout, particularly in substantive areas across the two disciplines represented. One such obvious thread is the interest in hospital environments, with three chapters devoted to examining quite different characteristics of these critical places of care (Chapters 10, 11 and 21). A second health care site of interest is residential care facilities for the aged, with two chapters being given focused attention on different types of facilities in the United States (Chapters 12 and 19). A related thread is the focus on the act and experience of caregiving, although one examines unpaid, informal care and the other paid, formal care provision (Chapters 13 and 19). The common interest in various art forms presents itself as a common theme addressed by two of the contributing anthropologists (Chapters 20 and 21). One of the most wide-ranging commonalities across the collection as a whole is the further development of the therapeutic landscape concept itself, which seems to work simultaneously with the use of innovative research methods. With this in mind, specific contributions are now highlighted, beginning with the geographical contributions.

Although the concept is further developed in various degrees in all geographical chapters, I would like to highlight four particularly notable contributions which, in my estimation, require particular mention. What is interesting to note in all four cases is the conceptual and/or methodological innovation employed. These four chapters will be briefly highlighted here, in consecutive order. Hoyez (Chapter 4) introduces the idea of the globalizing therapeutic landscape when reviewing the expansion of yoga centres across the globe, bringing together literatures which would otherwise stand in stark opposition to one another. In Chapter 7, Davidson and Parr provide evidence for the therapeutic potential of support groups, via modalities – the telephone, newsletter and the internet, which would otherwise be deemed banal in the sense of only providing information/resources. Sperling and Decker (Chapter 15) provide a stunning culturally specific examination of therapeutic landscapes through employing a novel methodological approach – photovoice – and, in so doing, outline both cultural and gender specificity. Finally, DeVerteuil and Andrews (Chapter 17)

use documentary analysis of personal memoirs to illustrate how the Stalinist Gulag can be both hurtful and healing, and simultaneously physical and imagined.

All the anthropological contributions are original and new, as can be expected given the emergence of the TL concept in the discipline. Hoey (Chapter 18) extends the understanding of asylums, as based on moral treatment, to purposive communities. Einwalter (Chapter 20) introduces the idea of creating numerous art forms in public space as therapeutic. McLean (Chapter 19) discusses a moral landscape of dementia care, arguing for the need for improved quality of caregiving in nursing homes and, in so doing, coherently highlights the importance of the social aspect of therapeutic environments within the context of the psycho-social health of dementia patients. Finally Collins (Chapter 21) identifies and describes the therapeutic-aesthetic within the context of hospital restructuring in the UK, illustrating the extraordinary emphasis given to the aesthetic in the midst of growing public outcry regarding service availability and quality.

Topical Overview

Part 1: Traditional Therapeutic Landscapes: Natural and Built Environments

Collins and Kearns (Chapter 2) provide a well contextualized presentation of New Zealand beaches as landscapes with several possible meanings – therapeutic in some regards and risky in others. Current public health dialogue is well integrated and provides an ironic contrast to what beaches have traditionally meant, with regards to their therapeutic potential. Although suggested by others, the authors have gone to great lengths to provide the evidence needed to succinctly argue that not all therapeutic landscapes are, in fact, healthful. Whilst New Zealand beaches are highlighted, the argument can be applied to any number of nations who practise sun bathing.

Conradson (Chapter 3) explores the experience of stillness, a sought-after and increasingly required experience given the busy, technologically driven lifestyle characteristic of the Western world. The socio-geographical distribution of stillness is highlighted, with three ‘spheres of the life-world’ discussed – workplace, homespace and elsewhere. The latter sphere is then explored via a case study of two monastery retreat settings. A number of developments specific to the therapeutic landscapes concept are suggested, including the importance of: situating sites within their larger societal context, and contemplating the temporal dimensions of experience.

Hoyez (Chapter 4) explores a fascinating application of the therapeutic landscape concept – that being the globalization of yogic practice, from the continent of India across the world. Highlighted sights include Yogaville, located in Virginia (United States), as well as numerous international destinations. By first discussing the therapeutic qualities of yogic practice, as defined in ancient Indian texts, the healthful outcomes of yogic practice are outlined within a Western context. The place characteristics of yoga centres are described and applied to the therapeutic landscape concept, followed by a discussion of the globalization phenomenon.

Chapter 5 (Williams) provides an interpretation of the children's classic *Heidi*, written by Johanna Spyri in the 1800s. This chapter builds on previous analysis which interprets literary works using the therapeutic landscape as an analytical approach. Rural–urban contrasts are highlighted, where the hazardous world of city life in Frankfurt (where physical, emotional and spiritual illness appears to be rampant) is contrasted with a magical alpine world – where the physical, emotional and spiritual aspects of health and wellness are enhanced. The novel thereby presents a ‘utopia’ of sorts, symbolizing a traditional, yet everyday, therapeutic landscape. Spyri's *Heidi* reflects its times, as the novel was influenced by the nature-embracing Romantic Movement in Europe.

Part 2: Therapeutic Geographies for Special Populations

DeVerteuil, Wilton and Klassen (Chapter 6) extend the idea of the settings specific to substance abuse treatment and recovery as therapeutic landscapes, whilst also contributing to the geographies of marginalized groups and addiction treatment. The examination of a case study made up of three different facilities, located in variant urban environments (inner core, outer core and suburb) throughout Winnipeg (Manitoba, Canada) provide insight into the importance of place in substance abuse treatment.

Davidson and Parr (Chapter 7) shed new light on therapeutic geographies, identifying the ‘emotional benefits of co-identification and support’ via a non-physical therapeutic experience for clients of the United Kingdom National Phobias Society. They provide an excellent example of how the therapeutic landscape concept can be merged with the new and evolving area of emotional geographies.

Braubach (Chapter 8) provides a unique contribution to the literature as his chapter uses therapeutic landscape theory to frame his quantitative analysis of perceptual data collected in eight European cities. Using data from a WHO survey on housing and neighbourhood conditions and health, this chapter provides empirical data to support the preventive application of the therapeutic landscape concept in urban health.

Hallman (Chapter 9) argues that the zoological park offers a therapeutic landscape for families. She suggests that it is mainly parents of young children who accept that public places, like zoos, offer ideal opportunities to experience ‘family life’ through place identification. This is a novel contribution as little or no work has been done specific to the geographies of family life as it pertains to the therapeutic landscape concept.

Part 3: Applications in Health Care Sites

Gesler and Curtis (Chapter 10) provide a rich contribution to the collection, not only applying the therapeutic landscape concept to hospital design as it applies to the Private Funding Initiative for the National Health Service in the UK, but also providing insight into how hospital design can be improved if, indeed, all core aspects of the therapeutic landscape concept are accounted for holistically. A case study of perceptions of an acute mental health unit are discussed as informing physical, social

and symbolic landscapes, and illustrate how design features either contribute or take away from the health and well-being of both patients and staff.

Crooks and Evans (Chapter 11) provide a unique contribution by examining the micro-space of the hospital waiting room and by specifically analysing the signage within. Conducting field work in waiting room spaces in three hospitals throughout the City of Hamilton (Ontario, Canada) included the collection of formal observations, field notes and photographs. Results suggest that messages contradicting the therapeutic are often communicated in these hospital spaces; these include messages of control, regulation and discipline.

Cutchin (Chapter 12) provides two contributions to the therapeutic landscape literature in his chapter; the first is engagement with gerontological knowledge and, the second, a critical lens of a site considered to be therapeutic – residential care environments for older people. Using research on assisted living residences in the United States, related layers of meanings are presented to provide a critical perspective on these residential sites as therapeutic landscapes. Three unhealthy aspects of these sites are discussed: commodified landscapes, liminal places and ambiguous places.

Donovan and Williams (Chapter 13) build on Williams' earlier work by examining how providing palliative and end-of-life care in the home affects caregivers' perceptions of home as therapeutic. Using three case studies, the findings point to the home as both a therapeutic (health-promoting) and non-therapeutic (health-detracting) environment, as demonstrated through a discussion of home along a number of themes. Policy and programme implications are then provided.

Part 4: Contesting Landscapes as Therapeutic: Contemporary Advances

Andrews and Holmes (Chapter 14) provide a novel contribution which strives to make a critical point that spaces/places considered to be therapeutic can, in fact, be the opposite. Using the example of gay bathhouses in Toronto (Ontario, Canada), the place of the bathhouse as therapeutic is turned on its head, as risky sexual behaviour pervades activities within this place.

Sperling and Decker (Chapter 15) begin to address the gap specific to both a non-Western and gendered perspective in therapeutic landscape research. Using a qualitative case study of an agrarian Guatemalan municipality, this chapter examines how Indigenous Mayan women and men differ in their construction and use of the therapeutic landscapes that surround them in their daily lives, the latter which are permeated by poverty and violence. This chapter demonstrates how therapeutic landscapes can be culturally defined, gender-specific and contingent on social, political and economic contexts.

Milligan (Chapter 16) discusses the 'duality' of the 'therapeutic' engagement with landscape using natural environments and, specifically, woodlands as a case in point. Qualitative data are used to provide further insight into the 'restorative and risk/fear-inducing' effects of the natural environment. This chapter makes an important contribution that not only ties a number of relevant different literatures together, but also asserts that negative reactions are subjectively experienced in landscapes otherwise considered therapeutic.

DeVerteuil and Andrews (Chapter 17) contribute to the evolution of the concept in a number of ways, arguing that places can be both healing and hurtful, are inclusive of ordinary/everyday geographies, and can be both physical and imagined. By first critically discussing the concept, the authors move on to illustrate, using personal memoirs, how the therapeutic landscape concept can, in fact, be extended using a reconstruction of the (un)healthy spaces of the Stalinist Gulag.

Part 5: Transcending Geography: Applications in the Anthropology of Health

Given the disciplinary focus of this section, a discipline-specific introduction is provided by Julie Pranikoff and Setha Low, the latter who is an established anthropologist with expertise in the study of space and place.

Hoey (Chapter 18) investigates the transition of an asylum landscape into a residential development based on the new-urbanism movement. Based on fieldwork carried out in Michigan's Grand Traverse region (United States), the idea of an 'intentionally constructed, purposive community' is examined as having therapeutic potential. In contrast, it is also examined as potentially reflecting class and racial homogeneity while possibly being socially isolating. Although asylums have been discussed extensively within health geography, the extension into the new-urbanism movement is new and captivating.

McLean (Chapter 19) discusses the ideal elements required to ensure nursing homes operate as therapeutic. While describing the physical changes required to obtain the ideal environment, as defined via the Culture Change movement, she argues that the more important change needed is in the quality of the caregiving provided. This main argument supports the importance of social (and indirectly, spiritual) relations in achieving a therapeutic landscape of long-term care for dementia patients.

Einwalter (Chapter 20) provides an interesting contribution to the understanding of landscapes as therapeutic, based on the importance of 'flexibility' in the subjective creation of roadside art/memorials. The therapeutic value of the roadside art/memorials to the creator is highlighted, outlining the regulations specific to creating and locating such art forms in public roadways.

Collins (Chapter 21) explores what has thus far often been assumed to exist specific to our understanding of the therapeutic landscape concept, that being the aesthetic as therapeutic. Using a case study approach, numerous examples of the aesthetic, including sculpture, architectural design, and abstract artwork located within a hospital environment created under the auspices of the Private Funding Initiative for the National Health Service in the United Kingdom, provide for the reader an opportunity to examine the relationship between the aesthetic and the therapeutic.

Ongoing Trajectories and Future Directions

Informed by the contents of this volume, this final section provides a few selected continuing lines of research, as well as future research directions, both of which are

discussed in light of the continued maturation of the concept both within and outside the bounds of health geography. With the advent of anthropologists' involvement in conducting research on the therapeutic landscape concept, the possibility of filling the recognized gap in cultural understandings of place/experience and health (care) becomes more real. We know little about therapeutic landscapes, traditional and otherwise, outside of the Western world (see Chapter 15 for an exception); many Asian cultures, for example, have numerous traditional sites of therapeutic importance. If this challenge is undertaken, a better understanding of the therapeutic elements of health and healing traditions across the globe will extend to applications in health delivery systems and services in an increasingly multi-cultural and globalizing world.

The application of the therapeutic landscape concept to health care sites such as the hospital, the home, and facilities of care for the aged, have undoubtedly the greatest certainty of continued inquiry given the trajectory set by past research and most currently presented in this collection (Chapters 10–13, 19 and 21). Other care sites of continuing interest will likely include: respite facilities, complementary health clinics, and the numerous settings and services associated with relational and emotional geographies (Chapters 3 and 7), the latter which encompass both emotional and mental health concerns. What has been learned about health care sites through the application of the therapeutic landscape concept thus far has been criticized as being anecdotal. In order to reach firm conclusions and make sound recommendations, the effects of therapeutic landscape design on health and well-being for all involved will require systematic study.

As suggested above, emotional and relational geographies are a growing area of interest for many social and health geographers and provide a direction for therapeutic landscape research. In addition to counselling and various related therapies which address psychological and emotional issues (see Chapter 7), relational geographies – such as therapeutic touch, massage, and other such modalities – provide additional research possibilities. Research in emotional and relational geographies has the possibility to address the issues of patient and practitioners communication; how these relations are best achieved may be understood within the therapeutic landscape framework, where attention to the social and symbolic will become paramount, as suggested in Chapter 19. This type of research will continue to grow, as will geographies of the mind, where imagined geographies – such as accomplished via meditation – appear to becoming increasingly accepted as modalities for stress-reduction and enhanced focused concentration (see Chapter 4).

Continuing the research trajectory that began with the first collection (Williams, 1999), numerous types of population-specific health promoting sites will continue to be examined. In addition to the study of a number of recognized sites (such as health camps for various populations), recreational clubs (such as running clubs for sexual minorities), and substance abuse recovery programmes, there is a growing interest in studying sites that provide respite from the quick-paced, stressful lifestyle characteristics of the Western world, as suggested in Chapter 3 (and referred to in Chapter 4). Related to this, further interest in studying intentional spaces of purposive community or intentional communities (Chapter 18) will provide a more comprehensive understanding of everyday geographies as therapeutic.

Certainly the therapeutic landscape concept has moved beyond the celebration of traditional landscapes reputed for health and healing, as illustrated throughout this collection (particularly in Part 4). Although providing a critical stage in the development of the therapeutic landscape concept, the examination of traditional sites – which are still the focus of research and literary analysis (see Chapter 5), have been, for the most part, replaced by a much more discriminating understanding. One research direction which has yet to be fully realized is the examination of therapeutic landscapes reputed for their spiritual well-being (although see Chapter 3 for an example), as little is known about the relationship between such places and a broadly defined understanding of health. There is growing evidence of the relationship between being spiritually active and good health/well-being (as discussed in Chapter 4), reflected in the reduced onset of physical and mental illness and improved health status (George et al., 2000). Examining spiritually reputed sites would mean continuing the trajectory set for researching traditional sites, albeit in a more discerning manner; possible directions for ongoing research include the further examination of traditional sites (e.g. Mecca, Jerusalem), and reputed places of worship (e.g. shrines, sacred places). In addition, examining the effects of spiritual elements and spiritual activities within non-reputed places and spaces is needed, including in the geographies of health care, health promotion, and everyday and imagined geographies. The challenges of conducting research on spirituality are similar to those for therapeutic landscapes in general, and encompass the fact that spirituality is highly subjective, personal and individualistic. Further, there are limited approaches for measuring spirituality, due to variation in beliefs, practices and meanings, making the effect on health (care) difficult to measure. Tackling these challenges may be best achieved through interdisciplinary research approaches – certainly commonplace in today's academic milieu.

Finally, geographers, anthropologists and the other disciplines engaged in research on therapeutic landscapes will continue to provide further critical reflection of the concept; this will continue its maturation while contributing to the progress being made to real-world applications. The further examination of the above noted areas will take into account everyday geographies, being sure to pay heed to the larger socio-economic context, and discern both the healthful and hurtful aspects of experience, as dependent upon the individual or group concerned. Additional methodological approaches will likely be employed, further extending the perspective of and use of the concept.

Looking back on how far the concept has developed since its inception in the early 1990s provides a great stimulus for the future development and the ongoing application of the therapeutic landscapes concept in the study of healing, health and illness in place, space and experience.

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References

- Andrews, G.J. (2002), 'Towards a more place sensitive nursing research: an invitation to medical and health geography,' *Nursing Inquiry* 9 (4): 221–38.
- Andrews, G.J. and Peter, E. (2006), 'Moral Geographies of Restraint in Nursing Homes: Worldviews on Evidence-Based Nursing', *First Quarter* 2006: 2–7.
- Baer, L.D. and Gesler, W.M. (2004), 'Reconsidering the concept of therapeutic landscapes in J.D. Salinger's "The Catcher in the Rye"', *Area* 36: 404–13.
- Conradson, D. (2005), 'Landscape, care and the relational self: Therapeutic encounters in rural England', *Health and Place* 11: 337–48.
- Cooper Marcus, C. (2001), 'Hospital oasis – Through a participatory design process, a failed Tommy Church garden in San Francisco is reconfigured as an exemplary therapeutic landscape', *Landscape Architecture* 91: 36.
- Curtis, S.E. (2004), *Health and Inequality: Geographical Perspectives* (London: Sage).
- Curtis, S.E., Gesler, W.M., Fabian, K., Francis, S. and Priebe, S. (2007), 'Therapeutic landscapes in hospital design: A qualitative assessment by staff and service users of the design of a new mental hospital inpatient unit', *Environment and Planning C* (in press).
- Gastaldo, D., Andrews, G.J., and Khanlou, N. (2004), 'Therapeutic landscapes of the mind: Theorizing some intersections between health geography, health promotion and immigration studies', *Critical Public Health* 14 (2): 157–76.
- George, L.K., Larson, D.B., Koenig, H.G. and McCullough, M.E. (2000), 'Spirituality and health: What we know, what we need to know', *Journal of Social and Clinical Psychology* 19 (1): 102–16.
- Gesler, W.M. (1993), 'Therapeutic Landscapes: Theory and a Case Study of Epidauros, Greece', *Environment and Planning D* 11: 171–89.
- Gesler, W.M. (1996), 'Lourdes: Healing in a Place of Pilgrimage', *Health and Place* 2: 95–105.
- Gesler, W.M. (1998), 'Bath's Reputation as a Healing Place', in R.A. Kearns and W.M. Gesler (eds) *Putting Health into Place* (Syracuse: Syracuse University Press) pp. 17–35.
- Gesler, W.M. (2003), *Healing Places* (Lanham, MD: Rowman & Littlefield).
- Gesler, W., Bell, M., Curtis, S., Hubbard, P. and Francis, S. (2004), 'Therapy by design: Evaluating the UK hospital building program', *Health and Place* 10: 117–28.
- Goodwin, D. and Staples, K. (2005), 'The Meaning of Summer Camp Experiences to Youths with Disabilities', *Adapted Physical Activity Quarterly* 22: 160–78.
- Kearns, R.A. and Collins, D.C. (2000), 'New Zealand children's health camps: Therapeutic landscapes and the contract state', *Social Science and Medicine* 51: 1047–59.
- Kennedy, H., Shannon, M., Chauhorm, U. and Kravetz, M. (2004), 'The landscape of caring for women: A narrative study of midwifery practice', *Journal of Midwifery and Women's Health* 49: 14–23.
- Madge, C. (1998), 'Therapeutic landscapes of the Jola, The Gambia, West Africa', *Health and Place* 4 (4): 293–311.

- Milligan, C., Gatrell, A. and Bingley, A. (2004), 'Cultivating Health: Therapeutic landscapes and older people in northern England', *Social Science and Medicine* (58): 1781–93.
- Tonnellier, F. and Curtis, S. (2005), 'Medicine, landscapes, symbols: "The Country Doctor" by Honore de Balzac', *Health and Place*, 11: 313–21.
- Van Ingen, C. (2004), 'Therapeutic Landscapes and the Regulated Body in the Toronto Front Runners', *Sociology of Sport Journal* 21: 253–269.
- Wakefield, S. and McMullan, C. (2005), 'Healing in places of decline: (re)imagining everyday landscapes in Hamilton, Ontario', *Health and Place* 11: 299–312.
- Williams, A. (1998), 'Therapeutic landscapes in holistic medicine', *Social Science and Medicine* 46 (9): 1193–1203.
- Williams, A. (ed.) (1999), *Therapeutic Landscapes: The Dynamic between Place and Wellness* (Lanham, MD: University Press of America).
- Williams, A. and Guilmette, A. (2001), 'A Place for Healing: Achieving Health for Aboriginal Women in an Urban Context', *Canadian Journal of Native Studies* 21 (1):1–25.
- Williams, A. (2002), 'Changing geographies of care: employing the concept of therapeutic landscapes as a framework in examining home space', *Social Science and Medicine* 55 (1): 141–54.
- Wilson, K. (2003), 'Therapeutic landscapes and First Nations peoples: An exploration of culture, health and place', *Health and Place* 9: 83–93.
- Wilton, R. and DeVerteuil, G. (2006), 'Spaces of sobriety/sites of power: Examining social model alcohol recovery programs as therapeutic landscape', *Social Science and Medicine* 63: 649–61.