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## Troubling urban therapeutic landscapes

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### Introduction

The well-being of residents is increasingly acknowledged in urban planning research and practice as a topic of concern (e.g. Mouratidis 2021). Cities face complex challenges related to population growth, environmental sustainability, climate, and social equity that affect well-being dimensions such as quality of life, life satisfaction, resilience, social inclusion, and mental and physical health. As a result, cities across the world are adopting policies and initiatives that connect the addressing of these challenges with the health and well-being of their residents (Giles-Corti et al. 2022). Attention to the availability and quality of urban green spaces often features high on this agenda, building on the now well-established positive connection between exposure to nature and human well-being (Reyes-Riveros et al. 2021). Decades of research have shown that urban public green spaces, such as parks, can promote well-being by offering opportunities for physical activity, social cohesion, and psychological restoration by reducing stress and mental fatigue (Jabbar et al. 2021).

The well-being-related research that supports urban planning policy and practice in this area is broad-ranging and includes a variety of approaches, where epidemiological studies, environmental assessments, and well-being surveys are particularly prevalent means of building a statistical evidence base to guide policy and design. While the exact mechanisms of how green spaces promote well-being are still being explored, there is no lack of research backing up the importance of incorporating green infrastructure into urban planning and design for public health and well-being. Nevertheless, gaps in knowledge and challenges remain around several key aspects of the relationship between nature interaction and well-being that have a bearing on how positive outcomes can be supported by planning and design interventions. For example, understanding the diversity of needs, desires, preferences, and experiences that play into how different people engage with nature, and what kinds of benefits it affords them. This means that many questions remain about issues of access, types of nature, types of interventions and design, and their scale. Different disciplines contribute in their own ways to answering these questions, using a range of theories and

methodologies operationalised across experimental studies, demographic research, self-report questionnaires, and situated qualitative approaches.

In this chapter, we engage insights from the health geographical literature on ‘therapeutic landscape’ to contribute to these efforts. The literature on therapeutic landscape largely contributes to qualitative accounts of the relationship between health and place and often constitutes place-based studies at a scale that allows in-depth examination of the lived experiences, practices, preferences, and perceptions of different groups (Doughty 2018; Kearns & Milligan 2020). This approach is well suited to provide an in-depth, context-specific understanding of how people interact with their environments and how they experience well-being in their specific contexts. Urban environments are highly diverse, and understanding the unique characteristics and challenges of different areas and resident groups is important. What a therapeutic landscape approach offers is a means of focusing on diverse perspectives and lived experiences, including the social and cultural dimensions of how place interacts with well-being and health.

The concept of therapeutic landscape was introduced by Gesler (1992) to describe the ways in which environments can promote physical and mental health and well-being. Therapeutic landscapes are characterised by their ability to support healing and restoration through the interaction of their physical, social, and symbolic elements. The concept has been widely applied and developed within human geography and related disciplines over the last three decades, primarily as a metaphor to aid in the understanding of the multi-dimensional relationship between place and positive health experiences (Doughty 2018). Therapeutic landscapes may be produced at a range of sites and scales where well-being practices interact with experiential characteristics and symbolic meanings of landscape, from nearby green spaces (Doughty et al. 2023) to hospitals (Curtis et al. 2007), to gardens and allotments (Milligan et al. 2004; Biglin 2020), to coastlines (Wheaton et al. 2021) to walkscapes (Doughty 2013; Paddon 2020) and retreats (Conradson 2007). The continuing development of the therapeutic landscape concept has emphasised the relational dynamics of therapeutic spaces, acknowledging that no place is intrinsically therapeutic, but that it becomes understood and experienced as therapeutic through place-specific interactions between people and place, framed within broader cultural and historical narratives about health, healing, and illness. Recent contributions to the literature have highlighted the diversity and contingency of the relations and experiences through which therapeutic effects emerge in particular material contexts, with growing attention to affect and emotion, embodiment, physical mobility, multisensory experiences, and more-than-human relations (Bell et al. 2023).

This chapter situates itself within the subset of literature that focuses on interactions with ‘nature’ (e.g. Havlick et al. 2021; Lea 2008), which includes urban public green and blue spaces (Finlay et al. 2015; Smith et al. 2022). We employ the lens of therapeutic landscape to discuss the role of public green spaces in the creation of ‘urban therapeutic landscapes’. By urban therapeutic landscapes, we mean urban nature-based environments, such as parks or smaller green spaces but also private gardens, that

facilitate well-being-related activities, which offer urban dwellers a sense of respite and restoration (Dushkova & Ignatieva 2020). The functions and meanings of public and private green spaces in relation to everyday experiences of well-being are still being explored, along with the opportunities and barriers that impact people's use of these spaces (Coolen & Meesters 2012).

We make use of an empirical vignette from the Netherlands to illustrate that a 'therapeutic landscape' approach can provide a valuable lens through which to understand the relationship between place and positive health experiences, and provide insights that can inform and support theory and practice in the realm of planning. The small qualitative case study in the city of Breda, in the south of the Netherlands, shows how the challenges of the Dutch urban landscape are felt by individuals living in small dwellings in the inner city, without access to their own balcony or garden.

## The troubled Dutch urban landscape

The urban challenges faced in the Netherlands in relation to health and well-being are on a broad level similar to those in cities across the world. They include environmental inequalities and health inequities, exacerbated by a housing crisis due to a shortage of affordable housing. The Netherlands is one of the most densely populated countries in Europe, and this means that its urban challenges are relevant across a large part of its territory due to proximity to urban centres and spill-over effects, for example, the pressure on housing. The unequal distribution of green space is both an effect of and a major contributor to these challenges, as low-income and minority communities often have less access to quality green space, which can contribute to negative health outcomes and environmental injustices (De Haas et al. 2021).

The 'compact city' planning approach, which prioritises dense urban development and mixed-use neighbourhoods (Haarstad et al. 2023), has been widely adopted in the Netherlands since the 1960s as a response to the challenges of urbanisation and sustainability (Nabielek 2012). The strategy focuses on building within or on the edge of already existing urban areas. At the same time, clear boundaries of green open spaces outside the city are defined in order to protect these. While this approach has some benefits, such as reducing car dependency and promoting efficient land use, it has also arguably exacerbated environmental and socio-economic inequality in the Dutch urban landscape, for example through overcrowding and a lack of urban green space (Haaland & van den Bosch 2015). The compact city approach has often neglected the provision of green space and other public amenities in less advantaged neighbourhoods, which can exacerbate health disparities and contribute to social exclusion. Further, new urban housing is often designed to maximise the number of dwellings while keeping its footprint to a minimum, which has led to the sacrifice of private outdoor spaces such as balconies and gardens (Chalmin-Pui et al. 2021). To compensate for this loss of private outdoor space, planners and policymakers often focus on increasing the provision of and/or access to public green space (Lategan & Cilliers 2016). In recent years, urban greening initiatives have been implemented in many

Dutch cities to increase the amount and quality of green space available to residents. These initiatives involve planting flowers and trees, creating landscaped green areas, parks and gardens, and improving the ecological and aesthetic qualities of existing green space.<sup>1</sup> Urban greening can help to mitigate the negative effects of urbanisation and climate change, such as air pollution and heat stress (Hiemstra et al. 2017), while also providing opportunities for physical activity, social interaction, and psychological restoration. Some critical voices have warned, though, that urban greening can contribute to gentrification and displacement processes (Goossens et al. 2019).

The idea that residents will compensate for the lack of a private garden by using public green spaces is known as the ‘compensation hypothesis’ (Maat & de Vries 2006). While the notion sounds plausible, there is as yet no substantial evidence that this is the case. On the contrary, studies have found a positive relationship between the use of private and public green spaces (Maat & de Vries 2006). Urban residents without access to private green space may well rely on public green space for recreation and leisure activities. However, as our empirical vignette will illustrate, they may face barriers to accessing, using, and enjoying public green space, such as distance, safety concerns, and social norms. The quality and availability of public green space can vary widely across neighbourhoods and may not always meet the diverse needs and preferences of residents. As such, planners and policymakers need to consider the distinct needs and experiences of different groups when designing and managing public green space and prioritise equitable access and use of green space for all.

## An empirical vignette from the Netherlands

We will now introduce an illustrative case study carried out in the city of Breda, located in the province of North Brabant in the south of the country. Breda<sup>2</sup> is a relatively small and compact city that houses just over 188,000 residents and that has seen significant expansion, urban regeneration, and restructuring alongside the process of de-industrialisation that began in the 1960s (Kokx & Van Kempen 2009). The city is characterised by high-density, mainly low-rise dwellings, with green infrastructure accounting for approximately 30% of the city’s land cover, an average figure for European capital cities (European Environment Agency 2022). There are six city parks and ten canals ([www.welkominbreda.nl](http://www.welkominbreda.nl)). The study explored how young people living alone in small accommodations in the city centre without access to private outdoor spaces use public urban green areas; how they experience such spaces in relation to their well-being; how they incorporate them into their lives; and how they construct meanings around them.

The results discussed here are based on ethnographic fieldwork conducted in late summer and early autumn 2022, which included interviews and go-alongs (Kusenbach 2016) with ten participants aged between 23 and 34. Seven women and three men participated; seven were working and three were full-time students. All participants were first interviewed in their homes to understand their use and experience of public green spaces in the context of their home space and how they felt about it. With nine

of the participants, the interview in the home was followed by a 'go-along', or walking interview, during which the participant took the researcher to local green spaces and on routes they often used.

## Living without a balcony or garden

Our participants lived on their own in small dwellings, such as a studio apartment (6) or one-bedroom apartment (4), without a balcony or garden. Their main living area had the combined functions of living room, workspace, kitchen, dining room, and bedroom for those in studio apartments. Most of the participants complained that the cramped conditions made them feel confined and that the lack of private outdoor space made them feel disconnected from the outside world. The majority expressed varying degrees of longing for a private outdoor space in their daily lives, with a preference for a garden over a balcony: "I think I would feel more relaxed and freer if I had my own outside space" (N1). Almost all participants expressed that having a private outdoor space would give them an increased sense of freedom, able to enjoy the benefits of being outdoors without needing to be in a public space.

The majority of the participants felt that the lack of private outdoor space limited their access to basic natural elements such as fresh air and sunlight, which impacted their sense of physical well-being.

simply take in that fresh air, let the sun shine on your face. (N8)

still, a bit of sun, a bit of vitamin D. I don't get that so easily here. I haven't been really healthy this year. (N3)

In addition, the absence of an outdoor space combined with the small size of their homes impacted the social well-being of the participants. All participants reported that their ideal outdoor space should be comfortable and inviting, with enough space and seating areas to accommodate socialising with friends and family. They envisioned using the space to enjoy drinks and food with others and for hosting dinner parties or barbecues.

## Experiences of public green spaces

Some participants stated that after spending a lot of time indoors, they simply wanted a change of scenery; the act of leaving the home afforded them a sense of having made something of the day. For all participants, their use of public green spaces addressed needs for relaxation and de-stressing, exemplified by expressions such as: 'empty my head', 'take a moment to relax', and 'switching off for a while and not constantly being on the go'. Others said that spending time in public spaces helped them shake off feelings of confinement and loneliness, which were intensified during the Covid-19 pandemic. For many, the embodied and sensory experience of nature and wildlife helped regulate their emotions and provided space and time to reflect.

you really get a bit of a different perspective on things [...] Yes, I'm in nature, it's good, and everything goes on, and it grows. (N6)

rippling water, birds, wind. I believe that such things can be very relaxing, and I think that's important. (N3)

In coherence with other studies (e.g. Foley & Kistemann 2015), a number of participants shared that spending time by the rivers or canals that run through Breda conferred a sense of soothing calm, and sometimes evoked feelings of nostalgia and childhood memories:

I just find the sound of water, the way it ripples, very calming. And yes, I think it's particularly soothing for me. Sometimes, you can just sit there and watch it, and your mind becomes completely empty. You're not thinking, just looking at the water. (N4)

I actually grew up quite a lot around water. Lots of boating, canoeing, rowing, swimming [...]. I think I unconsciously just associate it with the past. (N1)

Findings such as these illustrate that therapeutic encounters with green and blue spaces are not isolated instances but take place within the wider contexts and relations of a person's life and might be cumulative through the life course (Foley 2015).

### Troubling the compensation hypothesis

Despite the many positive experiences shared by our participants, the research brought several access barriers to light that trouble the idea that public outdoor spaces can compensate adequately for private outdoor space. Only two participants out of ten felt that public green spaces met their psychological, physical, and social needs and desires for spending time outdoors. Participants expressed a desire for access to smaller, local urban green spaces in addition to larger parks. The convenience and proximity of smaller green areas to their homes were seen as lowering the barriers to going outside and spending more time in nature: "Yes, I do enjoy large parks, but if these kinds of places were closer, it would make it easier to go out for a while" (N1). Additionally, participants found that smaller green spaces offered a more peaceful and less crowded environment, enabling more attention to the sensory present and the relaxation it affords: "Less crowded, more peace [...] Having more tranquillity also means that you experience more [...] sounds from the outdoor space, which are often very pleasant" (N2).

One significant barrier mentioned was the planning and preparation required to go outside. Participants felt that it left less room for spontaneity, making it difficult to enjoy outdoor spaces on a whim. For instance, one participant expressed frustration about having to pack a bag, carry a blanket, and ensure that all necessary items were prepared before going to the park (N4). The need to be presentable and ready for public appearances further added to this sense of constraint (N2, N3, N4, N6, N8, N10).

The lack of privacy in public spaces also posed a barrier for some participants, preventing them from fully enjoying these areas. Feeling exposed and uncomfortable,

they were hesitant to engage in solitary activities like reading: “Sometimes it feels a bit strange to go there alone to read or something. I feel a bit watched and not entirely at ease, even though I know that’s probably not the case” (N10). Others expressed frustration at the difficulty of finding a private space for intimate conversations in shared outdoor areas (N6, N7, N9, N10).

Social barriers were another hindrance to fully utilising public spaces. Participants mentioned feeling uncomfortable sitting alone in front of their homes, as it went against cultural norms in their neighbourhood (N2). Similarly, engaging in solitary activities in public settings like parks was considered less common, reinforcing the preference for socialising in groups (N8). Cultural norms and social expectations also affected participants’ willingness to sunbathe or wear swimwear in parks, despite their desire to do so (N5, N2). Others mentioned the lack of public restrooms as a barrier to spending a day in the park (N1).

The empirical vignette revealed a myriad of barriers that impact the use of outdoor public spaces from a therapeutic landscape perspective, even though the participants were all young, able-bodied, white, and lived within easily walkable distance to green recreational areas, and expressed a desire to spend time outdoors. Research with groups that have no walkable access to green space, and groups that face more social disadvantage or stigma, such as those who are minoritized due to disability, race, ethnicity, gender, or sexuality, would no doubt reveal further barriers. Understanding these barriers is essential for creating inclusive and accessible public spaces that cater to the diverse needs of individuals seeking relaxation and connection with nature.

## Urban therapeutic landscapes: a research agenda

Amidst the burgeoning evidence supporting the positive impact of urban green spaces on well-being, a paradox emerges as these vital spaces face escalating challenges from urban densification efforts. The drive to enhance urban sustainability and alleviate housing shortages in many European cities continues to see densification as a favoured solution (Angelo & Wachsmuth 2020). While this strategy to some degree addresses critical housing needs (though affordability is a key problem), it simultaneously exerts mounting pressure on existing green spaces that are essential for fostering community health and well-being *and* adapting to a changing climate. This intensification of urban areas not only affects the availability and accessibility of public green spaces but also accentuates the need for these areas to compensate for the diminishing availability of private gardens and balconies. The compensatory role that public green spaces are expected to play, as demonstrated by the ‘compensation hypothesis’, encounters complexities in real-world scenarios, as evidenced by our empirical vignette.

In the face of these challenges, the intricate interplay between urban planning, housing policies, the preservation of green spaces, and the promotion of urban well-being requires careful consideration and nuanced strategies. **Future research and planning**

efforts need to consider the tensions that exist between densification and the preservation of existing green spaces, exploring innovative solutions that ensure sustainable urban development without compromising the invaluable benefits that green spaces bring to the well-being of the urban population.

It is widely acknowledged that one-size-fits-all approaches to addressing well-being in cities are rarely effective. To better understand the role of outdoor spaces in promoting well-being, further research should explore the environmental and social factors that contribute to stress reduction, relaxation, and emotional regulation, and how these can be supported by planning interventions that are derived from collaboration with a cross-section of users. There is still limited research on how public green spaces are used and experienced by people who lack a private outdoor space, such as a garden. In concurrence with earlier studies (e.g. Lategan & Cilliers 2016), our empirical illustration shows that the lack of private green space can be a barrier to fully enjoying the benefits of being outdoors, which ultimately has an impact on psychological, social, and physical well-being. Most of our participants felt that public green spaces did not fully meet their well-being needs. That everyone should have their own private garden is not a realistic solution, of course. Alternative visions of an equitable and healthy city are needed. Perhaps the answer lies closer to ‘commoning’ as a process of “negotiating access, use, benefit, care, and responsibility” (Gibson-Graham et al. 2016: 195). Further research is needed on how urban therapeutic landscapes can be cultivated in bottom-up ways that benefit the individual and community well-being of diverse urban populations. Approaches that leverage the holistic concept of therapeutic landscape have much to offer this debate by highlighting contextual factors, place-based relationships, and the diversity of ways that health and well-being are associated with places, including revealing the impacts of relations of power, inequality, and marginalisation. There is a need for more research on therapeutic landscapes focused on interactions with urban nature, in particular studies that take socio-cultural–economic influences into account and address differences in access to and quality of green spaces for different groups (Mossabir et al. 2021).

Person-focused applications of therapeutic landscapes examine their formation across different life contexts, including times of illness and medical treatment. At the individual level, empirical research and theory development should continue to unravel the psychological, emotional, and sensory impacts of urban spaces, seeking to shed light on the interplay between human experiences and the environment. This should include the often-neglected role of sensory perception and processing (e.g. Doughty 2023; Toronyi 2021), to help create interventions and policies that foster inclusivity in urban planning. At the neighbourhood and community level, research should continue to highlight the impact of social, cultural, and political positionalities and the role of belief systems in shaping therapeutic landscapes (Marques et al. 2022; Winata & McLafferty 2023). This research stream would do well to further examine how urban green spaces intersect with the spatialities of social resources and networks that support everyday well-being in cities, expanding on existing research on urban parks, community gardens, and walking groups (Bornioli et al. 2018; Doughty 2013; Milligan et al. 2004; Pitt 2014; Plane & Klodawsky 2013). More interdisciplinary

collaboration is needed around the topic of community well-being (Atkinson et al. 2017). Conceptually, community well-being as complementary but distinct from individual wellbeing—understood as larger than the sum of its parts and thus not simply an aggregate of individual well-being but a relational process (Lach et al. 2022)—has yet to be fully explored in relation to the creation of urban therapeutic landscapes and requires theoretical and methodological innovation in order to capture the interaction of multiple scales (individual, collective), dimensions (social, economic, environmental, cultural, political), and levels (building, neighbourhood, region) that inform urban well-being (Lach et al. 2022). These are necessary insights to support the design and maintenance of public spaces that are supportive of well-being at both individual and community levels.

The urban challenges faced in the Netherlands in relation to health and well-being are on a broad level similar to those in cities across the world. One in four people globally is affected by mental health problems, and those living in cities and urbanised areas are disproportionately affected (WHO 2001). The reasons for this are complex, but increasing urbanisation has been blamed for contributing factors such as lifestyle-related problems, including lack of physical activity, more time spent indoors, lack of access to quality affordable nutrition, and chronic stress that many people experience, especially more vulnerable groups. Current Western healthcare is not equipped to deal with the diverse range of health determinants that are in play in this situation, including mental, socio-economic, spiritual, and environmental health relationships (Marques et al. 2022). It is one of those ‘wicked problems’ that requires the collaboration of many fields of expertise. How to build the bridge between researchers and practitioners is a recurring and ongoing discussion in many fields, and increasing the reach and impact of geographical therapeutic landscape theory beyond disciplinary platforms of debate remains a challenge. Key reasons may be the inaccessibility of research output for professionals and the fact that this literature rarely translates results into design guidelines. The literature also rarely includes mixed-methods approaches (for an exception, see Curtis et al. 2007). Thus, future research on urban therapeutic landscapes would do well to explore the combination of qualitative methodologies with quantitative and experimental methods that may increase opportunities for broader collaboration and knowledge exchange. Cross-disciplinary research informed by the concept of therapeutic landscapes can enrich other approaches, such as the revival of bioregionalism (Hubbard et al. 2023), and the new concepts of social-ecological urbanism (Colding et al. 2022) and neurourbanism (Pykett et al. 2020), which advocate for green infrastructure, biodiversity conservation, and sustainable design practices that prioritise the well-being of both humans and the natural environment.

## Notes

1. See, for example, the Green Vision 2020–2050 of the City of Amsterdam: <https://www.amsterdam.nl/en/policy/policy-green-space/>.
2. <https://www.breda.nl/>.

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