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# Healing Gardens



Staff office in a Portland hospice

Images and graphics:  
Marni Barnes and  
Clare Cooper Marcus

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Contributing Authors: Terry Hartig, Robin C. Moore, Deborah L. McBride, Naomi Alena Sachs, Martha M. Tyson, Roger S. Ulrich, John C. Zeisel

A few years ago, Clare Cooper Marcus, a landscape architecture scholar known for her research on housing and open space, received what she considered to be an unusual telephone call. An editor at John S. Wiley and Sons, a large publisher of books for design professionals, wondered whether she might write a book on the design of outdoor space in health care settings.

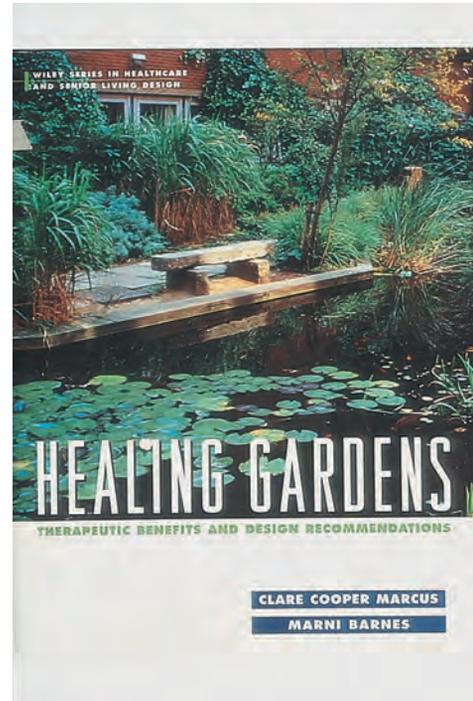
For Marcus this was a welcome turn of events; after all, scholars usually have to persuade publishers that there is a market for their research. She teamed with Marni Barnes, a psychotherapist and landscape architect, to produce a book that combines both practice and research on what amounts to a new genre of space: the “healing garden.”

Though interest in the therapeutic role that gardens can play has been growing, research on these places has been sporadic. The book addresses basic questions about the health benefits of outdoor settings, such as gardens; the kinds of spaces that medical facilities currently provide and how well they meet user needs; the specific needs of different patient populations; and research that still needs to be undertaken.

The fundamental proposition of the book, called *Healing Gardens: Therapeutic Benefits and Design Recommendations*, is that individuals who are exposed to natural, garden-like settings can experience reductions in stress, improved immune functioning, better pain control management and improved physical and emotional well being.

To make this case, chapters by Roger S. Ulrich and Terry Hartig provide detailed accounts of research on the restorative power of nature, stress reduction and the meaning of health. Also presented are post-occupancy studies of hospital gardens and observations of health-care landscapes in the u.s., Canada, Australia and England.

The bulk of the book focuses on the application of this research in the design of outdoor spaces for the use of patients, staff and visitors in



acute-care hospitals, psychiatric facilities, children’s hospitals, Alzheimer’s facilities, nursing homes and hospices. Each chapter describes the medical conditions it is considering, lays out the requirements of patients and the role of the medical facility, presents case studies of existing therapeutic spaces and distills the findings into a set of design principles and approaches. Chapter contributors include, in addition to Ulrich and Hartig, Deborah L. McBride, Robin Moore, Naomi Alena Sachs, Martha M. Tyson and John C. Zeisel.

*Healing Gardens* has been received enthusiastically by designers and researchers, who comment especially that the book’s clear prose and illustrative plans make it easy for students, researchers and practicing professionals to use.

The book’s accessibility to health care professionals is particularly important, notes w. h. Tusler, an architect and health care planner, so they can consider the role of therapeutic open



Candles illuminate this snow sculpture outside Hesttoniemi hospital in Taivassalo, Finland, during the long winter nights.

spaces at the earliest stages of a master planning or site selection process. But its methodological rigor is valuable, too, he added: “What many of us architects feel intuitively does not cut it with most of our clients. *Healing Gardens* provides the necessary scientific framework.”

The topic itself seems to have struck a particularly receptive chord as well: “It deals with basic life and death issues, how we face them and endure, and how we heal ourselves,” observed Susan Saegert, Director of the Center for Human Environments at the City University of New York, who added that the book inspired her to start an indoor garden club in CUNY’s new office building.

“The environment-behavior field has been done a great service by the quality of this book and the manner in which the authors are using it to inform a wide range of health professionals, planners, designers and facility managers,” Saegert said.

—Todd W. Bressi

### Jury Comments

**KLEIN:** Looking through the book, I decided I was going to get it because I can use it for my students in a number of situations. I think it will be valuable for me in my teaching.

**GRIFFITH:** It so easily, naturally, and sort of organically met the criteria. I think I also have a bias for research that you can take and use, that you can put under your arm and put by your drafting table. Where the connection between research and design, the receptacles are already out there, waiting for you to plug in.

**FRANCK:** The other thing I like very much is that while there are design guidelines in here, and very clear implications, it isn’t simplified.

**OLIN:** It’s not a how-to book.

**FRANCK:** It introduces people to an incredible range of issues and detail without making it easy to just jump to the back and look at the little diagrams. Those diagrams are really dangerous.

**GRIFFITH:** It’s not *Time Saver Standards for Healing Gardens*.

**KLEIN:** It deals with quite a number of settings and populations.

**FRANCK:** It has an unbelievable range—psychiatric, nursing homes, children, adults, acute care—they’ve really covered the gamut.

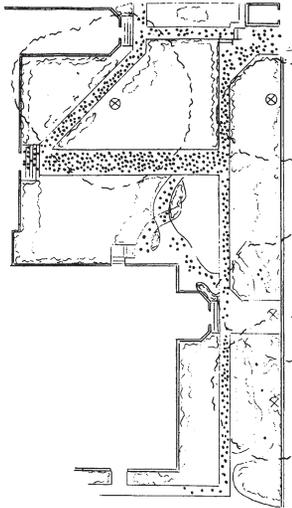
**OLIN:** I really choked up on the part about children. It’s very disturbing to be with and work with children who are so sick or have such difficulties. I’m struck by how subtle, perceptive and thorough it was. It wasn’t one person’s slice, just a few children that were studied. It was actually broader, and more reflective. It really did recognize the diversity of the different sorts of situations that children might have, without trying to iron them all out in the generalizations. Although it is unafraid of coming to conclusions and making generalizations, it doesn’t lose its content for that, which is difficult in this world.

**FRANCK:** I’m sure that all over the world people were designing these places, but did they know there was something called healing gardens? Weren’t they doing something that they thought would be useful in that location? But once you pull those out, all those different places, and define the type as a “healing garden”, already that begins to suggest that more people are going to think about it. So just that act, of saying this is a healing garden, may cause people to say we never thought of it that way. That’s really useful.

**GRIFFITH:** I’m going to buy the book, I’m going to get a garden and I’m going to heal.



The Sensory Garden at the Lucas Gardens School in Canada Bay, Australia. The image shows several activity rooms and a wheelchair/standing frame table. The banners, windsocks and giant butterflies respond to the breezes, adding movement and color.



Map showing aggregation of people passing through the garden during eight hours of observation.



The garden provides a green retreat near the entrance to several busy outpatient clinics.



An art grant in the early 1990s resulted in the addition of granite features by artist Peter Richards.



A border of flowering perennials forms a colorful focus, lining a path that leads to the street and a bus stop.

## Case Study: The Comfort Garden

The Comfort Garden is a small, well-used outdoor space in the sprawling campus of San Francisco General Hospital, most of whose buildings date to 1915-20. The garden is located next to buildings that house a variety of clinics, including those for TB, HIV, methadone maintenance, family health and child abuse.

The feeling of this garden area is of a residential-scale, green and colorful retreat. When asked to describe the garden, some users referred to it as “an oasis.” We suspect this image is evoked by two things: the lush and colorful planting, and the relatively enclosed feeling of the garden.

This is clearly a garden that has been created—and is maintained—with love and care. There are no weeds, nor is there any litter, yet the garden has a casual rather than a manicured appearance.

Typical users of the garden were staff members who came out alone or in pairs, on a break or to enjoy lunch, and visitors or patients who sat for a while or lay dozing on the lawn. On the weekends, when the clinics are closed, neighboring families were observed to come and picnic and play ball on the lawn.

Fifty people who were spending time in the garden were interviewed. For most, the garden facilitated a change in mood that was positive. They left after a medical appointment, or returned to work in the hospital feeling less stressed, refreshed, more content.

Social opportunities offered by the garden were valued as well. It served as a gathering place for support groups from the clinics, and was also used casually by the patients.

*Excerpted from Clare Cooper Marcus and Marni Barnes, Healing Gardens, Therapeutic Benefits and Design Recommendations (New York: Wiley, 1999), 176-181.*