



THERAPEUTIC GARDEN DESIGN

AN ASLA PROFESSIONAL INTEREST GROUP



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

LETTER FROM THE CHAIRS

GREETINGS,

This year we observed a great expansion of publicity and interest in therapeutic gardens. We currently have approximately 162 members across thirty-four states, the District of Columbia, and five countries. Articles about therapeutic gardens have appeared in newspapers across the country and in *Landscape Architecture* magazine. Naomi Sachs, ASLA, received an ASLA Merit Award for her *Therapeutic Landscapes*

Database (<http://www.healinglandscapes.org>) webpage, a great resource for members and the public. Members are serving on boards or as liaisons on a variety of distinguished organizations, including the Joint Commission on Healthcare Accreditation Organization (JCAHO), Architecture for Health Panel, the National Institute of Building Sciences, and the AIA Design for Aging Committee. Finally, we are holding our sixth annual therapeutic garden forum, which is now incorporated as a mobile workshop within the ASLA Annual Meeting, this October in Ft. Lauderdale, Florida.

We are pleased to present our first newsletter to focus on a specific facility type, in this case the Veterans Affairs (VA) Medical Center. Therapeutic gardens could play an important role particularly in VA healthcare delivery because of the tremendous demand on the VA healthcare system and the psychosocial benefits gardens may provide. Our focus on VA medical centers is leading up to our mobile workshop at the ASLA Annual Meeting in Ft. Lauderdale. Annie Kirk, ASLA, is leading that effort and provides a summary of the program. Marian Skomsky and Jack Carman, ASLA, present a case study outlining the challenges and planning process for a VA medical center in

Wilkes-Barre, PA. Nancy Carman provides an illuminating and practical description of a *Special Needs Garden*, a phrase she coined to describe designed landscape adaptations for a specific population, in this case individuals with dementia.

Research is important to validate intuition and to motivate policy change.

As we move through 2005, we are asking for your thoughts on our direction for next year. We propose a renewed effort to encourage academic research that is useful for practitioners, and to provide publicity for the new research to get the

word out. Research is important to validate intuition and to motivate policy change. Case-based demonstration projects can be particularly effective in influencing opinion. Data will justify (or not) our belief about positive health outcomes. We need research approaches that address current problems. Policymakers often shelve long-term solutions because they are not politically expedient; they figure they have enough problems to solve and someone in the future can tackle the bigger problem.

Another area we will explore is finding a common language. We need to use common terms between disciplines, and language that is accessible to policymakers. The language of design is quite different than the language of healthcare, but there are similarities in the concepts. The better we understand what is being said, and the more effectively we communicate our research and experience, the healthier the outcomes for everyone. ❏

Best Regards,

Mark Epstein, ASLA, and Naomi Sachs, ASLA,
 Co-chairs of the Therapeutic Garden Design
 Professional Interest Group

AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS ANNUAL MEETING & EXPO MOBILE WORKSHOP FOR THERAPEUTIC GARDEN DESIGN PROFESSIONAL INTEREST GROUP

THERAPEUTIC GARDEN DESIGN AND VETERANS AFFAIRS: PREPARING FOR FUTURE NEEDS

On October 11, 2005, as part of the annual professional meeting, the American Society of Landscape Architects (ASLA) will participate in a one-day mobile workshop in Miami, Florida, hosted by the local Veterans Affairs (VA) Medical Center. Forging partnerships between ASLA and the VA, this multidisciplinary event will focus on benefits of gardens in healthcare and future applications for the VA system. By advocating and designing therapeutic outdoor environments, landscape architects can make a significant contribution to the provision of quality care and the increased healing effects on people. This cross-disciplinary engagement serves as an exemplary demonstration of outreach and education, broadening understanding by VA and landscape architecture professionals alike.

Evidence from numerous studies on human interaction with gardens and other outdoor spaces has demonstrated significant positive effects on people's physical and psychological well-being. This research has internationally influenced the site planning and architectural form—indoors and out—of hundreds of hospitals and healthcare facilities (Ulrich, 1979, 1991, 1998). Recognition and increasing attention has been given to evidence-based healthcare design, including the design of therapeutic gardens that target specific patient needs and aim to positively affect medical outcomes (Wall Street Journal, 2003; New York Times, January 13, 2005). Landscape architects, healthcare professionals, and researchers continue to collaborate to improve healthcare environments and positively impact clinical outcomes.

Impending results of international affairs (war-time related physical injuries, post-traumatic stress disorder, etc.) have and will continue to place great demand on the VA healthcare delivery system. The landscape architecture community, alongside clinical and administrative VA personnel, will gain insight into potentially buffering and effectively supporting facilities in light of future care challenges. Participants will learn of the unique profile of the VA healthcare consumer, comprehensive approaches to therapeutic garden design for specific populations, and forecasts for future applications for therapeutic gardens.

“Collaborative ventures such as this workshop lend themselves to learning the nuances in creating specialty outdoor environments in healthcare. As our garden designs become more medically supportive and instrumental in care, our work becomes more valued. We look to the future...healthcare gardens must be complementary to and extensions of healthcare service delivery,” says P. Annie Kirk, BSW, MLA, ASLA, Landscape Designer, Event Planner, and Director of the Acer

Institute, the Portland- and Chicago-based therapeutic garden design, consulting and educational organization. Kirk, ASLA co-chair for the event, explains, “At this point in our nation's history, the VA faces tremendous pressure, and it is imperative that we (ASLA) extend our support, expertise and infusion of compelling ideas. We hope to effectively unite the VA with design professionals committed to improving medical outcomes and the quality of a patient and staff member's experience through sensitive facility planning.”

“The Miami VA is always seeking new and innovative ways to improve the environment for our veterans,” says **Stephen M. Lucas, Miami VA Medical Center Director**. “Increasing our healing landscapes will further contribute to our rehabilitation programs by providing restorative as well as therapeutic environments for both our current veterans and our newly returning veterans from Operation Iraqi Freedom/Operation Enduring Freedom.”

The workshop features contributions from VA healthcare staff as well as tours of the outdoor environments of the Miami VA such as the Hope and Enabling Therapeutic Gardens. Attendees will hear from experts about designing outdoor environments for specific populations, the variety of clinical work conducted in therapeutic gardens, consideration for specific elements, safety requirements, and maintenance issues.

“It's very exciting for us to be working cooperatively with a cutting-edge group focused on healing landscapes. We are always seeking ways to improve our environment and treatment modules to better serve our veterans,” says **Alee Karpf, MS, CTRS, HTR, Miami VA Recreational Therapist**. As coordinator of the horticultural therapy program, Ms. Karpf will share her experience during the day's events.

In preparation for the workshop, landscape architects will be encouraged to visit their local VA facilities to review the outdoor environments. Participants will be asked to comment on and consider recommendations for site improvements at home and on-site at the Miami VA, in anticipation for meeting future market demands.

“Faced with the limitations and rising cost of healthcare, complementary treatment modalities are becoming a significant component of the healing equation. The incorporation of therapeutic outdoor environments in the healthcare continuum provides a much needed avenue of prevention and responsive care of individuals of all ages” indicates **Jack Carman, ASLA, President of Design for Generations, LLC** and founder and of the ASLA Therapeutic Garden Design Professional Interest group. ☒

Visit the ASLA Therapeutic Garden Design Professional Interest Group website at <http://host.asla.org/groups/tgdpgroup/> for detailed information on this mobile workshop, the annual meeting and other events. For additional information about the workshop, contact P. Annie Kirk, ASLA, Acer Institute, acerinstitute@comcast.net or Jack Carman, ASLA, Design for Generations, jpcarman1@comcast.net.

For more information on Veterans Affairs, please visit <http://www.va.gov/> in which, “Our mission is singular—to serve our veterans by providing high quality health care and excellence in patient care and customer satisfaction. Our dedicated employees and volunteers provide timely, compassionate and seamless service to our veterans.”

THE THERAPEUTIC GARDEN DESIGN PROFESSIONAL INTEREST GROUP ANNUAL MOBILE WORKSHOP AT THE 2005 ASLA ANNUAL MEETING FT. LAUDERDALE, FLORIDA

"THERAPEUTIC GARDEN DESIGN AND VETERANS' AFFAIRS: PREPARING FOR FUTURE NEEDS" AT MIAMI VETERANS AFFAIRS MEDICAL CENTER: OCTOBER 11, 2005

FEATURED SPEAKERS:

Stephen M. Lucas, Director, Miami Veterans Affairs Medical Center

Susan Rodiek, Ph.D., NCARB (Keynote), Assistant Professor, Department of Architecture, Texas A&M University, Associate Director, Center for Health Systems and Design

Jack Carman, President of Design for Generations LLC, Medford, New Jersey

Janet Dapprich, B.S., CTRS, Miami VA Clinical Staff

Peter Goldsmith, Ph.D., Psychologist, Miami VA Nursing Home Care Unit; Voluntary Assistant Professor of Medicine, University of Miami School of Medicine

Alee Karpf, MS, CTRS, HTR, Miami VA Recreational Therapist

P. Annie Kirk, Principal of Red Bird Design; Founder of Acer Institute, Portland, Oregon

Connie Roy Fisher, Principal of Roy-Fisher Associates Landscape Architecture, Tequesta, Florida

Dr. John R. Vara, MD, Miami VA Medical Center, Chief of Staff

Miami VA Resident Panel

SUSAN RODIEK, PH.D., NCARB

Dr. Rodiek teaches architectural design at Texas A&M University, where she is a Faculty Fellow in the Center for Health Systems and Design. Her expertise is based in professional architectural practice and environment-behavior issues, with an emphasis on facilities for aging, healthcare, and therapeutic garden environments. Her design studios frequently produce real-world projects in local and regional areas.

Her recent research in nursing and assisted living facilities has measured nature-related health outcomes, and assessed outdoor environmental features, from the perspectives of both residents and staff. Currently, Dr. Rodiek is leading a team of experts to develop an interactive educational module that will convey evidence-based design principles to improve the quality and usability of outdoor environments at facilities for aging. This project, funded by the National Institute on Aging, will target design practitioners such as architects, landscape architects, and interior architects, as well as long term care industry professionals and consumer advocates.

Dr. Rodiek is on the editorial board of the *Journal of Therapeutic Horticulture*, and is currently co-editing a special issue, "The Role of the Outdoors in Residential Environments for Aging," in the *Journal of Housing for the Elderly*. She is Coordinator of the Environment-Gerontology Network shared by the Environmental Design Research Association and the International Association of Person-Environment Studies. She is an Advisory Member of the Texas Healthy Aging Network and the Program on Health Promotion and Aging of the Texas A&M School of Rural Public Health. Dr. Rodiek holds a doctorate in architecture from Cardiff University, and is a nationally-certified registered architect with more than twenty years experience. Her practice background includes landscape

as well as architectural design, and she has won awards for both adaptive re-use projects and community park projects. ☞

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Susan Rodiek, Ph.D., NCARB. Dr. Rodiek will be the keynote speaker at the upcoming ASLA mobile workshop, "Therapeutic Garden Design and Veterans' Affairs: Preparing for Future Needs."



Horticultural Therapy Gardens, Miami, VA. Photo courtesy Alee Karpf

HORTICULTURAL THERAPY AND THE MIAMI VETERANS AFFAIRS MEDICAL CENTER

Article provided by Miami VA Public Relations Office

The Miami Veterans Affairs Medical Center in Miami, Florida provides a variety of horticulture therapy (HT) interventions hospital wide. The horticultural modality is used clinically to increase patient function, and it is also used in therapeutic leisure programming.

Alee Karpf, the HT coordinator, is a registered horticulture therapist and certified therapeutic recreation therapist, holding masters degrees in recreation therapy and adult education.



Horticultural Therapy Gardens, Miami, VA. Photo courtesy Alee Karpf

In 1998, she created a comprehensive residential garden program in the Miami VA nursing home facility. Ms. Karpf administers the nursing home program and consults in the use of HT for other populations, including physical, psychiatric and vocational rehabilitation.

The nursing home garden program consists of indoor gardens maintained by special plant lights, several outdoor gardens, and traveling gardening carts. The outdoor gardens include a raised bed vegetable garden, a shade garden with an emphasis on native plants to encourage birds and butterflies, a shade house for therapy groups and specialized plant-growing, and a high-sensory garden with walking paths designed for nursing home residents with dementia.



Horticultural Therapy Gardens, Miami, VA. Photo courtesy Alee Karpf



Horticultural Therapy Gardens, Miami, VA. Photo courtesy Alee Karpf

The nursing home gardens are currently the only gardens at the Miami VA. Their location is somewhat guarded to protect the medically compromised residents who use them. Therefore, no signs or other means for wayfinding were created. Still, the shade and sensory gardens are well-utilized by patients from other parts of the medical complex as well as by visitors and staff.

Ms. Karpf has been bringing people and plants together for 15 years. In that time she has seen the many benefits of both active and passive garden experiences. Currently Ms. Karpf envisions bringing the potency of horticulture therapy and restorative gardens to additional populations. She recently commented in the hospital-wide Miami VA Garden Newsletter, "Imagine the power of healing that our therapeutic gardens might have for our newest veterans returning from Iraq and Afghanistan, just as gardens and HT once did for WWII vets coming home to heal." These visions are shared by others in the VA Health Care Systems. The upcoming ASLA workshop will help to expand this effort through professional knowledge and heartfelt concern for our nation's veterans. ☞

Alee Karpf, MS, CTRS, HTR, is a Recreational Therapist and the coordinator of the horticultural therapy program at the Miami VA. She can be reached at 1201 NW 16th Street, Miami, Florida 33125 or at Alee.Karpf@med.va.gov.

GET TO KNOW THE VA SYSTEM

P. Annie Kirk, BSW, MLA, ASLA

In anticipation of, and preparation for, the upcoming ASLA Therapeutic Garden Design Professional Interest Group's 2005 mobile workshop, "Therapeutic Garden Design and Veterans Affairs: Preparing for Future Needs," on October 11, 2005, the following data is provided for prospective attendees to gain understanding of demographics and services provided by the Department of Veterans Affairs. This information is excerpted from reports by the U.S. Census Bureau, U.S. Department of Veterans Affairs, and the VA National Center for Patient Safety, and is cited accordingly. Links to additional sources of information about the United States' veterans are provided at the close of this article.

2000 U.S. CENSUS BUREAU

Summaries cited from U.S. Census Bureau 2000 online publication.

According to a 2000 U.S. Census Bureau study, there were approximately 26.4 million veterans across the United States and Puerto Rico, which accounted for 9.3% of the U.S. population, including Puerto Rico. Of the 26.4 million veterans in the United States in 2000, 24.8 million were men and 1.6 million were women.

A regional and era breakdown of the veterans in the United States showed the largest concentration of veteran populations in the South and the Midwest United States. California had the greatest number of veterans of any single state. Vietnam era veterans accounted for the largest veteran population in 2000. The following table indicates this breakdown.

REGION	# OF VETERANS	% OF VETERAN POPULATION	% WWII	% KOREA	% VIETNAM	%GULF
NE	4,642,102	11.5	25.8	16.1	28.7	7.5
MW	6,096,476	12.8	21.7	15.0	31.2	9.7
S	9,941,610	13.4	20.1	15.2	32.5	14.0
W	5,723,515	12.5	20.9	15.3	33.4	12.1

Source: <http://www.va.gov/vetdata/> U.S. Census Bureau, Census 2000 Summary File 3.

The 2000 Census identified the percentage of adults by veteran status, race, ethnic origin, and age. Of the total population, 85.5% of veterans were classified as white (91.7% over 65 years and older); 9.7% of veterans were classified as black or African American (5.7% over 65 years and older); 0.7% of veterans were classified as American Indian and Alaska Native (0.4% over 65 years and older); 1.1% of veterans were classified as Asian (0.9% over 65 years and older); 0.1% were classified as Native Hawaiian and other Pacific Islander (0.0% over 65 years and older); 1.4% were classified as some other race (0.5% over 65 and older); 1.4% of veterans were classified as two or more races (0.8% over 65 and older); 4.3% of veterans were classified as Hispanic or Latino of any race (2.4% over 65 and older); and 82.9% of veterans were classified as white and not Hispanic or Latino (89.9% over 65 and older).

Source: <http://www.va.gov/vetdata/> U.S. Census Bureau, *Census 2000 Summary File 3*.

VA HEALTHCARE FACILITY OVERVIEW

Excerpts taken from U.S. Department of Veterans Affairs and VA National Center for Patient Safety online publications.

“One of the most visible of all Department of Veterans Affairs (VA) benefits is health care. VA has about 1,300 care facilities, including 163 hospitals, 850 ambulatory care and community-based outpatient clinics, 206 counseling centers, 137 nursing homes and 43 domiciliary facilities. Due to technology and changes in national and VA health care trends, VA has evolved from a hospital-based system to a primarily outpatient-focused system over the past five years. With 25,000 fewer employees, VA provided care to one million more veterans in 2001 than in 1995.”

Source: <http://www.va.gov/>; U.S. Department of Veterans Affairs

“VA operates more than 850 ambulatory care and community-based outpatient clinics, 137 nursing homes, 43 domiciliaries and 73 comprehensive home-care programs. VA healthcare facilities provide a broad spectrum of medical, surgical and rehabilitative care... More than 4.8 million people received care in VA healthcare facilities in 2003. VA is used annually by approximately 75 percent of all disabled and low-income veterans... In 2003, VA treated 567,300 patients in VA hospitals and contract hospitals; 55,756 in nursing homes; and 25,314 in residential rehabilitation treatment programs. VA's outpatient clinics registered approximately 49.8 million visits... During the last several years, VA has put its healthcare facilities under 21 networks, which provide more medical services to more veterans and family members than at any time during VA's long history.”

Source: <http://www.patientsafety.gov/>; VA National Center for Patient Safety

We look forward to seeing you in Florida for an outstanding, collaborative event!

Prospective attendees of the October 11, 2005 mobile workshop are encouraged to review and study additional Veterans Affairs information at the following links:

VA Services—Operations Iraqi Freedom and Enduring Freedom:

http://www1.va.gov/OPA/fact/returning_vets.html

VA History:

<http://www1.va.gov/opa/fact/vafacts.html>

VA Census data:

<http://www.va.gov/vetdata/>

VA Fact Sheets:

<http://www1.va.gov/opa/fact/amwars.html>

P. Annie Kirk, BSW, MLA, ASLA, is the director of the Acer Institute. She can be reached at acerinstitute@comcast.net.

TIME AND PATIENCE

VETERANS AFFAIRS MEDICAL CENTER WILKES-BARRE, PA SENSORY THERAPEUTIC GARDEN PROJECT

Marian Skomsky, CTSRS

The Veterans Affairs Medical Center, located in Wilkes-Barre, Pennsylvania, is a general medical and surgical facility consisting of 116 operating hospital beds, 105 nursing home beds and 10 substance abuse residential rehabilitation treatment program beds. The facility serves over 201,221 veterans in 19 counties in Northeast Pennsylvania and one county in New York.

The nursing home has bed complements to support such programs as dementia care, hospice, respite, rehabilitation and long-term care. Many of the residents in the nursing home at the Medical Center previously pursued outdoor interests, such as hunting, fishing and gardening. Even those who did not in the past participate in an active sport or hobby enjoy sitting on their porch on a nice day. The Recreation Therapy Program at the Medical Center has strived to create programs to support many favorite outdoor activities, such as gardening and bird watching. The lack of a convenient, safe, and enjoyable outdoor space for activities has threatened to hamper these efforts.

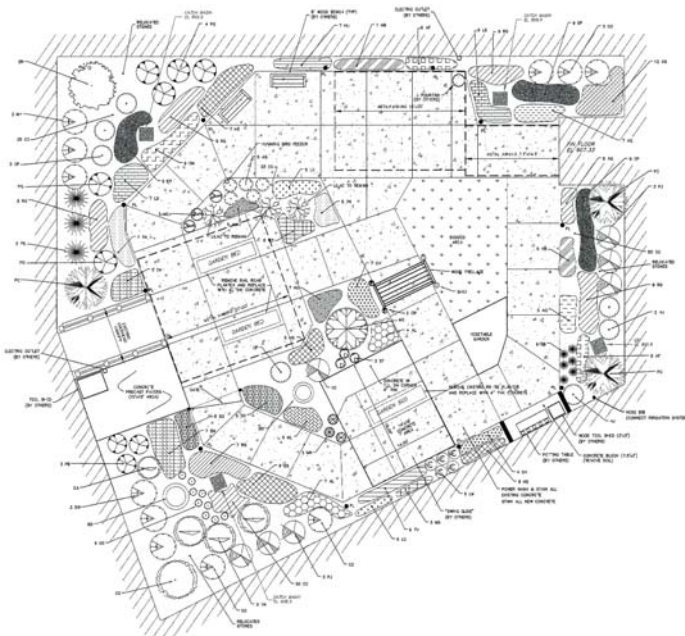
One of the areas that offered great possibilities was the existing courtyard, which is located between the Hospital and the Nursing Home. The area consisted primarily of concrete walks, surrounded by the brick walls of the nursing home, a few shrubs and three raised flowerbeds. Unfortunately, sun glare and the humming of the air conditioning system were the primary sensory elements of the courtyard. Activities were held on the east side of the courtyard in the morning and the west side in the afternoon to take advantage of the shade from the building. Efforts to maintain sun umbrellas for shade were not very successful due to the winds that tunnel through the courtyard. Despite these obstacles, the residents truly enjoyed being outdoors. The therapeutic value of being outdoors could be seen in their smiles and relaxed demeanors.

The VA Center recently opened a special care unit for residents with dementia, which is adjacent to the existing courtyard. Residents on this unit have significant memory problems and require special interventions for recreational participation. There is a high risk for apathy, agitation, and

wandering among these residents. The new unit was designed to have direct access to the courtyard. Patients with dementia do best in a structured, sensory appropriate environment, and the creation of a therapeutic sensory garden would enhance their quality of life.

Interest in developing a more aesthetic environment in the courtyard grew. Funding was needed to make the necessary renovations to enhance the surroundings. Some funds were available through Voluntary Services but could only be spent on garden furnishings (benches, bird feeders, etc.). The initial cost to hire a Landscape Architect to act as a consultant was paid for by the American Legion Auxiliary, a strong supporter of recreational programs for the nursing home residents. With input from the consultant, I was equipped to write a proposal for courtyard renovations. Soon a Courtyard Renovation Committee was established. It consisted of an interdisciplinary team from Recreation Therapy, Voluntary Services, Nursing, and Engineering. The projected cost of building the therapeutic sensory garden in the courtyard was over \$50,000. There was not sufficient funding to complete the project, so the Medical Center Director asked for a three-year plan with the project to be constructed in various stages throughout this period.

The Medical Center did identify funds that could be and were used for the architectural design plan and a rendering of the garden. It was decided to display these items in the Recreation Therapy Office to keep the project visible and the dream of the sensory therapeutic garden alive. One year later someone made a substantial donation to our medical center! The Director recommended that donation be used for the Courtyard Renovation Project. Service organizations and donors began to offer to purchase items from our wish list. Proceeds from a community bluegrass concert were donated towards the renovations. It became clear that the therapeutic garden could be supported by donated funds. Through the generosity of others, the once underutilized courtyard is now a beautiful, sensory, and functional area for our nursing home residents. 🍀



Alzheimer courtyard garden plan for the Veterans Affairs Medical Center, Wilkes-Barre, PA. Image courtesy Jack Carman, ASLA

Marian Skomsky, CTRS
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A GARDEN WORTH WAITING FOR

VETERANS AFFAIRS MEDICAL CENTER WILKES-BARRE, PA SENSORY THERAPEUTIC GARDEN PROJECT

Jack Carman, ASLA

Marian Skomsky's tale, "Time and Patience," is not unusual. We have all heard about or been involved in the creation of therapeutic gardens that take time and are part of a long process involving many people, varying funds, physical challenges, and other elements that are sometimes a surprise to even the seasoned designer. Is the development of a therapeutic garden different from the creation of other gardens? In many ways, no. However, the need is greater, considering the people who will benefit from all of the positive aspects of a therapeutic garden.

Participation in the dedication ceremonies of the therapeutic garden at the VA Medical Center in Wilkes Barre, PA made for an exciting day. There were speeches and accolades offered by the Network Director of VA Stars & Stripes Health Care Network; the Director of the VA Medical Center in Wilkes-Barre; a Congressional aide to the area's local Congressman, and various departments/program officials. Seeing the actual physical improvements to the courtyard garden was evidence of its success for many of the people that day. The real proof was the reactions on the part of the residents and their family members. These are the people who directly benefit from the development of this special garden.

Having a dedicated outdoor garden area for residents to enjoy will significantly add quality and meaning to the lives of the nursing home residents.

The courtyard area has changed in many ways, incorporating many positive elements for the residents to enjoy. Patients are now able to participate in programs created by the Recreation Therapy Department. The Nursing Home residents with support from the Recreational Therapy staff are raising tomatoes from seed to be planted in the garden. There is a work area for potting plants. A storage cabinet holds all of the tools and supplies used by staff and residents, so all their needs are met right in the garden. The birdfeeders are refilled by the residents. The birdbath is refilled and cared for, again, under resident supervision.

People's lives have been enriched by the addition of these activities. The residents have one more reason to get out of bed each day. There are other people, animals and plants that are depending on them for care. In addition, the garden offers

an important opportunity for socializing. Studies have shown that people who socialize live longer (European Heart Journal, 2004, 25 [1] 56–63 4). Furthermore, walkable “greenery filled public areas” can positively influence the longevity of older adults in urban areas, regardless of the person’s marital status, sex, socioeconomic status or other factors, as evidenced by a research study in Japan, (Journal of Epidemiology and Community Health, 2002, v56, i12, p913[6]). These and many other research studies validate what we all inherently know, that access to nature is good for us. That is why the development of therapeutic gardens is so important and is an essential component of residential communities.

Each project is unique and takes on a life of its own. Gardens take time and patience to come to fruition. The role of the Landscape Architect is one of designer and project leader, as well as facilitator, guide, and mentor. Understanding, and in turn relating, the many twists and turns a project can take help the client understand that patience many times is the optimal word. According to Marian, the development of the garden evolved over a three-year time span. If you were to ask her or other members of the Hospital—“was it worth it”? I am sure the answer would be a resounding “yes”. 🌿

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THE POWER OF NATURE

By Nancy Carman, MA, CMC

Most of us intuitively know that a walk in the park makes us feel good, or that we’d rather gaze out the window at trees than look at a brick wall. Nature means different things to different people—from hiking in the woods, to planting a garden, to admiring a flower arrangement.

Everyone has his or her own unique connection with nature. Scientists are now proving what has long been suspected: that contact with nature is vital to our health and happiness, regardless of age. But before you rush out and buy those hiking boots, realize that the benefits of nature can be experienced in many different ways.

Many people enjoy nature through gardening in their own backyards. Herb and butterfly gardens are increasingly popular, along with the traditional flower and vegetable gardens. Some individuals enjoy observing and feeding wildlife, such as birds and squirrels. If you are housebound, just observing the seasonal changes can provide a feeling of peace and connectedness.

For thousands of years, humans have turned to nature to relax, express love and commitment, deepen spirituality, bring back health, and contemplate the past. Our feelings about the world around us are interpreted in terms of human experiences with

nature during the millions of years of evolution. Those who survived must have learned to “read” the landscape for answers to vital questions. Which foods could be eaten safely? Where were the dangers, seen and unseen? As 21st century residents of this planet, we still carry with us the awareness of nature acquired during evolution. Still skeptical about nature making you feel better? The benefits of nature can be measured in three important ways: physically, mentally and socially.

Physically, a connection with nature can reduce anxiety and promote healing. More and more hospitals now use gardens as part of the rehabilitation process for patients. A Texas A&M University study showed that gall bladder surgery patients who recovered in rooms with views of nature had shorter hospital stays and took less pain medication than patients whose rooms faced a wall.

Mentally, enjoying nature can reduce stress and combat depression. The sights, sounds and smells that surround us have a tremendous impact upon our emotions. The appearance of a rainbow gives rise to a smile, and even just the scent of fragrant flowers can trigger pleasant memories. According to a study at the University of Michigan, office workers who viewed trees and flowers from their windows at work experienced less frustration, felt higher job satisfaction and reported fewer headaches than those who had no view of nature.

Socially, nature offers us multiple opportunities to meet and interact with family, friends and acquaintances as we garden, take walks or simply enjoy the great outdoors. Researchers have noted improved relations with neighbors, a stronger sense of community, and a greater sense of connectedness among individuals in the presence of nature.

Scientists are now proving what has long been suspected: that contact with nature is vital to our health and happiness, regardless of age.

So, does all this emphasis on the importance of nature mean that you need to pitch a tent and live in the wilderness to obtain optimal well-being? Hardly! What’s important is that you pay attention to the sights and sounds of nature surrounding you, wherever you are. Nature isn’t only rivers and trees; it is the interaction with the natural world around you. Even people living in a busy city are immersed in nature. Simply choose a walking route that takes you past a garden or through a park. If the weather is nice, eat in an outside café, or on a bench near an outdoor fountain. Enjoy a vase of fresh cut flowers, or better yet, grow potted plants inside your home.

Our environment can be a healing one, where the links between people and nature provide fulfillment and connectedness.

Nature exists today in the real world and is available to everyone who takes time to experience it. 🌿

Nancy Carman, holding an advanced degree in gerontology and certified as a geriatric care manager, is Corporate Manager of ElderCare Services with the Kennedy Health System. To suggest topics related to aging you would like to read more about, write her at the Kennedy Gerontology Center, 30 E. Laurel Road, Stratford, N.J. 08084. Attn: Courier-Post column. For more information, call (856) 346-7777 or e-mail n.carman@kennedyhealth.org.