



THERAPEUTIC GARDEN DESIGN

AN ASLA PROFESSIONAL INTEREST GROUP



IN THIS ISSUE:

- Letter from the Chair
- Healing Gardens
- Research—Garden Design in Dementia Care
- Report from the Legacy Health Systems Therapeutic Gardens Conference and Acer Institute
- International Summit on Horticultural Therapy

THERAPEUTIC GARDEN DESIGN
 Mark Epstein, ASLA, Co-chair
 Naomi Sachs, ASLA, Co-chair

LETTER FROM THE CHAIRS

MEMBERS OF THE THERAPEUTIC GARDEN COMMITTEE:

Time does go by fast, whether you are sitting in the garden or just watching from your office window. The seasons seem to slip by all the more quickly. It is exciting and amazing to reflect on all that has happened, specifically with events involving Therapeutic Gardens. This newsletter highlights some of the more significant events that have occurred in the past year. Annie Kirk and April Bruning presented a synopsis of the Annual Therapeutic Gardens Conference held at Legacy Hospital in Portland, Oregon and at the Eighth International People-Plant Symposium on Awaji Island, Japan. The effects of these Conferences are felt not only by conference attendees, but also by others learning of the conference proceedings. If you were not able to attend either of these events, the articles will help to give you an overview of the speakers and what was discussed.

Naomi Sachs has brought us to a milestone with her work recognized as “a critical area of the profession” as described by the ASLA Professional Awards Jury. Her hard work and dedication in the development of the Therapeutic Landscapes Database has been awarded the 2004 ASLA Communications Award of Merit. A copy of the announcement has been included for your review. We encourage you to visit the Therapeutic Landscapes Database to see what has been created.

The articles by Naomi Sachs and Garuth Chalfont illustrate the expanding role of Therapeutic Gardens and the ways in which they are being interpreted. The descriptions of their various projects provide an important perspective. Each project we are involved in establishes new parameters of Therapeutic Gardens and how they are interpreted.

The concept that comes across in all of the articles and stories contained in this newsletter is “spirit”. It is the “spiritual aspects of life” that Garuth Chalfont describes and the spirit that inhabits a particular place as illustrated by Naomi Sachs that is the underlying nature of Therapeutic

Garden projects. The creation of an information network like the Therapeutic Landscapes Database has the potential to “move the spirit” within each of us. And the gathering together to share information through conferences and symposiums helps kindle a spirit of learning that is important to us all. The work that we are doing in the creation of Therapeutic Gardens cannot help but have a positive influence on us, as well as on the people for whom the gardens are created.

The creation of an information network like the Therapeutic Landscapes Database has the potential to “move the spirit” within each of us.

*Enjoy the changing seasons.
 All the best,*

Mark Epstein, ASLA, Co-Chair
 Therapeutic Garden Design Professional Interest Group

2004 ASLA PROFESSIONAL AWARDS

COMMUNICATIONS AWARD OF MERIT

Therapeutic Landscapes Database
(<http://www.healinglandscapes.org>)

Naomi Sachs, ASLA
Therapeutic Landscapes Resource Center, Inc.
Santa Fe, NM

Very dense information presented in a site that is easily navigated. Provides very valuable information not available elsewhere in a critical area of the profession... Quickly accessible... A useful tool... A good compilation of a resource-based web site.

— 2004 Professional Awards Jury Comments

This database is a web site that provides information to the public about restorative landscapes, therapeutic gardens, healing gardens, wellness gardens, and other topics related to research-based healthcare design. Available free of charge to

anyone with access to the Internet, this web site is a valuable resource for people from many different backgrounds and disciplines, including landscape architects and designers, architects, healthcare professionals, students, and home gardeners. The Therapeutic Landscapes Database also serves as a virtual meeting place where interested people can request information, pose questions, and offer new resources to be posted on the site.

The Therapeutic Landscapes Database includes the following lists:

- **Resources:** publications on the subject of therapeutic landscapes
- **Gardens:** locations and descriptions of therapeutic gardens to visit
- **Designers:** names and contact information of designers of therapeutic gardens
- **Plants:** poisonous plants to avoid and characteristics of plants to include

HEALING GARDENS

Naomi Sachs, ASLA

“Our rooms will descend close to the ground and the garden will become an integral part of the house. The distinction between the indoors and the out-of-doors will disappear.”

— Rudolph M. Schindler, 1926

Even a sleeping porch, in the right context, can be a healing garden. When the San Juan Regional Medical Center in Farmington, New Mexico, wanted to expand its facility, it hired a firm specializing in healthcare design.¹ A nurse in one of the planning meetings described an ongoing problem with the Navajo staff, who often refused to enter a room in which a patient had died. Many Navajo, whose reservation is just west of Farmington, believe that if a person dies in an enclosed area such as a patient room or a hogan, the person's spirit becomes trapped in that space. A hogan would often be abandoned if someone died inside, and might even be burned down to free the spirit. While abandoning or burning down each room after a patient's death was not an option, building an outdoor area onto each room was; and so the architects incorporated sleeping porches into the design. The architects also hired a landscape architect, a horticulturist, and consultants from the company Healing Landscapes as part of their team early in the design process.² In addition to sleeping porches off every patient room, the team is designing a healing garden that will be physically accessible from the entrance, the main waiting area, and the cafeteria, and visible from many of the patient rooms and staff offices.

This story is remarkable because the architects assumed that the entire hospital campus—not just the building, but the whole property—should be conducive to healing. In a recent article for *Healthcare Design*, James Burnett talks about what he calls “mindful design,” in which restorative space is not confined just to a courtyard or rooftop garden, but is instead integrated throughout the site. “Why not make the entry sequence to a healthcare facility a healing experience? Could the concept of mindful design permeate the entire healthcare campus, including the full integration of all interior and exterior spaces? When is the last time you experienced a healing parking lot, a healing arrival court, a healing waiting room, or a healing cafeteria or dining terrace?”³ In California, several healthcare facilities have used this idea of mindful design. One excellent example is the Community Hospital of the Monterey Peninsula, conceived to feel less like a hospital and more like a retreat. The gardens—and there are gardens throughout the site—are only part of the design, which as a whole reflects deep care for the individuals whom the hospital serves by respecting and utilizing the surrounding landscape.⁴



Marin General Hospital Cancer Center, Greenbrae, CA. Photo courtesy T. Delaney, Inc./SEAM Studio

Thus, a broad definition of healing gardens includes the entire healthcare facility, inside and out, as a fully cohesive restorative experience. An even broader definition of healing gardens includes places outside the healthcare setting. The Vietnam Memorial, the Golden Gate Park AIDS Memorial Grove, the San Francisco Garden Project, and Marcia Donahue's Our Own Stuff Gallery—a residential garden open to the public—are all pertinent examples of therapeutic landscapes.⁵ Each of these places seems to be imbued with a kind of magic that works its way into the visitor, making the visiting experience more than the sum of its parts. Like any good healing garden, these are places for contemplation, inspiration, and renewal. If we broaden our definition to include such sites, they can inform our design of the landscape within healthcare institutions as well.

Of course, private residential gardens can be healing gardens, too. A plethora of books has been published recently on the subject of garden as sanctuary, natural healer, balm for our stressed-out, twenty-first century lives. Still, there is a distinction to be made between healing gardens for all and healing gardens for people with compromised health. We might call the former “wellness gardens” since they are designed to help well people stay healthy. A kind of preventative medicine, if you will. In public healthcare, however, the design process must be undertaken even more carefully with the user in mind, preferably based on sound research and observation, hence the term “research-based healthcare design.”

My own work has focused mostly on gardens in the healthcare setting, and people often ask me to define “healing garden” in that context: “Does the ‘healing’ come from medicinal plants, or the act of gardening, or just being in nature... and can't *any* garden be a healing garden?” Healing garden, therapeutic landscape, restorative landscape, wellness garden—all of these terms describe outdoor spaces that, at the very least, facilitate a sense of well-being. In healthcare institutions, a healing garden is an antidote to the antiseptic medical facility, which for many of us—patients, visitors, and staff alike—epitomizes our fears of sickness and death. A healing garden is a place for people to go, outside the confines of the building, to get away. Away from the squeak of nurses' shoes, the smell of disinfectant, and the flicker of fluorescent lights. Away from other patients and hospital staff. A healing garden is a place to be alone or with family and friends, to think more clearly, or to be distracted; to sit, walk, maybe even run and play, where the surroundings remind us that there is life beyond hospital walls. A healing garden also reminds us that death is part of a natural cycle, which makes our own mortality seem a little less frightening. But most of all, a healing garden is about life and living.

In California alone, dozens of healthcare facilities, including general hospitals, children's hospitals, nursing homes, Alzheimer's treatment homes, psychiatric hospitals, and hospices, have incorporated healing gardens for the benefit of patients, visitors, and staff. California is rich in examples of what I call passive healing gardens, where the primary goal is just to be in the garden. The healing garden at the University of California, Davis Medical Center (Sacramento, CA) is another good example of utilizing the entire site. Instead of building a garden strictly for hospital users, the Medical Center worked with an adjacent elementary school

to create a shared, four-acre nature preserve. People from the Medical Center and the elementary school all use the paths, outdoor classroom, wildlife pond, and seating areas, which act as medical, educational, and, of course, environmental resources. The Healing Garden at the Marin General Hospital's Outpatient Medical Building (Greenbrae, CA) is one of the best-publicized healing gardens to date. Topher Delaney converted what had been a “leftover space” into a meditation garden after she survived breast cancer. The small space is filled with plants and a fountain that people can see through the Oncology Department's large windows. Available at the garden's entry is a lovingly designed hand-out that describes the plants in the garden, many of which have medicinal qualities. At the opposite end of the spectrum is the Leichtag Family Healing Garden at the San Diego Children's Hospital (San Diego, CA). As the name implies, this garden was designed specifically for children and its theme is action (and distraction) rather than meditation and contemplation. Bright colors, animal sculptures, and a variety of paths and play areas encourage kids and their parents to explore, run around, and discover the many whimsical details. The garden has been somewhat controversial, criticized primarily for a dearth of plant material and quiet spaces for those who do not wish to play. Nevertheless, it is a refreshing change from most children's hospitals, where the designers seem not to have been informed about the age of their principal clientele.⁶



The Santa Fe Cancer Center at St. Vincent Hospital, Santa Fe, New Mexico. Photo courtesy Naomi Sachs, ASLA

A smaller number of gardens have been designed for patients to take a more dynamic role in the therapeutic process. These “active healing gardens” are designed specifically for physical rehabilitation and usually incorporate horticultural therapy into their program. Horticultural therapy combines aspects of occupational therapy and physical therapy to aid

in clients' recovery in an outdoor setting. Whether they are actually gardening (watering, weeding, and working with plants) or using the garden as a space to try walking, sitting, talking, and performing other difficult recovery tasks, patients respond extremely well to this kind of therapy. Some gardens are a combination of active and passive. While some users are passing time in the garden waiting for test results or eating lunch, others are working with a speech therapist, learning to talk again by discussing the plant material around them.

Whether active, passive, or a combination, most successful healing gardens have some common characteristics that are based on research about what people respond to best. Of course, safety and accessibility are paramount in the health-care environment, and are also taken into account (or should be). To use just one example, hospitals and nursing homes usually build paths with concrete, which is colored to reduce glare, because it is one of the easiest and safest walking surfaces available (just try rolling a wheelchair or I.V. pole over gravel). In terms of people's preference, one of the most important characteristics of a healing garden is greenery. People respond well to lush gardens bursting with life. Some other common elements of restorative landscapes are a "homelike" atmosphere (one that feels more like a modest private residence and less like a sleek corporate headquarters), a variety of places to sit and walk (sun and shade, private and public, large open spaces and quiet, intimate spaces), curvilinear shapes and soft surfaces, and the sound and sight of running water.

As healing gardens gain popularity and enter the mainstream, one of the challenges designers face is how to keep them from becoming pre-packaged, soulless theme gardens. How can we base our designs on sound research without running through a checklist that makes cookie-cutter healing gardens that no longer heal? Can we keep each design fresh, inspired, and compassionate *and* follow the research and recommendations? A lot of healthy dialog is taking place about who should design restorative landscapes—should they have some sort of certificate, should they sign some kind of healing garden Hippocratic Oath? To think of the many gardens that would not have been built because the designer lacked the necessary credentials is to realize that such an exclusive approach will not work. These are just some of the questions that those involved in research-based healthcare design have been grappling with.

Architects are clearly an important part of the ongoing discussion about healing gardens. Their understanding of how space, light, color, and materials affect people's state of mind is indispensable knowledge. Today's architects have been profoundly influenced by their predecessors, many of whom were intent on blurring the distinction between inside and outside spaces long before the term healing gardens was ever uttered. Classic examples that spring to mind are Fallingwater, the Farnsworth House, and the Case Study houses. If architects can use that same respect for and letting in of nature for an institutional setting, we'll be able to design places where, when the time comes, we'll feel that much better about sending our loved ones, our friends, even ourselves. ■

¹ Kahler Slater Architects, Jennifer Schlimgen, AIA, Principal, Designing Healing Experiences

² Healing Landscapes, Inc., Clare Cooper Marcus and Marni Barnes, Palo Alto, CA

³ Burnett, James, "Healing Gardens," *Healthcare Design*, 05.03, pp. 21–23

⁴ *Restorative Gardens*, Nancy Gerlach-Spriggs, Richard Enoch Kaufman, Sam Bass Warner, Jr., New Haven, CT: Yale University Press, 1998, pp. 142–163

⁵ Marcia Donahue's Our Own Stuff Gallery, open Sunday afternoons, Wheeler Street (off Ashby between Shattuck and Telegraph), Berkeley, CA

⁶ *Healing Gardens*, Clare Cooper Marcus and Marni Barnes, John Wiley & Sons, 1999, pp. 139, 151, 368

Reprinted courtesy of the American Institute of Architects California Council (AIACC) and *arcCA*, the quarterly journal of AIACC.

Naomi Sachs, ASLA, is the principal at Sachs Designs in Santa Fe, New Mexico. She teaches at the University of New Mexico School of Architecture and Planning as adjunct faculty in Landscape Architecture. She is also the founder of the nonprofit Therapeutic Landscapes Resource Center, which supports her award-winning website, "Therapeutic Landscapes Database." Ms. Sachs, who received her MLA at UC Berkeley, has researched, written, and published extensively on the subject of therapeutic landscapes.

CURRENT RESEARCH ON CONNECTION TO NATURE: IMPLICATIONS FOR GARDEN DESIGN IN DEMENTIA CARE

G. Eliot Chalfont, ASLA

Dementia can render a person incapable of remaining in his or her own home. Since residential care homes or assisted living facilities are often the first step along the care pathway for these patients, research into the role of nature and gardens in these facilities makes an important contribution to their changing circumstance. Such an adjustment would be difficult for anybody, and many losses associated with old age and dementia are unavoidable. But must connection to nature be one of them?

There are benefits to residential care, such as social interaction and provision for basic care needs like meals, hygiene, and medical monitoring. But these gains may be offset by the built environment and the philosophy of care, if the emphasis is on safety and security to the detriment of privacy, control, autonomy, choice, and liberty (Parker, C., S. Barnes, et al, 2004).

There is increasing recognition of the value of relationships for older people—enriching the spiritual aspects of life and providing comfort, support, and the ability to cope in old age. Social research shows that relationships are indicators of well-being. Therefore, designing for well-being requires tools and methods that quantify the living environment by evaluating those factors which assist the person to develop relationships—with themselves, others, and the natural world. This article describes briefly a new tool for evaluating connection to nature, among other findings, from a comparative study of the dementia care units of two residential care homes in the north of England.

Developing relationships requires making contact at a sensory level. To enjoy birds we use sight and hearing, but we also rely

on windows that open and a wildlife habitat nearby. Many factors conspire to enable a single bird-listening moment. For the person to be outside is even more complex and requires physical, emotional, and sensory abilities; weather; proximity; space; comfort; seating; doors; access; infrastructure; maintenance; timing; technology; and care management practices. The absence of any one of these factors can prevent a person from being in the vicinity of birdsong.

PLANET is a purpose-built tool for measuring the potential for connection to nature within a built environment by using the domains of Person, Location, Architecture, Nature, Energy and Technology. Each domain asks a number of questions about the person and the setting which result in an overall score and can be used to compare rooms in the same building or even to compare different buildings. The domain of PERSON evaluates physical, emotional, and sensory realities because a diminished capability on the part of the person or a level of dependence upon assistance from others—such as care staff—limits a person's interaction. Questions explore sitting and standing, walking, strength and flexibility, fear of falling, desire to move about, presence and alertness, sight, hearing, smell, and balance. LOCATION scores a person's proximity to the outdoors and the availability of outdoor spaces.

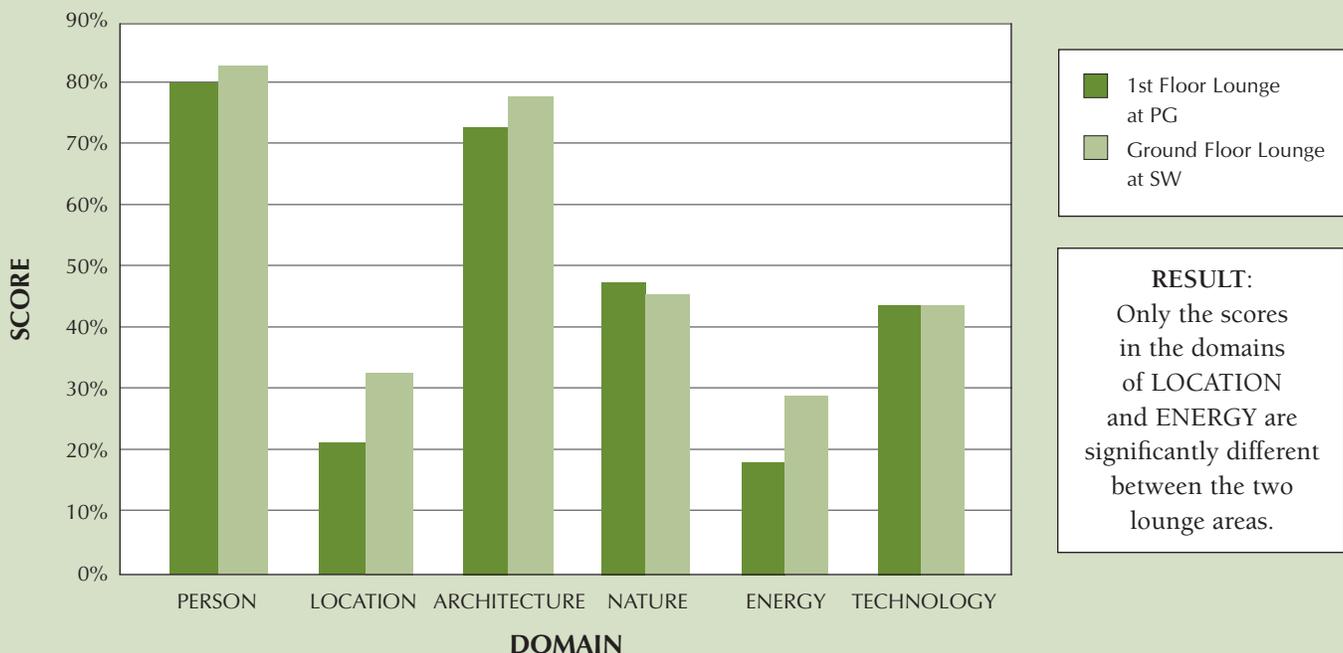
ARCHITECTURE (see Fig. 1) considers the indoors (sunshine, sunlight, doors, and windows), the view (aspect, extent, and depth) and the outdoors (access, comfort, and seating). This domain also considers issues relating to care management and maintenance. For example, scoring for doors and windows includes “control of use” and “frequency of use” as well as

“number of south-facing” and “panes and complexity.” Windowsills that are “wide and sunny enough for plants” score (1); if they are “being used for growing plants,” score (2); and if they are being used for growing plants “by the resident” score (3). Seating contains six separate scoring criteria concerning sheltered microclimate, adjacency to plantings, visibility from indoors, choice of sunny or shady spots, availability of moveable furniture, and evidence that the areas are being used.

NATURE considers plant and non-plant materials and elemental forces. Scoring reflects how well the environment supports sensory engagement, contributes to habitat, attracts wildlife, provides for seasonal change, contains ‘useful’ plants with potential for indoor use, and allows weather and the cosmos to be experienced. This last category arose as a result of meeting people in care settings who didn't know it was raining, for instance, or what the surface conditions were outside. Lack of such information is a detriment to outdoor use for many older people.

ENERGY is unrelated to kilowatts; instead, it is about the availability of life energy (chi) experienced by the resident directly or indirectly through people, plant, and animal interactions. Seven questions relate to care and maintenance of the outdoor space. Seven relate to other people interacting in the space such as a horticultural therapist, OT, interested staff person, friend, neighbor, or relative. Nine questions relate to animals ranging from pets to wildlife. The final domain of TECHNOLOGY queries the availability of assistive devices or systems such as automatic door or window openers, lifts/elevators, monitors, detectors, or night lighting. Scoring is done on an Excel spreadsheet from which comparative analyses can be

COMPARING CONNECTION TO NATURE FOR RESIDENTS IN LOUNGES OF DEMENTIA CARE UNITS AT TWO DIFFERENT RESIDENTIAL HOMES



generated. The results can indicate the domains which either enable or challenge the resident's potential to connect to nature.

A recent case study compared two residential care homes in the north of England. Both homes have a secure wing specifically for people with dementia whose needs could not be met in other parts of the building. Both homes have an outdoor garden or patio area. "SW," the home with the secure wing on the ground floor, had direct access to the patio while "PG," the home with the secure wing on an upper floor, had a more extensive garden area but required the resident be escorted down to it. PLANET revealed that there was less discrepancy between potential connection to nature than the author had assumed (see Fig. 2). The domains that differed were LOCATION (being on the ground floor is preferable if there is an adjacent outdoor space) and ENERGY (the ground floor space was used regularly by friends and family for visiting the residents).

For qualitative data gathering, observations were carried out in each home over a period of two months. Focus groups of informal and professional caregivers plus individual interviews with people with dementia were undertaken at each home. Content analysis of interviews and focus groups backed up by observational data revealed that connection to nature depends upon:

1. Attitudes and beliefs:

- a) The person's *perception of his or her stage in life* will determine beliefs about *the nature of the building* and, therefore, its appropriate and allowable use. For example, if they believe they still live at home (possibly they believe their parents are still alive) and are visiting the facility, they may not take the initiative to go outside but feel it is a private space, not open to them since they are only visiting. People who have been in residence for a number of weeks often feel they have been there a day or two and are going home tomorrow.
- b) The person's *basic personality* will affect their willingness to participate in activities in the home, including use of the garden.
- c) The person's anticipation of *physical discomfort*, particularly being cold or believing they will be cold, will deter them from venturing out.

2. Proximity and access to outdoor areas:

- a) SW has a secure patio on the ground floor level (1st floor in USA) with safe and unrestricted ramped access within close proximity to the lounge, dining room, and toilets. This patio was routinely used for activities of daily living, especially tea time.
- b) Residents of the dementia care unit at PG are located on the first floor (ground floor in USA). On the ground floor there is an extensive, enclosed, outdoor garden with diverse plantings, walkways, seating areas, and a greenhouse. Because access to this garden requires time, a caregiver, and use of the lift/elevator, visits to the garden at PG happen only on occasion, which is of very limited benefit to these residents.

3. Physical comfort and routine use:

While the patio at SW is used by the residents routinely, it is limited in use daily and seasonally due to spatial aspects such as seating type, location, and microclimate.

Evaluating existing and proposed outdoor environments is crucial to the success of any therapeutic garden design, but only if we define success as being of use and value *to the client*. Residential care and assisted living aspire to create a home environment for the residents who are the primary users of the space (compared to non-residential space, such as hospital gardens with many user groups). However, while the *value* of a place can be measured by its use, the *meaning* of a place lies in its ability to foster relationship. Residential garden environments for people with dementia can support person-centered care by providing opportunities for place-making. For just as a place is a space made meaningful, one's ability to make and sustain relationships makes a life more livable. ■

Parker, C., S. Barnes, et al. (2004). "Quality of life and building design in residential and nursing homes for older people." *Ageing and Society*.

G. Eliot Chalfont, ASLA is a research associate in the School of Architecture, University of Sheffield, UK and is currently working on the INDEPENDENT Project (Investigating Enabling Environments for People with Dementia), which looks at the potential for technology to improve quality of life. His PhD research stems from 13 years in practice providing garden design and build for residential clients in Maryland, USA. He can be reached through his website www.chalfontdesign.com.

OREGON CHAPTER ASLA ANNUAL THERAPEUTIC GARDENS CONFERENCE

P. Annie Kirk, ASLA, BSW, MLA

From June 16 to 18, 2004, attendees from Australia, Chicago, and Texas joined those from the Pacific Northwest region for the 7th Annual Legacy Health System Therapeutic Gardens Conference, co-sponsored with the Oregon Chapter, ASLA. Students, landscape architects, architects, interior designers, hospital administrators, clinicians, and researchers filled conference halls and tour buses. The conference was hosted by Legacy Emanuel and Good Samaritan Hospital campuses, which have received national attention for gardens that apply current research findings related to staff satisfaction, patient well-being, and rehabilitation.

This effort, themed "*Collaboration in the Garden: Clinicians + Researchers + Designers*," forged a worthwhile partnership between the largest Oregon-based, not-for-profit health care system and Oregon's landscape design community. National ASLA's Chapter Initiative Program provided a grant that assisted 30+ students attend at discounted rates. This effort built on the achievements of a previous one-day event conducted by Teresia Hazen, MED, HTR, QMHP, Oregon's senior registered horticultural therapist, of Legacy Health System. This year's three-day event incorporated the perspective of the landscape architect to provide a more comprehensive, multidisciplinary approach to therapeutic garden design.



Staff works with patient toward treatment goals in Legacy Good Samaritan Healing Garden, Portland, OR.

The conference featured breakout sessions pairing experts in research, design, and healthcare services to focus on process, design, effective communication, and care delivery—to demonstrate successful design collaboration and implementation. Valuable tips and trends were shared, providing attendees with information that could be immediately incorporated into practice. A day of touring healthcare-related gardens in Portland provided design teams involved with these sites opportunities to answer questions and to convey “lessons learned”.

Roger Ulrich, Ph.D., of Texas A&M University’s Center for Health Systems and Design, was one of this year’s featured keynote speakers. Dr. Ulrich is a behavioral scientist whose research shows that the human benefits of viewing gardens and other nature extend beyond aesthetics to include positive effects on psychological and physical well-being, reducing stress and enhancing general health. These studies have influenced the site planning and architectural form of hundreds of hospitals and health care facilities internationally. Additional conference presenters included Marni Barnes, co-author of *Healing Gardens—Therapeutic Benefits and Design Recommendations*, Teresia Hazen, Jack Carman, Mark Epstein, Brian Bainnson, David Kamp, and other leaders from around the country in therapeutic garden research and design and horticultural therapy.

Portland has become a nationally recognized leader in therapeutic garden design, with Legacy Health System’s gardens featured in *Landscape Architecture* magazine and the *Wall Street Journal*. Oregon ASLA and Legacy Health System were part of the team involved in the design/construction of the recently-built Portland Memory Garden, which addresses the needs of dementia patients and their caregivers. Proceeds from the conference will benefit the Portland Memory Garden Maintenance Fund.

Thank you to our outstanding volunteer group who devoted hundreds of hours to such a beneficial end. Additionally, we wish to acknowledge and thank our donors:

Grand Contributor:

Walker Macy Landscape Architects

Partners:

Schmidt and Sons Nurser; Skanska USA; Zimmer Gunsul Frasca Partnership

Friends:

Bonfire Design Studio; Center of Design for an Aging Society; David Evans and Associates; Horticultural Services, Inc.; Hunter Irrigation Innovators; Mayer/Reed; Parametrix, Inc.; Quatrefoil, Inc.; studio pod; and Third Hand Works

The Oregon Chapter gained a valuable partner in efforts to provide well designed, well suited, quality outdoor environments for staff, patients, and visitors in healthcare settings. This conference will serve as a stepping stone—future collaborative events with Legacy Health System are underway. Look for invitations to participate in other exciting educational healthcare design adventures! 📧

*P. Annie Kirk, ASLA, BSW, MLA
Associate-at-Large, ASLA Oregon Chapter
Chair, 7th Annual Therapeutic Gardens Conference
Co-chair, Acer Institute
aredbirddesign@aol.com
503-887-3439*

ACER INSTITUTE

P. Annie Kirk, ASLA, BSW, MLA

What success was had on June 16, 17, and 18 at the 7th Annual Legacy Health System Therapeutic Gardens Conference! Keeping with the momentum of the conference, Legacy Health System’s Therapeutic Gardens and Horticultural Therapy Program and the National ASLA Therapeutic Gardens Profession Interest Group are pleased to announce the next effort in bringing great minds, committed spirits, and varying disciplines together to further the knowledge in the specialty of therapeutic garden design.

You are cordially invited to the first annual meeting of the “Acer Institute” which will be held on June 17, 2005, at the inspiring campus of Legacy Good Samaritan Hospital, Portland, Oregon. This meeting will serve as a forum for those ready to move collaboratively forward to the next level in therapeutic garden design, collaboration, and application.

Participants at advanced levels in innovation and leadership are encouraged to attend this one-day symposium. The dynamic day's events will be for those committed to exchanging information, teaching, learning, and working collectively; for those ready to actively participate in presentations and discussions; and for those invested in exchanging ideas and information based on industry experience. This gathering is not for the evaluator or observer—it will be a day for those in various specialties to gather interactively to inspire, teach, support, network, and collaborate, with the aim of advancing our collective efforts. Little or no fee will be required to attend the event. All who attend will have a vital role in forming the day's agenda, i.e., paired individuals leading a discussion, presenting a project, introducing the latest in research and application. We intend to collaboratively and cooperatively produce a product/publication—a “white paper”—following the close of the day's events.

As attendance is limited to 50 participants, I will need to hear from you of your interest. Please include your name, organization, address, phone, and email contact information. Additionally, please note your area of interest and expertise. Please indicate how you will contribute to this forum. ☞

Submit your note of interest and intent to P. Annie Kirk at Acerinstitute@aol.com

Best regards to you and your stewardship in providing exemplary restorative environments.

P. Annie Kirk, ASLA, BSW, MLA
Associate-at-Large, ASLA Oregon Chapter
Chair, 7th Annual Therapeutic Gardens Conference
Co-chair, Acer Institute with Teresia Hazen, HTR
aredbirddesign@aol.com
503-887-3439

EIGHTH INTERNATIONAL PEOPLE-PLANT SYMPOSIUM AND INTERNATIONAL SUMMIT ON HORTICULTURAL THERAPY

April Bruning

This four-day conference, held on Awaji Island in southern Japan, was a gathering of professionals exploring the “Therapeutic Power of Flowers, Greenery, and Nature.” The topics covered at the conference included the role of plants in human life, social and cultural views of plants, and the therapeutic uses of plants (i.e. physical and psychological effects of plants). Speakers shared and discussed their experimental investigations, case studies, or reviews from their respective fields. Some highlights from the keynote addresses follow:

Monte Cassim, of Ritsumeikan Asia Pacific University, Japan, spoke on “Life on Earth and Humankind: A Perspective Respecting the Principles of Sustainability.” He presented a fascinating diagram of the interrelationships that sustain life. He also suggested that one way to ensure human sustainability for the future involves introducing and emphasizing the knowledge of elders and native perspectives into early education systems.

Kenichi Omari, of Dokkyou University of Medicine, Japan, spoke on “Art Therapy and Nature” and illustrated—through specific examples of hospitalized individuals as well as depressed and anxious artists—how art and nature helped both populations work through physical, mental, and social conditions. Nature is innately comforting for people and, thus, an essential tool for healing.

Diane Relf, of Virginia Tech University, USA, and the People-Plant Council, discussed “Renewing the Relationship between People and Plants in the 21st Century.” She emphasized that more research that passes the review of the medical and scientific community on the role of plants and human well-being is crucial. She also pointed out that we as professionals in varied fields, when working on our own projects, need to pursue, direct, and document this type of research.

Some of the research presented at the conference revealed human responses to natural landscapes documented by electroencephalogram, electromyography, and heart rate. One study on indoor plants and the indoor work environment found that indoor plants (specifically *Kentia palm*, *Spathiphyllum*, and *Dracaena*) reduced levels of volatile organic compounds, reduced absenteeism and staff turnover, and increased productivity by 12 percent. Another study analyzed human selection for broadleaf green tree canopies. Research was also presented on the effects of horticulture/ horticultural therapy programs for populations including children, elderly, and hospitalized individuals. One such study revealed an improvement in children's direct attention within the planting vs. non-planting classroom.

In conjunction with the conference, I toured the Awaji Landscape Planning and Horticulture Academy, established in 1999. The goal of this academy, according to President Yoichi Kumagai, is to “reconsider science and technology with a focus on the relationship between the natural environment and people.” I also visited the Kansai Rousai Hospital, government buildings, and park facilities that incorporate gardens and horticulture therapy programs into their design and function.

In summary, the People-Plant Symposium and Summit on Horticulture Therapy was an inspiring and significant event. Not only did I leave this conference with ideas and information flooding my mind, but I was also impressed by the Japanese people, who seem able to work with even extremely confined spaces to create garden oases for physical, mental, and spiritual health.

April Bruning is an Environmental Educator/ Therapeutic Landscape Designer at The Apple Orchard School, Brookline, MA.