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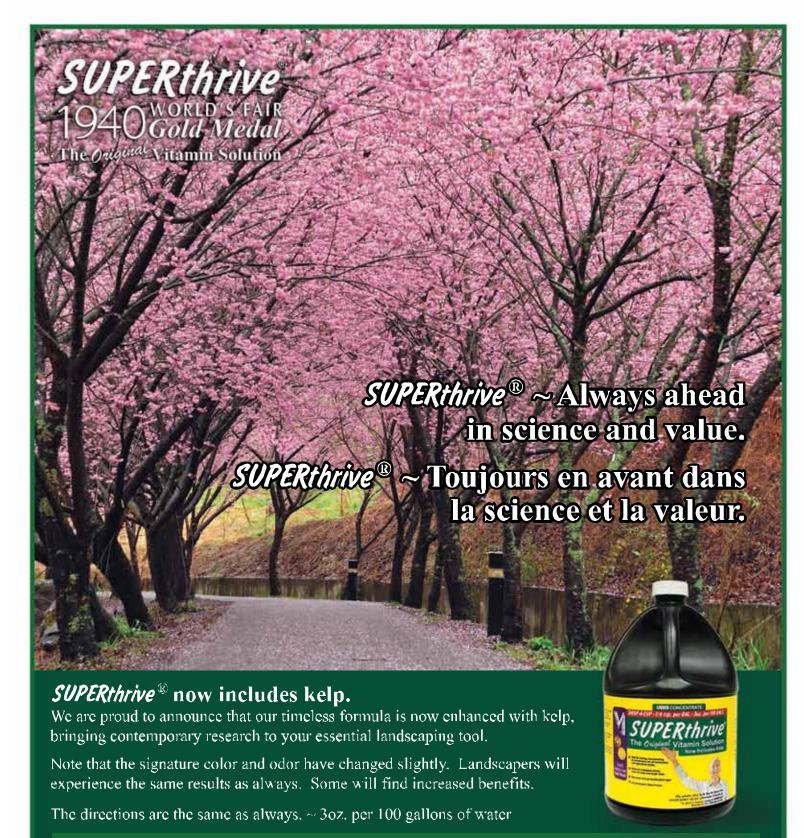
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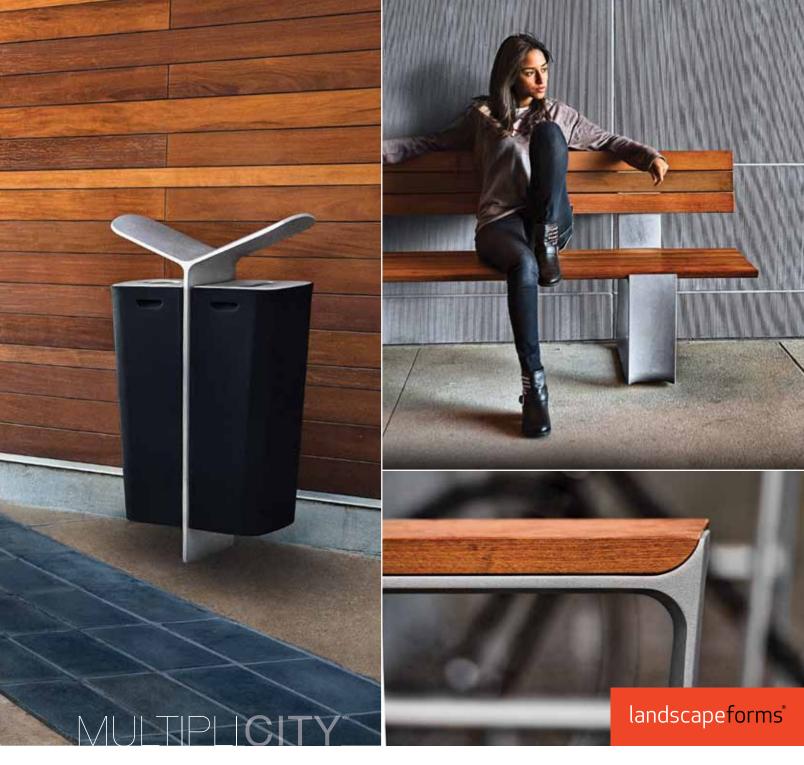








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WEST PARK HEALTH CARE CENTRE, TORONTO PHOTO VERTECHS DESIGN INC.



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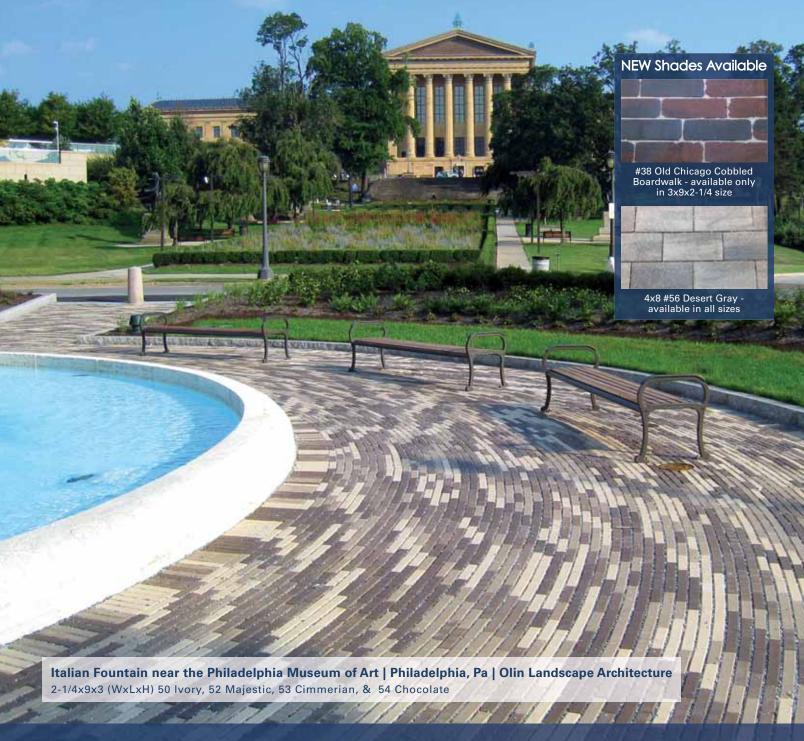
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### **HEALING**

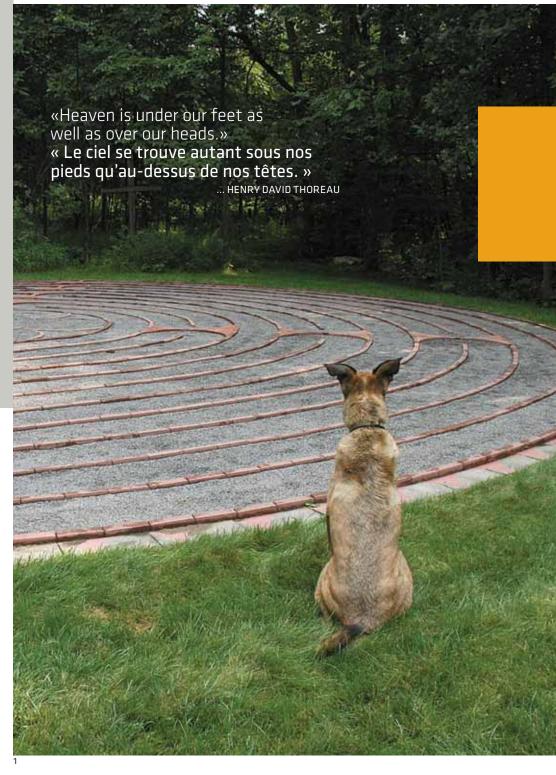
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VIRGINIA BURT GUEST EDITOR | REDACTRICE INVITÉE



# BEING « SOMEWHERE ELSE INSTEAD » ÊTRE « PLUTÔT AILLEURS »

ΕN

**REFLECTING UPON THE DIVERSITY** of experience shown in this issue, I am reminded, once again of the importance of landscape architecture. Landscapes and gardens, both large and small, whether urban or rural, remote or in the downtown core, play a huge role in human health. The spaces can create hope, encouraging interaction with others – and daily, further research emerges illustrating the importance of our exposure to nature.

For the many LAs whose work and ideas are profiled in this issue, the experience of creating a healing landscape is both incredibly rewarding professionally and intensely personal. Cornelia Hahn Oberlander first conceived of a delightful garden in response to the stark rooftop view from her hospital bed. Chris Grosset launched the project to build Coral Harbour's Whale Plaza to bring working hands back to the land. The commonality is the creation of an experience that is rich and meaningful.

We receive inspiration from so many sources, be it from a children's poem, or an ailing loved one, or a personal brush with nature. The work on these pages is creative, and can truly transport us "somewhere else instead". As Guest Editor, I thank you for this opportunity to be inspired all over again!

Virginia@visionscapes.ca

FR

**EN CONSTATANT LA DIVERSITÉ** des expériences présentées dans ce numéro, je me rappelle, une fois de plus de l'importance de l'architecture de paysage. Les paysages et les jardins, à la fois grands et petits, urbains ou ruraux, éloignés ou en plein centre-ville, jouent un rôle important dans la santé humaine. Ces espaces peuvent créer de l'espoir, promouvoir l'interaction avec les autres – et tous les jours, de nouvelles recherches démontrent l'importance de notre exposition à la nature.

Pour les nombreux AP dont le travail et les idées sont décrits dans ce numéro, l'expérience de la création d'un paysage thérapeutique est à la fois incroyablement enrichissante sur le plan professionnel et intensément personnelle. Cornelia Hahn Oberlander a d'abord conçu un ravissant jardin pour égayer un toit austère qu'elle apercevait de son lit d'hôpital. Chris Grosset a lancé le projet de construction de la Whale Plaza de Coral Harbour pour promouvoir le retour à la terre. Le point commun est la création d'une expérience riche et significative.

Nous recevons l'inspiration de tant de sources, que ce soit d'une comptine pour enfants, d'un proche frappé par la maladie, ou du contact personnel avec la nature. Les oeuvres illustrées ici sont imaginatives, et peuvent vraiment nous transporter « plutôt ailleurs ». Comme rédactrice invitée, je vous remercie de cette inspiration nouvelle!

Virginia@visionscapes.ca

1 ANAM CARA. CHAFFEY'S LOCK, RIDEAU CANAL, ONTARIO 2 VIRGINIA BURT | 1 ÉCLUSE CHAFFEY, CANAL RIDEAU 2 VIRGINIA BURT PHOTO 1 VANESSA COMPTON

## **UPFRONT | PROLOGUE**





### **WANDER WAYS**

CHERYL DIXON

Riverview Health Centre in Winnipeg, Manitoba, offers several outdoor spaces for patients, residents and visitors. Scatliff+Miller+Murray worked with the Riverview Health Foundation to renovate the existing "Wander Ways" garden to improve wayfinding and circulation, and enhance the outdoor experience for patients living with dementia. The new design transforms an existing greenspace into a sensory garden that is easily navigated. Two wooden trellises clearly identify access to the garden, helping to cue patients and orient users. The continuous loop pathway is wide enough to allow wheelchairs to pass, and edges are clearly defined to improve accessibility. Seating areas with trees and shrubs add

texture, interest and shade while raised planters bring the greenery within reach of the patients. At the centre is a parterre garden, lush with flowering plants and a birdbath to attract butterflies and wildlife. As a result, "Wander Ways" is sensitive to the abilities and experiences of patients living with dementia and is welcoming and inviting to all users.

**CHERYL DIXON**, MALA, CSLA, is a landscape architect with Scatliff+Miller+Murray in Winnipeg. Cheryl has an affinity for working on schools, community centres and therapeutic landscapes, including the École St. Avila School Ground Greening Project, which was recently recognized with a 2013 Manitoba Excellence in Sustainability Award. cdixon@scatliff.ca

PHOTOS SCATTLIFF+MILLER+MURRAY





## JET STREAMS FOR ALL SEASONS

ΕN

In our last issue, LP explained the art and science behind the towering jets of water that enliven the London skyline. Guelph, too, has a hugely popular water feature by Dan Euser of DEW Inc., where the jets play with both water and light, in the City Hall courtyard designed by Janet Rosenberg Studio. Dan Euser, explains:

"The public has been drawn into this area: the Courtyard has made a really great change. In busy urban areas it's so important to have spaces that can be used all seasons. In summer we have sprays, but in the winter we have the ice rink option. When you use large jets, you have to be very careful about safety, so that kids don't put their faces into the jets. So we've extended large shrouds that go around the jets, which extend well above people's height. They are actually much more than just shrouds; they are pieces of sculpture. We worked with a Québec artist, Jean-Pierre Morin, who developed them. Having them perforated is really interesting because you can then light them and they become like lanterns. Jets or no jets, they become a sculptural element even in the winter."

DAN EUSER, President of Dan Euser Waterarchitecutre Inc. (DEW), designs 50–100 water features each year. See his work on the 9-11 Memorial in LP fall, 2013. dan@dewinc.biz GUELPH CITY HALL COURTYARD DESIGN BY JANET ROSENBERG STUDIO; SEVEN SCULPTURAL JETS BY CANADIAN ARTIST JEAN-PIERRE MORIN | COUR DE L'HÔTEL DE VILLE DE GUELPH, CONÇUE PAR JANET ROSENBERG STUDIO, SEPT JETS SCULPTURAUX PAR L'ARTISTE CANADIEN JEAN-PIERRE MORIN

PHOTOS COURTESY JANET ROSENBERG STUDIO, PHOTOGRAPHER JEFF MCNEILL | PHOTO GRACIEUSEMENT FOURNIE PAR JANET ROSENBERG STUDIO, PHOTOGRAPHE JEFF MCNEILL

# WHAT ARE HIAS AND WHY SHOULD WE CARE?

**DENISE HUSBAND** 

EN\_

Health Impact Assessments (HIA), an evolving tool utilized by health practitioners to ensure that development will consider impacts on public health, represent an exceptional opportunity for the profession to extend its influence on public health and well-being. Because HIAs demonstrate the value of landscape planning in quantifiable terms, they offer LAs the opportunity to increase the profession's impact on society and the environment by connecting to the HIA process. The World Health Organization (WHO) defines Health Impact Assessments as "a holistic interpretation of health linking the complex interrelationships between social, economic, political and cultural health determinants with the natural environment." Recognition of their importance began with the publishing of Health Canada's Canadian Handbook on Health Impact Assessment and advanced through projects such as the HIA Software Tool, developed to build healthier communities in Toronto. The useful tool fostered strategies to address key issues like climate change and transportation choices. Utilizing such HIA tools, and other resources available through the WHO and Centers for Disease Control and Prevention (CDC), landscape architects can advance the HIA concept. As a first step, more LAs need to learn to conduct HIAs. The CDC website offers Parks and Trails as well as Transportation HIA Toolkits that explain the "what, why and how to" of the process. LAs can also reach out to assist public health officials in developing policies that have an impact on planning and design. Better yet, LAs could take a bold step and encourage the creation of an HIA curriculum to educate professionals, the healthcare community, policy makers and the public on the value of landscape architecture to our health and well-being.

**DENISE HUSBAND,** together with Ian Wasson + Joel Albizo, explores the biggest public health challenge of the 21st century, chronic disease, on page 38. **denisehusband@gmail.com** 

HEALTHIER TRANSPORT: BIXI BIKES IN MONTREAL |





## ROOTBALL KNOW-HOW

ΕN

We couldn't resist passing along this image of root-ball know how, practiced by an American firm, More Than Trees Inc., which specializes in harvesting and relocation of large plant material in the USA. "We have mobile units ready to go to your destination with tree spades up to 105 inches (266cm) in size. We are known for our unique and nearly forgotten practice of hand harvesting and drum lacing," said Jamie Covell. The size of this specimen? Fully 70 feet tall (21m) with a rootball 18.5 feet (5.6m) in diameter weighing 103,000 lbs. (46.7 metric tonnes). For more fun, check out the images on the site: www.morethantreesinc.net

jccmtt@yahoo.com treemanjc@yahoo.com

## FOREST BATHING

Shirin-yoku, which translates roughly as "forest bathing," was originally introduced by the Forest Agency of Japan to promote walking and health. It has since become a popular practice. Read about the remarkable benefits in our featured excerpt from Therapeutic Landscapes, by Clare Cooper Marcus and Naomi Sachs.

# TRANSITIONS – THAT FIRST STEP

**DEBORAH LEFRANK** 

For landscape architects who are integrated early into health care facility design teams, a key consideration is the creation of seamless transitions from indoor to outdoor environments. Smooth transitions are incredible motivators, drawing people into the outdoor landscape. Two very different facilities in Victoria, B.C. illustrate different design strategies, and therefore different detailing of pedestrian surfaces.

### THE WAY OUT

The Lodge at Broadmead is an extended care facility that is home to 229 residents, most with cognitive challenges. The Lodge has nine interior courtyard gardens. All are fully accessible, and pressure sensitive mats automatically open the doors, encouraging people to go outside. Since the majority of the elderly experience significant light sensitivity, each garden entrance features a semi-sheltered transition. This allows eyes to adjust before the residents venture out. Standard bright grey concrete creates significant glare, so Broadmead uses coloured concrete paving – an excellent practice for all long-term care projects.

Outdoors, the courtyards are essentially level, with minimal slopes to the numerous small drain inlets set to 1.5° maximum. The pathways are simple loops beginning and ending at the same door to eliminate confusion; handrails and seating offer security, and interesting details and sculptures act as wayfinders and distance markers, encouraging "one more step."

### THE WAY IN

At the Royal Jubilee Hospital, wayfinding is immediately critical: the RJH is an acute care facility for 500 patients, accommodating multiple types of transitions. The three public sides of the hospital are connected by a designated wellness walkway, paved in coloured concrete with an embedded symbol that reinforces wayfinding. At the main entrance with its covered drop-off zone, the pedestrian has first priority. Road levels match the building level, allowing patients to be wheeled to awaiting vehicles without navigating a grade change, and the raised area continues across the road to direct visitors to the car park.



FEATURED ONLINE IN LP+





- -

The hospital's east and west sides offer walking options and welcome views of the landscape for those indoors. On the west-facing streetscape, paved walkways provide a transition between the hospital campus and the neighborhood, and two large grass footprints, visible from the floors above, break up the open space. On the east is the garden. A large glass wall showcases the lush landscape, with its natural rock outcrop, cascading water, and views of historic buildings in the distance. The upper plaza is easily accessed via an outdoor staircase or a ramp that meanders through a Japanese garden. Here, two physiotherapy rehab stations incorporate stairs, a walkway, and stepping stones set in gravel, to help prepare patients for the transition to the every-day world.

For landscape architects, enabling transitions is all-important. My challenge to the profession is this: borrow a wheelchair from the Red Cross for half a day, and experience the challenges first-hand. The encounter will be empowering, enabling us to better influence how the physically challenged will fare in the landscapes we create.

### Deborah LeFrank lefrank@shaw.ca

1 ROYAL JUBILEE HOSPITAL: PATIENT GARDEN WITH SIDE PATH USING FLAGSTONE PAVING (WORK DONE IN CONJUNCTION WITH DURANTE KREUK LTD.) 2 SAANICH PENINSULA HOSPITAL 3 + 4 THE LODGE AT BROADMEAD: AN EXTENDED CARE FACILITY | 1 ROYAL JUBILEE HOSPITAL: JARDIN ET SENTIER DE DALLES (RÉALISÉ EN COLLABORATION AVEC DURANTE KREUK LTD.) 2 SAANICH PENINSULA HOSPITAL 3+4 PAVILLON BROADMEAD: CENTRE DE SOINS PROLONGÉS

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# TWO NEW LANDSCAPE ARCHITECTURE DEGREE PROGRAMS IN ATLANTIC CANADA

CHRISTINE MACY

In the wake of its 2012 merger with the Nova Scotia Agricultural College, Dalhousie University will soon be launching two new degree programs in landscape architecture. A collaboration between the new Faculty of Agriculture (formerly the NSAC) and the Faculty of Architecture and Planning, these programs have been designed to address the full spectrum of a landscape architecture education. The four-year Bachelor of Technology in Landscape Architecture, based in the Faculty of Agriculture, will be unique in Canada, providing a strong technical and hands-on approach to landscape architecture that is rooted in horticultural, plant and soils science and which will benefit from the Faculty of Agriculture's excellent relationships with government and industry. The three-year Master of Landscape Architecture program, based in the Faculty of Architecture and Planning, will focus on innovative design, professional competencies and cutting-edge research in the discipline, such as urban agriculture, green roofs, brownfields reclamation and the design of engineered wetlands.

While the two programs will serve different employment and education needs, they have been designed to utilize the strengths of each Faculty, merging Agriculture's expertise in plant science, horticulture and agricultural research and Architecture and Planning's national reputation for excellence in design teaching, co-operative education, environmental planning, community engagement and project-based learning. Both programs are structured to meet the standards for professional accreditation by the CSLA, and both will contain a significant component of cooperative education, work placements and professional practice skills.

### A SUPERB LABORATORY

Atlantic Canada offers an exceptional environment for the study, research and practice of landscape architecture. Nova Scotia includes extraordinarily diverse landscapes, both biologically (including four distinct coastal environments, agrarian, riparian, and forest settings), and culturally (with a colonial and industrial presence dating back to the 18th century and a significant touristic component of more recent vintage.) It is the site of





1. 2

Atlantic Canada is a superb laboratory for the study of landscapes. | Le Canada atlantique est un superbe laboratoire pour l'étude des paysages.

world wonders such as the Bay of Fundy and hugely challenging environmental cleanup projects such as the Sydney Tar Ponds. In short, it is a superb laboratory for the study of landscapes.

Dalhousie's Agricultural Campus is in Truro, in the agricultural heartland of Nova Scotia and the world-famous tidal basins of the Bay of Fundy. It benefits from excellent relationships to employers and industry in the landscape, agriculture and horticulture sector. The Faculty of Architecture and Planning is in downtown Halifax, the academic, cultural and economic centre of Atlantic Canada. The programs will be networked with distance learning facilities, enabling students and faculty to communicate and collaborate across the two campuses. The BTech program is expected to enroll its first class in September 2014, and the MLA a year later. The annual intake for each program is anticipated to be 20 to 25 students each year.

**CHRISTINE MACY** is Dean of the Faculty of Architecture and Planning at Dalhousie University. **Christine.Macy@dal.ca** 

1+2 THE STUNNING LANDSCAPE OF THE BAY OF FUNDY REGION STANDS IN SHARP CONTRAST TO THIS VIEW OF THE ONGOING RECLAMATION OF THE NOTORIOUS SYDNEY TAR PONDS, NOW BECOMING HISTORY. WATCH UPCOMING ISSUES OF LP FOR THE STORY OF THE RECLAIMED LANDSCAPE OF OPEN HEARTH PARK, OPENED TO THE PUBLIC IN 2013 (DETAILED DESIGN BY STANTEC LTD./VOLLICK MCKEE PETERSMANN LTD.).

PHOTOS 1 WAYMOREAWESOMER/ISTOCK/THINKSTOCK 2 PHOTO SYDNEY TAR PONDS AGENCY



# MONTRÉAL RECONQUISE MATHIEU DRAPEAU + JÉRÔME GLAD

L'exode vers la banlieue a longtemps été poussé par la nécessité de se reconnecter avec la nature, de retrouver un mode de vie plus calme, à l'abri du stress des milieux densément peuplés. Cet idéal de nature en a désillusionné plus d'un, l'organisation de ces espaces finissant par détruire tour à tour tout paysage naturel. Loin de l'image bucolique de la campagne, la banlieue s'est transformée en un non lieu, ni ville ni nature, dominé par les surfaces minérales et un quotidien de distances.

Alors qu'en parallèle, les villes prennent un poids de plus en plus important dans la balance mondiale et que certaines mégapoles semblent oublier toute notion d'échelle humaine, on assiste à Montréal à la naissance d'un nouvel idéal urbain, bien loin des images mégalo d'utopie moderniste.

Quitter la ville? Balayer nos paysages ruraux? Faire renaître le paysage urbain? Pour répondre à ces questions, nombre de Montréalais s'organisent et créent des modèles participatifs desquels émergent des milieux de vie inclusifs, accueillants et verdoyants.

L'action et l'expertise locale des Montréalais ancrés dans leur milieu sont essentielles pour perpétuer l'identité et la spécificité de la métropole. Ces dix dernières années, de nouveaux processus uniques de développement urbain ont vu le jour à Montréal, moins systémiques et plus humains, renouant avec une appropriation citoyenne des milieux.

Encouragée par sa forme urbaine à l'échelle humaine. Montréal favorise les interactions directes avec l'espace public et se démarque de plus en plus par sa créativité et ses initiatives citoyennes. Très sensibles à ce mouvement depuis la réussite du programme des ruelles vertes, les pouvoirs publics reconnaissent la valeur ajoutée de ces interventions participatives.

L'arrondissement Rosemont-La-Petite-Patrie en est un bel exemple, se transformant rue après rue par le rassemblement de voisins poussés par un désir commun de verdissement et d'occupation de l'espace public, renforçant en bout de ligne tout l'esprit communautaire du quartier. Les bandes de trottoirs jadis asphaltées voient apparaitre toutes sortes de végétation, de potagers et

autres interventions renforçant la présence humaine et l'usage qui est fait des rues!

Les ruelles autrefois délaissées sont devenues des lieux de rassemblement emblématiques de la vie de quartier, qu'elles soient vertes ou blanches. Ce foisonnement communautaire s'affiche désormais à la vue de tous, le long de rues qui trop longtemps ont perdu leur animation pour un seul besoin : l'automobile.

Les quartiers en santé se démarqueront ainsi de plus en plus par leur capacité à se transformer par l'appropriation humaine, créant de véritables lieux qui permettent de combattre l'anonymat des grandes métropoles et de réconcilier enfin la ville et la nature.

MATHIEU DRAPEAU est architecte paysagiste à la Directions des grands parcs et du verdissement, Bureau de projets d'aménagement - grands parcs de la Ville de Montréal. mathieu.drapeau@ville. montreal.qc.ca | JÉRÔME GLAD, designer urbain et détenteur d'une maîtrise en architecture de l'Université de Montréal et membre fondateur de l'Association du design urbain du Québec (ADUQ). Il agit comme responsable du portail Internet de l'ADUQ. jeromeglad@gmail.com ADUQ : aduq.ca

1-3 LES MONTRÉALAIS S'ORGANISENT POUR CRÉER DES MODÈLES PARTICIPATIFS DESQUELS ÉMERGENT DES MILIEUX DE VIE INCLUSIFS, ACCUEILLANTS ET VERDOYANTS | 1-3 MONTREALERS COME TOGETHER TO CREATE A GREENER, MORE WELCOMING LIFESTYLE

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VIRGINIA BURT, CSLA, ASLA

# "IT'S SOMEWHERE ELSE INSTEAD"

### **HEALING GARDENS AS TRANSFORMATIVE SPACES**

### HALFWAY DOWN

Halfway up the stairs
Isn't up,
And isn't down.
It isn't in the nursery,
It isn't in the town.
All sorts of funny thoughts
Run around my head: it really isn't
Anywhere!
It's somewhere else instead!
... A.A. Milne (1924)

FR\_LP+
LES JARDINS THÉRAPEUTIQUES
EN TANT QU'ESPACES DE TRANSFORMATION

**OFTEN I AM ASKED**, "What makes a healing garden, healing?" The answer is that any garden is healing and research proves it to be so. It has been my experience, however, that deep transformative experiences can be facilitated in gardens designed specifically for healthcare settings. Healing Gardens and exterior natural spaces within healthcare settings create liminal spaces that facilitate transformation in individuals, small groups and communities.

In *Revisioning the Earth*, Paul Devereaux's practical guide to using the power and energy of nature to heal ourselves (1996), he writes that a "liminal condition is a phase of transition between different states of being, and can apply to a wide variety of circumstances – social, ritual, temporal and spatial."

Educator Edmund O'Sullivan (1999) sees the inherent potential therein. Exploring healing gardens as liminal spaces that move beyond traditional landscape architecture into the realm of transformative learning can lead to "a deep structural shift in the basic premises of thoughts, feelings and actions... that dramatically alters our way of being in the world."

### **WAITING IN LIMINAL SPACE**

Healing gardens are intentionally designed to provide a physical space that supports people who are dealing with disruptions in their lives: the present is confusing and the future uncertain. A person with a challenging health issue of their own or of a loved one, is waiting in liminal space, suspended at the threshold of new experiences. When a healing garden is designed specifically to attend to this dynamic and exponential shift for people, it becomes a space for potential transformation. The Schneider Healing Garden at Seidman Cancer Center (SCC) is one such liminal space, located at the threshold that separates SCC from the vibrant city at the door. The overall concept for the garden as liminal space is lightly summarized by A.A. Milne's beloved childhood character, Christopher Robin, in the poem called "Halfway Down" (see page 20).

### **ALL SORTS OF FUNNY THOUGHTS**

Gardens as transformative spaces are best designed using an iterative process that engages people – patients, family members, caregivers, volunteers, staff, donors and management – so the design of the place is meaningful to all involved. During the participatory input sessions for the Schneider Healing Garden, cancer survivors, family members and caregivers asked for an "oasis," a place to "take a breath." As design team leader, I interpreted the essence of this as an archetypal island, as described by Julie Messervy (1996). When we used the intention to create "somewhere else instead" in this new space, it provided clarity for each design decision.

Human-made transformative spaces often encompass four physical aspects: Gateway, Boundary, Centre and Path. Each of these aspects can provide opportunities for individuals to explore on their own, and they also relate to programming for learning opportunities in "communitas," as described by Devereaux. These gardens do not stand on their own as liminal, healing spaces. Healing experiences are created through the ongoing interaction of people, place and programming. Hanne De Jaegher and others (2007) describe this in "Participatory Sense-Making." Most interpersonal understanding, they write, is "done in the live, real-time, sometimes precarious, connecting between people in an ongoing social encounter." This is the world of dynamic co-emergence resulting in transformative learning.

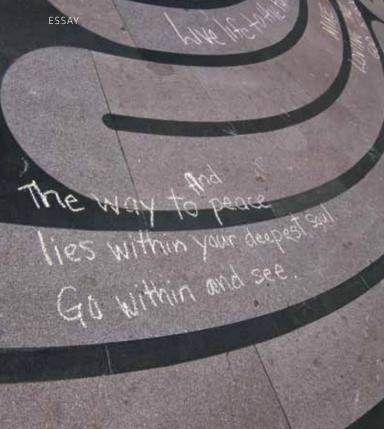
"People" are all those who are involved in experiencing the garden. "Place" implies that the garden is not a leftover space between buildings, disconnected from what happens inside, but integral to the whole. The Schneider Healing Garden, for example, is adjacent to the front entry where it is seen immediately from the vehicular drop off. The garden is also



...healing gardens can open visitors to transformative learning. | ... les jardins thérapeutiques peuvent ouvrir les visiteurs à des connaissances qui les transforment.

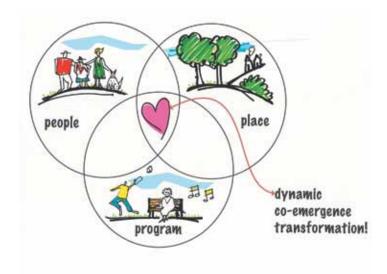
PHOTOS 1 VIRGINIA BURT IN THE LABYRINTH: SCHNEIDER HEALING GARDEN AT CLEVELAND'S SEIDMAN CANCER CENTRE 2 FRACTAL GATE WITH CROCOSMIA | 1 VIRGINIA BURT DANS LE LABYRINTHE: JARDIN THÉRAPEUTIQUE SCHNEIDER DU CENTRE D'ONCOLOGIE SEIDMAN 2 PORTE FRACTALE AVEC CROCOSMIA.

PHOTOS 1 + 2 BRAD FEINKNOPF PHOTOGRAPHY





3



PHOTOS 3 HAIKU WRITTEN IN CHALK ON THE
LABYRINTH 4 WALKING MEDITATION 5 TRACING THE
LABYRINTH DRAWING: HEALING EXPERIENCES ARE
CREATED THROUGH INTERACTION | 3 HAIKU INSCRIT À
LA CRAIE SUR LE LABYRINTHE 4 MARCHE MÉDITATIVE

THÉRAPEUTIQUES SONT CRÉÉES PAR L'INTERACTION
PHOTOS 3 TERRYL KOETH 4 ERIC MULL PHOTOGRAPHY 5 PLAIN
DEALER SKETCH: VIRGINIA BURT

5 TRACÉ DU LABYRINTHE DESSIN : LES EXPÉRIENCES

seen from every floor above by approximately 2000 patients and caregivers in surrounding buildings. "Programming" includes the multiple and singular experiences that are actually held in the garden – everything from a single person connecting to the planned environment of the garden, to small group experiences to community-wide events.

### **HOW CONNECTIONS HAPPEN**

Transformative learning can happen in so many ways.

1 In the Schneider Healing Garden, visitors become immediately immersed in unusual plants and trees as they make the journey down a ramped path to arrive at a carved stone labyrinth, whose center is an omphalos of possible experience – a metaphoric liminal space unto itself. Walks are programmed by the chaplains within Seidman Cancer Center, who invite individuals or groups to experience three "I's": Initiation (taking the first step, facing one's fears), Illumination (arriving at the centre rose, achieving understanding), and Integration (following turns along the path, learning along the way). During one such walk held on the winter solstice, people carried candles signifying bringing light to the shortest day of the year. During and after the walk, a temporal experience in community, participants released emotions from tears to laughter, shared insights into their journey with cancer, and expressed a deepening understanding and clarity.





**2** Air, Earth, Wind and Fire are represented in the Schneider Healing Garden through a variety of sculptural elements, arranged in four cardinal directions, to provide natural distraction and stimulate reflection. Staff held a harvest event for patients, families and caregivers to walk the labyrinth together and experience these sculptural elements as symbols of their journey, and then engage in writing Haiku poetry about their experiences in the garden.

**3** A father of six young children, at Seidman Cancer Center for extended treatment, told me that he was unable to visit the Healing Garden due to his immune deficiency. However, each night he would look down from his sixth floor room and trace the labyrinth with his finger. (It is intentionally accented with lighting programmed to cycle through all seven colours of the chakras.) He described the experience as the one thing that helped him cope with the anxiety of treatment and remain strong with his children.

**4** A self-employed businessman, diagnosed with cancer, was required to remain at Seidman Cancer Center for 30 days of treatment. During this time, he insisted that caregivers and family alike unhook his treatment port daily to allow him to go to the Healing Garden. His wife found me there by chance one day and said, "This space, this garden, is the only thing that kept my husband here. Thank you, thank you so much for creating it."

... each night he would look down from his sixth floor room and trace the labyrinth with his finger...

...chaque soir, il regardait par la fenêtre de sa chambre au sixième étage et traçait le labyrinthe avec son doigt...

**5** A hospital administrator takes one of her difficult staff members out into the garden for meetings to physically and literally "clear the air."

Examples such as these tell us that healing gardens that are carefully designed and programmed for human experience and transition can lead to profound experiences and open visitors to the possibility of transformative learning. Devereux describes this well: "In our effort to understand place, [we find that] those liminal spaces... where visions can be had, where hierophanies can erupt, or boundaries...can be breached, are the greatest teachers."

Virginia@visionscapes.ca For references, visit LP+. Pour des références, visitez LP+.

# MY FAVOURITE PLACE

### EN

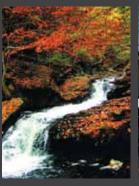
Guest Editor Virginia Burt invited our authors to share their favourite lump-in-the-throat healing place – be it a garden, a woodland, a backyard, or even (yes!) an office. Why not share YOUR healing place on the CSLA facebook site? Just send a photo to our Editorial Board facebook guru, Natalie Walliser: nwalliser@gmail.com

### 01 CHRIS GROSSET

My favorite place is **The Tundra** because it humbles me. It reminds me about the scale of the natural world and what we stand to lose when we don't respect nature. Arctic people, past and present, teach me about resiliency, and enjoying the time we have here.

The tundra heals me – the reminders of the presence of humans in a vast landscape; the friendships and the challenge of staying in a zen headspace even when 1,000 mosquitos are eating you.









MON LIEU DE GUÉRIR PRÉFÉRÉ

### FR

La rédactrice invitée Virginia Burt a demandé à nos auteurs à décrire le lieu de guérir qui les émeut le plus – jardin, forêt, cour arrière ou même (eh oui!) un bureau. Pourquoi ne pas décrire VOTRE lieu de guérir sur le site Facebook de l'AAPC? Il suffit d'envoyer la photo à notre gourou Facebook Natalie Walliser : nwalliser@gmail.com

### **105** IAN WASSON

In Japan, you can get a prescription for Forest Bathing to relieve stress and associated malignancies. I have no prescription here in Canada, but my worries wash away in the Coastal Western Hemlock Biogeoclimatic zones. These warm, fresh and green microclimates are full of life year round. On Vancouver Island, Long Beach's stands of enormous old growth are nothing short of awe inspiring. On the Gulf Islands, trees are sculptures contorted by wind and parched summers. Closer to home, in Pacific Spirit Park, younger trees and associated plants are magnets for the community, who are as likely to fill the trails on Christmas Day as in spring or summer. (See our online excerpt in LP+, Forest Bathing.)

### **102** DENISE HUSBAND

As landscape architects, we are responsible for protecting and conserving one of my favorite healing places, the forest. When I am in the forest, I am truly **Somewhere Else Instead.** Since my childhood, the trees, soil, water and rocks have brought a sense of well-being through the colours and textures and the interplay of light – so relaxing and calming, especially in the fall. There is something soothing about the sound of the forest streams and the leaves and branches underfoot – and it is all where I live and work at Delaware State Parks.

### **103** BHAVANA BONDE

Imagine the healing environment as part of your everyday life! My favourite healing place is my **Work,** in the multidisciplinary office of Smith Carter in Winnipeg. I work in the first LEED platinum building in Manitoba, and it is a great pleasure to be in this healing environment every day, with ample light, fresh air, great acoustics and a magnificent view of the forest.

### **04** LINDA IRVINE

Markham's **Experiential Children's Garden,** designed by LP's Guest Editor and my friend Virginia Burt, is my favourite healing place. I am not alone. This very popular garden maze, located in a flood plain in the heart of the historic Village of Unionville, provides imaginative and nature-based play experiences not only for children, but also spiritual and healing experiences for residents of all ages.









| 06

### **06** GLYNIS LOGUE

A magical hiking trail lies on the southeast edge of Guelph called **Starkey** Hill. This 100-acre forest is a mainstay for my family. It replenishes our spirits whenever we need a quick connect with nature. Inside its coniferous perimeter are a plethora of towering beech trees and ephemeral ponds. The rugged beauty is our backdrop as we discover... uncover... recover from any stresses. We rarely talk. Our eyes and ears are peeled for umpteen cheerful chirps as we drop off seed to the black-capped chickadee feeders. I call this place our **Chickadee Divine.** When each journey ends, we are restored, thanks to this gently undulating path and a charming little bird.

### **107 MARY JANE LOVERING**

I am very fond of **Sheena's place**, a centre in downtown Toronto that offers group support for individuals affected by eating disorders. The healing garden was shaped through the application of feng shui symbolic systems. The garden faces east so the resultant dominant element is wood, with a colour spectrum of green and blue. Pathways meander through the garden to a larger gathering space. Because moving water brings luck, a wall mounted fountain adds soothing stimulation through the quiet sound of flowing water.

### **08** VIRGINIA BURT

One of my favourite healing places is our back garden in March – spring bluebird days with the last crisp snowfall. To me, creation of a snow labyrinth at this time of year brings a sense of joy and gratitude. Another layer of meaningful experience is added as we walk the snow labyrinth in silvery moonlight, often with great laughter as friends and family make their frosty way to the centre. Finally, the pattern is visually transporting. Seen from the master bedroom, the labyrinth reflects sparkling stars. I have a sense of wonder; the pattern seems to invite the universe down into my garden each night.

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GLYNIS LOGUE

# INTENTIONAL NAVIGATION ON THE ROAD TO HEALING

"My father and I loved to stroll around a small pond outside his long-term care facility in Edmonton, where he spent his last few years battling dementia and Parkinson's Disease. It was reassuring to see that he knew how to navigate his wellness right up to the very end, always directing me to slow down, speed up, turn left or right, back or forward in his wheelchair as I would chuckle and follow. Thankfully, the recent proliferation of therapeutic gardens has triggered intentional wellness, offering all patients the physical means and mental confidence to remain in the driver's seat."

...GLYNIS LOGUE

FR\_ SUR LA VOIE DE LA GUÉRIR

Le Pearson Motion Garden du St. Joseph's Health Centre de Guelph est un espace extérieur unique démontrant les subtilités des environnements thérapeutiques. Achevé en 2012 et offrant un traitement complet, le jardin comprend cinq espaces de convalescence conçus pour rétablir la force, l'équilibre, l'agilité, la stabilité et la résilience. Il vise à remodeler l'avenir de la guérir au-delà de ce que permet une installation intérieure.

1 CEDAR GAZEBO FOR OUTDOOR TEACHING AND SOCIALIZING 2 PUTTING GREEN | 1 KIOSQUE DE CÊDRE POUR LES COURS EN PLEIN AIR ET LES RENCONTRES 2 MINIGOLF PHOTOS GLYNIS LOGUE ΕN

THERE IS LITTLE doubt that gardens can deliver extraordinary healing but surprisingly, it is only lately that society has reached a tipping point. The demand for enabling landscapes is sweeping across North American cities, as people everywhere awaken to the value – indeed, the necessity – of "green" healthcare. This trending toward healing through garden design is heartfelt. Those who design enabling spaces are defining the parameters for a physical and emotional journey that can stimulate recovery from illness or acute trauma to wellness.

### PIONEERING PROGRESSIVE THERAPIES

St. Joseph's Health Centre in Guelph built its first therapeutic garden in 1997, and since then anticipated a future where outdoor rehabilitation was a reality. The Centre has a well-established horticultural emphasis; any new space needed to complement this with the latest advances in comprehensive treatment. St. Joseph's envisioned a rehabilitative garden where patients could reduce negative emotions, uncouple pain and realize significant restorative results.

Completed in 2012, the Pearson Motion Garden is a one-of-a-kind outdoor space that demonstrates the intricacy of therapeutic environments. It aims at nothing less than reshaping the future of healing, beyond anything possible in an indoor facility. The garden articulates the potential for healing landscapes to solve problems, push boundaries and artfully measure how well interventions meet pre-determined goals.

The planning began in 2008 when I joined a dedicated team of healthcare professionals to envision an open-air room, incorporating physical, occupational, recreational, speech and horticultural therapies. Using evidence-based design, we would transform 1,000 square metres of land, to become a less-thanconventional rehabilitation garden. Each

staff member developed a list of criteria for physical and cognitive improvement, as currently expected in existing gym activities. In turn, I outlined equivalent garden features and the anticipated therapeutic impact when clients engaged in a six-week experience. We mapped out five recovery spaces designed for strength, balance, agility, stability and resilience. The spaces were tied deeply together to trigger immune response, and help patients realize meaningful progress while awakening a sense of infinite possibility.

## MANOEUVERING FROM FEAR TO CONFIDENCE

The universal symbol of a figure eight became the foundation of the design. Multiple circuits were interwoven, each geared toward incremental re-learning. The main path loops into and out of challenging terrain. Sequentially and over time and space, clients proceed from simple to complex, and assisted to independent activities. Every in-patient is given a customized schedule. For instance, a patient recovering from a hip fracture will spend their first few weeks adjusting in order to lower anxiety: the patient may begin with short intervals of stretching and gardening in the centre for resilience, where raised beds are tucked close to the building. The centre for stability and the gazebo add a social element, through mingling and group sessions. Gradually strength and balance centres are introduced, as patients practice with staff, wheeling up and down ramps, standing using a sturdy pole, lifting various weights and stepping over barriers such as cobblestone and curbs. As therapy continues, patients and therapists choose tasks and increase distances, including many outdoor activities: barbecuing, raking leaves, picking tomatoes or hanging laundry on a line. Finally, at the centre for agility, they climb stairs with a cane, swing a golf club, shovel on uneven surfaces or







3, 4, 5

3 WORKING WITH SLIDING WEIGHTS
4 CAR TRANSFER SIMULATION
REQUIRING BENDING, REACHING
AND ROTATION SKILLS 5 LOOKING
THROUGH THE STRENGTH ROOM. ]
3 POIDS COULISSANTS 4 SIMULATEUR
DE MONTÉE EN VOITURE EXIGEANT
DES HABILETÉS DE FLEXION,
D'EXTENSION ET DE ROTATION 5 VUE
À TRAVERS LA SALLE D'EXERCICE

PHOTOS GLYNIS LOGUE

pull up from a low sitting position. By week six, the patient is well equipped to leave the facility and begin outpatient support.

The schedule, however, does not obscure the central vision. It is clear that in the garden, therapy, refuge and nature seamlessly combine. Each of the garden's five centres are steeped in quiet reflection while simultaneously proposing conscious explorations in dexterity, coordination, flexibility and endurance. The design includes a stepping stone grid amongst a mound of thyme, a curving flagstone path with expanding and contracting strides, strength arbours with copper tubing and weighted ipe wood discs, a curving stairway with railings and a car transfer simulation.

### **NAVIGATING THE FUTURE OF WELLNESS**

The garden is truly integrative, outfitted with everything you might expect within a spiritual escape. It offers dappled shade, pull-off zones, enchanting colours, fragrant flowers, functional art, everyday obstacles, trickling water and a full range of accessible elements. It incorporates cedar decking, a dry cobble river bed, stamped coloured concrete, raised planters of various heights, ergonomic seating, levered hanging baskets, a bird feeder, zen rockery and a putting green. Green, sensory elements outweigh hard surfaces and enabling features are braided together, to create small and large looping patterns that logically organize the healing program.

### TRIGGERING TRANSFORMATION

The garden takes therapy out of a traditionally closed setting and uses blue sky and nature to trigger transformation. The Pearson Motion Garden is being used as a unique research site for evidence-based therapeutic design. All patient activity is monitored to adaptively improve services and client performance.

What makes these gardens exceptional is the collaborative nature of the design team and their deep desire to push the envelope of wellness. Landscape architecture offers a robust set of aptitudes to carve out green infrastructure for healing, especially if curative value is measured to evaluate all projects. Designers have a profound opportunity to develop the metrics defining how projects can excel. The future promises a global shift toward health and restorative landscapes. Landscape architecture could steer this field.

### gdlogue@gmail.com

6 CONCEPT PLAN 7 DRY RIVERBED 8 RAISED BEDS 9 A PEASTONE AND BANDES SURÉLEVÉES 9 UN LIT DE RIVIÈRE ASSÉCHÉ EN GRAVILLONS ET GALETS POUR S'EXERCER À LA MARCHE SUR UN TERRAIN ACCIDENTÉ

COBBLESTONE DRY RIVERBED FOR PRACTICING WALKING ON UNEVEN TERRAIN | 6 PLAN CONCEPTUEL 7 LIT DE RIVIÈRE ASSÉCHÉ 8 PLATES







6.7.8

PHOTOS GLYNIS LOGUE



GLYNIS LOGUE + DEIRDRE LOGUE

# **EUPHORIA'S HICCUPS**GARDENING OUR WAY OUT OF ANXIETY

**CHRONIC DEPRESSION...** new psychological disorders...sleepless, stressed, worn-out bodies. This litany of anxiety and suffering make mood control medications a part of our everyday.

At Markham's Honey House last summer, Environmental Designer Glynis Logue and her sister/collaborator, Video Artist Deirdre Logue, created Euphoria's Hiccups: an installation that proposed gardening our way out of the Age of Anxiety. The installation was part of the 2013 *Land/Slide* exhibition on Markham Museum Lands, in which more than 30 artists explored some of the most pressing issues of our world-in-transition.

Euphoria's Hiccups – part indoor video art installation, part outdoor therapy garden – presented hurting and healing in parallel. Inside the Honey House, 20 small video screens displayed evidence of our unsettled unconscious, while numerous small speakers "buzzed" alongside. But these intimate images were paired with an outdoor enabling garden, planted with psychotropic plants that both agitate and calm us. By creating a conflicting pharmacopeia, they pulled comfort and trauma closer together, to explore the balance between wellness and decline.

The planters mimicked the honeycomb-like architecture of the Serotonin molecule (5-HT), the chemical most often associated with happiness. Euphoric plants included Chocolate Peppermint, Lemon Geranium, Late Flowering Red Pineapple Sage, Bush Lavender and Blue New England Aster. As bees came from afar for a hallucinating hit or a calming whiff, the garden offered all visitors a resilient healing passage in the suburban landscape.

The 2013 Exhibition *Land/Slide* (*Possible Futures*) was curated by Janine Marchessault.



Client: St. Joseph's Health

Centre in Guelph

**Design and Construction Supervision:** Glynis Logue

**Budget:** \$350,000 **Completion:** 2012

1 VIDEO ARTIST DEIRDRE LOGUE (L) AND ENVIRONMENTAL DESIGNER GLYNIS LOGUE 2 VIDEO INSTALLATIONS IN THE HONEY HOUSE 3 THE HONEY HOUSE, WITH GARDEN OF SEROTONIN PLANTERS | 1 LA VIDÉASTE DEIRDRE LOGUE (À G.) ET LA CONCEPTRICE ENVIRONNEMENTALE GLYNIS LOGUE 2 INSTALLATIONS VIDÉO DANS LE PAVILLON HONEY HOUSE 3 LE PAVILLON HONEY HOUSE 3 LE PAVILLON HONEY HOUSE AVEC LE JARDIN ANTIDÉPRESSEUR

PHOTOS 1 + 2 WILLIAM PEMULIS 3 GLYNIS LOGUE







MARY JANE LOVERING

# TEXTURE, COLOUR, SOUND +

### TEXTURE, COULEUR, SON + ODEUR

Il y a plus de trente ans, Vertechs Design Inc. a entrepris de déterminer les facteurs d'accessibilité des espaces extérieurs pour les personnes vivant avec des handicaps physiques ou mentaux, et spécialement pour celles qui vivent en institution. Depuis ce temps, ils ont combiné la recherche directe avec la création de plus de 160 installations pour des groupes d'utilisateurs bien distincts. L'auteur décrit en détails l'un de ces projets : les terrains et installations de l'Institut national canadien pour les aveugles de Toronto, dont son jardin odorant.

1 CURVILINEAR PLANTERS WITH FRAGRANT + TEXTURAL PERENNIALS: A SHADED SITTING NOOK IS DETECTABLE BY LIMESTONE SCREENINGS UNDERFOOT | 1 JARDINIÈRES CURVILIGNES AVEC DES VIVACES ODORANTES ET TEXTURÉES : ON DISTINGUE UN RECOIN POUR S'ASSEOIR PAR LE GRAVIER DE CALCAIRE AU SOL.

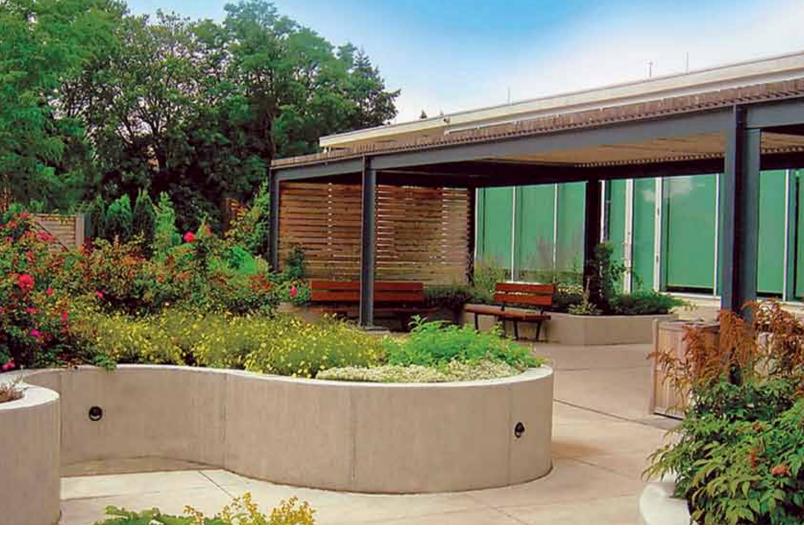
PHOTOS VERTECHS DESIGN INC.

ΕN

MORE THAN THREE decades ago, Inese Bite and I established Vertechs Design Inc. specifically to focus on outdoor spaces for individuals in institutional settings. Our goal was to plan for more than aesthetic outdoor environments. Vertechs Design would determine the factors that best created accessible outdoor spaces for physically and mentally challenged individuals.

### **INTUITION BACKED BY RESEARCH**

Although we knew instinctively that the landscape was integral to the healing process, I had begun my career as a physiotherapist, and witnessed the barriers confronting the elderly who struggled to remain independent in outdoor environments. Nevertheless, we could not rely on anecdotal information. We needed to demystify the changes associated with aging, through careful research. Together with the University of Toronto's Gerontology Department, we catalogued the obstacles. The elderly are often sensitive to glare and lose colour discernment. They can experience problems with depth perception; their strength and endurance are diminished, and their balance and agility compromised.



## **FRAGRANCE**

In the early 1980s, numerous publications dealt with architectural considerations in interior environments, but little systematic thought had been given to the design of outdoor spaces. Objective research was completely lacking. With a grant from the Canada Mortgage and Housing Corporation, we studied ten homes for the aged to better understand how outdoor spaces were used. The research showed that the primary determinant for use of outdoor space was motivation – motivated residents and motivated staff. The second parameter was a desire to be independent: outdoor spaces must be designed for independent use. The third factor was, unsurprisingly, comfort. This was the first step in developing good design principles for outdoor spaces tailored to residents' needs.

### **ROOMS WITH A VIEW**

Almost at the same time, in 1984, the behavioural psychologist Roger Ulrich publicized his remarkable studies. Even views of the natural landscape from *inside* the hospital contributed to positive health outcomes for patients recovering from surgery. His work dramatically underscored the value of therapeutic gardens for all healing facilities.

In Ontario, our firm was spending considerable time not only creating garden designs tailored to meet specific healing goals, but also assessing the outcomes. In association with the University of Toronto's Institute for Life Course and Aging, we examined a garden created for people with Alzheimer's Disease. The study illuminated the importance of pragmatic factors: garden maintenance, organizational support, staff training and accessibility.

### **WALKING IN THEIR SHOES**

Over the years, we have created landscapes for over 160 facilities with markedly different user groups. Ultimately, a therapeutic landscape will endure if, and only if, every detail is configured to motivate patients and visitors to experience the outdoors, and do so as independently and comfortably as possible.

In 2004, for example, the Canadian National Institute for the Blind commissioned Vertechs to design the grounds and amenity spaces for their Toronto Centre. From the outset, the Centre recognized that staff members are critical to programming and care of visitors. At the same time, the Centre tasked designers

The Centre tasked designers with setting new international standards of universal accessibility...
Le Centre a chargé les concepteurs de fixer de nouvelles normes internationales d'accessibilité universelle...

with setting new international standards of universal accessibility for people who are partially sighted and those who are blind or deaf-blind.

Today, the grounds have become an important City landmark. At the building's north end is an expansive outdoor area, partially enclosed by trellises featuring espaliered apple trees. And everywhere throughout the landscape, we utilized wayfinding techniques based on texture, colour contrast, sound and fragrance to orient visitors en route to the main entry, staff area and Fragrant Garden.

An accessible smooth concrete walkway bounded by lush planting leads people to the main entrance. Some walk independently, some with assistants or canes, some with guide dogs. The flowering perennials are in reds and yellows versus blues and greens, which can be difficult to distinguish for individuals who are partially sighted. Near the building, the concrete gives way to a slightly darker, textured natural stone plaza: the contrasting colour and texture tells visually impaired visitors they have reached the entrance, and a detectable warning surface composed of raised domes delineates the edge between pedestrian and vehicular circulation routes.

Indoors, too, darker flooring with lighter edges demarks the way for partially sighted individuals. Outdoors, the textured paving leads visitors to the Fragrant Garden and the dog relief area beyond, which includes a small run and water fountain for guide dogs.

The most direct walking route through the Fragrant Garden, also in darker tactile paving stone, is along the building wall and configured at right angles and straight lines to clearly organize the space for those using a white cane. Curvilinear planter walls at waist height act as a guide to lead blind and partially sighted individuals through the garden, and delineate sitting areas. The planters allow for lush planting on slab, as the entire Fragrant Garden is built on top of an underground parking garage. The raised planters allow people in wheelchairs to experience with their hands an array of different fragrant plants with unique tactile qualities, such as Lamb's Ears with their silver, pubescent foliage.

Limestone screenings texturally distinguish the sitting areas from the circulation routes. Darker flagstone bands separate the limestone from the concrete paving, and the sound of the limestone under foot cues those with diminished vision: they know they have located a sitting nook. The subtle sound of a fountain acts as a wayfinder, and a large pergola provides refuge from the sun. Fragrant flowering shrubs and perennials with interesting textures and varied bloom times challenge the senses, and staff have added wind chimes and textural driftwood to enhance the sensory experience.

Such tangible personal touches from staff are indicative of the CNIB approach. Therapeutic spaces survive only through strong programming and the support of the administration, caregivers and families. The Fragrant Garden, happily, has all this and more. Even local retirees enjoy picking up a coffee and sitting in the Fragrant Garden as part of their morning ritual. "The Fragrant Garden is one of the highlights of the facility," said Gary Baldy, the Director of Property for the CNIB. "Now eight years since inception, the gardens remain in exquisite form. This is a testament to the appreciation of our mandate for sustainability in an institutional setting."

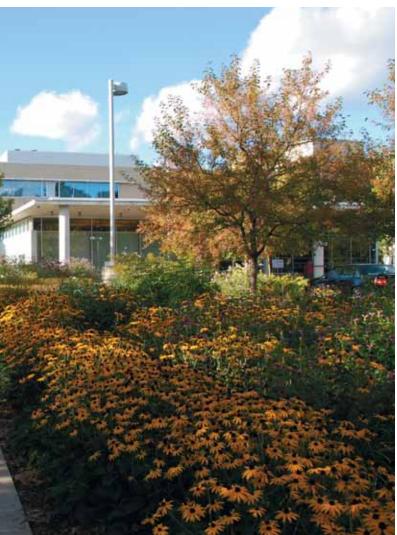
### mjlovering@vertechsdesign.com

2 BIKE PARKING OUTSIDE THE FRAGRANT GARDEN IS SCREENED BY CEDARS AND FRAGRANT ROSES 3 A LINEAR SHADE STRUCTURE IS A FOCAL POINT 4 FRAGRANT LAVENDER | 2 LE STATIONNEMENT À VÉLOS EST SÉPARÉ DU JARDIN ODORANT PAR DES CÈDRES ET DES ROSIERS 3 LA STRUCTURE OMBRAGÉE LINÉAIRE SERT DE POINT FOCAL 4 LAVANDE ODORANTE

PHOTOS VERTECHS DESIGN INC.











VIRGINIA BURT

# A GOOD BENCH

"Somewhere in every garden, there must be at least one spot, a quiet garden seat, in which a person - or two people - can reach into themselves and be in touch with nothing else but nature."

..... CHRISTOPHER ALEXANDER

### FR\_ UN BON BANC

Dans tout jardin, on doit trouver le banc parfait. Virginia Burt décrit les qualités de ce banc idéal et comment créer un havre de sûreté et de fascination.

EN\_

**SOMEWHERE IN EVERY** garden, there must be that perfect bench, as Christopher Alexander so aptly puts it in his 1977 classic reference, A Pattern Language. That "quiet garden seat" will be most used, in my experience, when it is located within a spatial landscape archetype known as "Harbour." The Harbour, one of seven landscape archetypes described by Julie Messervy in The Inward Garden (1996), is common to all healing gardens and, in fact, to all good garden design, whether for people who are healthy or those who are ill. Messervy defines the harbour as "a haven, an embracing space, a space of enclosure, a safe refuge for body and soul."

A bench within a Harbour feels safe, offering just enough privacy, yet remaining a part of the path or garden in which it sits. A Good Bench is usually set just off the main path, where it takes in the view of a beautiful rock or a sculpture or a distant point. It may even be shaped in a semicircle, feeling like a literal harbour embracing those who sit there.

Ideally, if we create a place where people will sit longer, they are apt to receive more of Nature's inherent benefits. Across the world's cultures, "sitting meditation is the universal posture used for accessing

the human resource of wisdom," writes Angeles Arrien in *The Four Fold Way*.

### THE SEAT

Good benches share several qualities. First, consider the seat itself including its comfort, materiality, and orientation to climate. "The amount the brain can take in," says author Dr. John-Roger, "is as much as the butt is comfortable." Yet, too often in gardens for healthcare settings, one comes upon the ubiquitous white plastic chair overturned in a snowbank.

Benches (or chairs) must be ergonomically designed, with backs and armrests. Assign a worthy budget for quality outdoor furniture. This will assist in creating visual coherence, and make the garden inviting. Sitting is ideally an invitation, rather than a navigation.

Materiality becomes a multifaceted decision. Natural materials are always preferable due to our human biophilic tendencies. Ideally, the bench materials will be neutral with respect to ambient temperature absorption (neither too hot nor too cold). The material must also be well draining and relatively easy to maintain.

Orientation, particularly in our Canadian climate, generally means facing south for warming sun exposure in winter, and providing shade in summer. In my own garden, seats face one another across an open expanse of lawn (hiding the septic field beneath). In summer, the north facing bench is

shaded all morning by the tall hedge beyond; the south facing bench is shaded all afternoon. The opposite is true in winter.

### A QUIET BACK

Creation of a quiet back is the second ingredient of a Good Bench. "Small spaces succeed by providing a sense of enclosure" (Kaplan, p.119). So often, people search for places to confront a poor prognosis, or to comfort a loved one, or just to be alone. "Something very often overlooked is privacy," said Clare Cooper Marcus, when she spoke with LP for this issue (see page 54).

On a bench that offers effective enclosure, we are able to track the area beyond, yet feel safely tucked within. This is more fully described in the new book by Clare Cooper Marcus and Naomi Sachs (reviewed on page 59) which explores Jay Appleton's prospect and refuge theory: "the ability to see with a clear view (prospect) from a safe vantage point without being seen (refuge) and without potential danger (hazard), is most comfortable and thus most preferred." A Good Bench should have a quiet back, perhaps formed by a wall or possibly shrubs approximately one metre high, or a thick tree trunk, or evergreens.

### SOMETHING TO LOOK AT...

Third, a Good Bench offers something to look at. Christopher Alexander, again, is frank: "Where outdoor seats are set down without regard for view...they will almost



certainly be useless," he writes. To help create a meditative space, particularly in healing gardens, designers need to provide a natural distraction, also known as a "fascination." There are so many to choose from, from sculptures to aspects of nature aptly described by Kaplan, Kaplan and Ryan, in *With People In Mind.* "Nature is well endowed with objects of fascination in flora, fauna, water and the endless play of light."

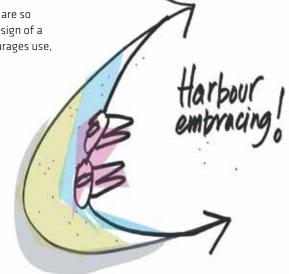
In my experience, these ingredients will create wonderful places to sit. I spoke one day to a cancer survivor, who was sitting on a carved bench custom made to fit most garden visitors perfectly – a Good Bench that has a quiet back formed by a curving wall, and offers a view of low plantings and spruces, with a lovely church window and tower beyond. "I have been treated twice for cancer at University Hospitals in the past seven years and today I am a happily healthy person

who rarely thinks of myself as a cancer survivor," she said. "As I ... sat quietly by myself on one of the rocks that creates a private space at the back of the garden, a wave of emotion washed over me that was completely unexpected."

These unexpected moments are so often due to the salutogenic design of a good bench – design that encourages use, vitality, health and wellness.

For references, see LP+. virginia@visionscapes.ca

PHOTOS + DRAWINGS VIRGINIA BURT



JOEL ALBIZO, DENISE HUSBAND + IAN WASSON

## A HOP, SKIP AND JUMP TO HEALTHY LANDSCAPES

#### FR\_ LP+ DES PAYSAGES SANTÉ EN TROIS ENJAMBÉES

ΕN

**IF THE 19<sup>TH</sup> CENTURY'S** big public health challenge was infectious disease, the 21<sup>st</sup> century's health challenge is chronic disease.

Chronic diseases are the leading cause of death globally; according to the World Health Organisation (WHO), they are responsible for 36 million deaths per year. Tobacco, alcohol abuse, unhealthy diets and inactivity contribute to 80 per cent of these deaths, by causing or exacerbating the familiar list of chronic conditions: obesity, type 2 diabetes, heart disease and stroke, and certain types of cancer. According to Dr. Karen Lee of the New York City Department of Health and Mental Hygiene, this is the century of "diseases of energy" – chronic conditions often caused by the lack of doing anything energetic.

In the 19<sup>th</sup> century, Frederick Law Olmsted demonstrated that landscape architects could play a role in the fight against

the century's health challenges. Following his experience as the first General Secretary of the American Sanitary Commission, Olmsted had an impact on water-borne infectious diseases such as typhoid, typhus and cholera through design and construction of Boston's "Green Necklace" and other notable projects.

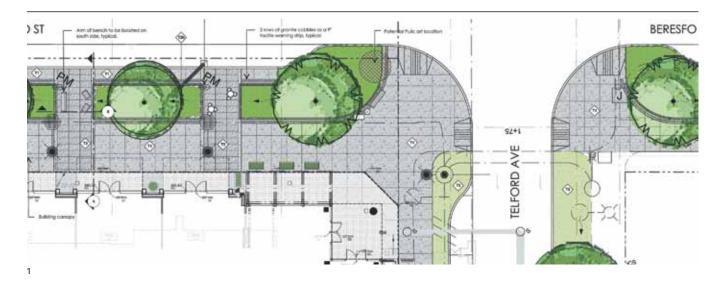
(Author Thomas Fisher explores his impact in LP+)

#### **TACKLING DISEASES OF ENERGY**

Today, landscape architects have a unique opportunity to play a leadership role in fighting the diseases of energy.

Landscape architecture has a documented impact on public welfare. (See our sidebar on CLARB's study, Landscape

Architecture and Public Welfare, page 41.) Design that promotes activity continues to be a major focus of our profession, and a key factor influencing public health. As a case in point, through Health Impact Assessments (HIAs), the New York City Department of Health and Mental Hygiene found that designs to improve street safety and aesthetics, complete bike and pedestrian networks,





develop mixed land uses and achieve high population density, together increased physical activity by 35 per cent to 161 per cent. (For more about HIAs, see page 13.) Canadians, too, report that both leisure-time activity and weight losses will increase when neighbourhoods enhance access to places for physical activity – walking trails, playgrounds and parks.

Beyond the human costs of chronic diseases, costs to the health care system are considerable. If chronic diseases were reduced, the system would realize significant public savings. The World Health Organization estimated that obesity costs the U.S. Economy \$147 B today and this is projected to rise to \$956 B by 2030 if cities aren't redesigned to encourage active transportation and healthy eating. By comparison a 2011 report found that obesity cost the Canadian medical system \$7 B alone, and estimated that 1 million cases of obesity could be avoided if inactive populations became more active.

#### THE BURNABY EXPERIENCE

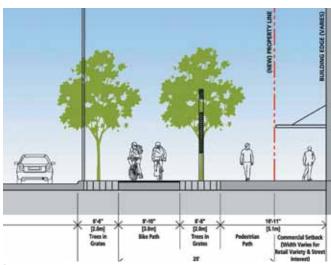
The public health benefits of good design are a significant element of the streetscapes being designed for the City of Burnaby, British Columbia's third largest city and the geographic centre of Metro Vancouver. In December 2011, Burnaby City Council adopted higher density residential categories for the city's four designated town centres, which allowed sites adjacent to rapid transit stations to increase their density in exchange for making them highly sustainable Transit Oriented Development (TOD) projects. On the streets surrounding these projects, the City envisioned delightful walking environments that would encourage people to walk to transit or to their daily activities.

Frederick Law Olmsted demonstrated that landscape architects could play a role in the fight against the century's health challenges.

#### See LP +

1ART WALK METROPLACE, BERESFORD ST + TELFORD AVE. 2 METROPLACE, BERESFORD ST + TELFORD AVE.; NSDA ARCHITECTS & RICHARD HENRY ARCHITECT INC./CAL SRIGLEY DESIGN 3 BRENTWOOD TOWN CENTRE: TYPICAL EDGE CONDITION ON WILLINGDON AVENUE (NORTH OF HALIFAX) + LOUGHEED HWY (EAST OF ALPHA) | CENTRE-VILLE DE BRENTWOOD: ÉTAT TYPIQUE DE LA BORDURE SUR L'AVENUE WILLINGDON (AU NORD D'HALIFAX) + AUTOROUTE LOUGHEED (À L'EST D'ALPHA).

IMAGES 1+2 DURANTE KREUK LTD. 3 SWA GROUP & JAMES KM CHENG ARCHITECTS



3

## The planning team sought precedents from around the world.

Concurrently Burnaby staff were addressing a number of other concerns for the town centres, which would all have a major bearing on walking environments. A mobility access project (MAP) focused on creating access for seniors and people with disabilities within the community. Integrated storm water management plans (ISMPs) identified the need to capture and disburse storm water higher in the watersheds (using rain gardens and large canopied street trees), so the rainwater would not have a detrimental effect upon salmon bearing streams lower in the watersheds. As well, in areas of high pedestrian and vehicle volumes, Burnaby's off-street bicycle network would need to be integrated, through the use of unidirectional cycle tracks. Staff also wanted to integrate areas aimed at children. Recent Canadian research from Athletics Canada stresses the importance of daily sprinting, jumping and balancing in childhood athletic development. How could this be incorporated on the walk to school?

SEEKING INSPIRATION WORLD WIDE

The result has been the development of cross-sections for the town centre streets that are wide, comfortable and engaging. The planning team sought precedents from around the world. The form of many of the streets was borrowed from Chicago's Michigan Avenue (Miracle Mile) with its wide sidewalks and ample planting beds that have been re-imagined as rain gardens. The gardens are bridged to permit pedestrians to reach the curb at regular intervals.

Detailing of the rain gardens has been taken from The Yards development in Washington, D.C., to include granite cobble warning strips, low railings and flamed granite bridge seating areas. The soil volumes and rationale for large street trees with a minimum 15 m has been taken from Toronto's Green Development Standard.

The cycle tracks take their inspiration from streets like Amsterdamsestraatweg, in Utrecht, which has been designed using CROW's Design Manual for Bicycle Traffic. Through adaptation, this will allow Burnaby's extensive bi-directional urban trail system to safely enter the town centres and permit bicyclists to access both sides of the street. The MAP exercises emphasised the need for such items as directional let downs at all corners, saw-cut concrete to reduce jarring for wheelchair users, benches at regular intervals for senior pedestrians and wider sidewalks.

#### **MEASURING THE FUTURE**

Landscape planning was launched two years ago as part of large multi-year projects for towers that range in height from 40 to 70 stories. Only now are the first towers nearing completion.

By spring, Burnaby will have an opportunity to begin assessing the new streetscapes on many levels. Future research may be able to determine their impacts not only on health, but also upon such diverse subjects as pedestrian and cyclist injury rates, accessibility, community interaction, economic activity, greenhouse gas emissions, energy use, traffic congestion and even changes in stream flows, which would allow the City to further refine and optimize Burnaby's streetscapes.

jalbizo@clarb.org denisehusband@gmail.com ian.wasson@burnaby.ca For reading suggestions, see LP+.

4 DESIGN RATIONALE RENDERING | RENDU D'ARCHITECTURE DU CONCEPT.

IMAGE SWA GROUP & JAMES KM CHENG ARCHITECTS



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If the 19<sup>th</sup> century's big public health challenge was infectious disease, the 21<sup>st</sup> century's health challenge is chronic disease.





IAN WASSON, DENISE HUSBAND + JOEL ALBIZO

## PUBLIC WELFARE AND THE LANDSCAPE ARCHITECT

The licensed practice of landscape architecture has seven distinct, observable impacts on public welfare/well-being, according to a 2010 study by ERIN Research for the Council of Landscape Architectural Registration Boards (CLARB).

The report, entitled Landscape Architecture and Public Welfare, describes public welfare as a "fusion" of the concepts of "public realm" and "well-being" and offers a modern definition based on the historical context as well as current legal practice and foundations. The seven principal impacts include:

- · Environmental sustainability
- · Economic sustainability
- · Public health and well-being
- Community building
- · Landscape awareness and stewardship
- Aesthetic and creative experiences
- Better functioning communities

The study makes important connections between human health and well-being and the conditions of the outdoor environment. Specifically, the study found evidence that landscape architecture projects can directly affect the mental and physical health of individuals and communities. Illustrative examples include the Halifax Public Garden, Vancouver's Stanley Park and New York City's Central Park and High Line, which exemplify the restorative properties highlighted in several recent studies. (A reading list is available from the authors.)

CLARB, which represents regulatory boards in Alberta, British Columbia, and Ontario, as well as the United States and Puerto Rico, commissioned the research to better understand the relationship between the licensed practice of landscape architecture and public well-being and to ensure that the relationship was properly recognized in regulation, including the Landscape Architect Registration Exam, the uniform exam used in all 53 member jurisdictions.

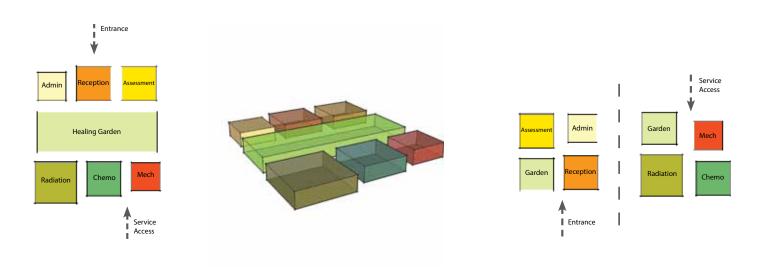
The study can be downloaded at www.clarb.org/wellbeing

To contact Joel D. Albizo, Executive Director, Council of Landscape Architectural Registration Boards (CLARB):

JAlbizo@clarb.org

**BHAVANA BONDE** 

## A HEALING PLACE



#### FR\_ UN LIEU DE GUÉRIR

Quand Smith Carter a reçu le mandat de concevoir l'unité de radiothérapie du Western Manitoba Cancer Centre, à Brandon, la firme a commencé par se demander : un design judicieux pourrait-il imprégner tout le campus, y compris l'intégration de tous les espaces intérieurs et extérieurs? Quand ils ont développé les options de disposition des masses montrant la relation entre les espaces thérapeutiques intérieurs et extérieurs, le groupe de planification intégrée a retenu celle qui comprenait un élément linéaire central formé par l'entrée et les salles d'attente communes, de pair avec un jardin thérapeutique.

#### EN\_

THERAPEUTIC LANDSCAPES are restorative places that temper the stress of illness and hospitalization. Yet the concept of mindful design of therapeutic landscapes is missing from many healthcare campuses. If healthcare is committed to patient-centred care and healing, then landscape and architecture must speak this language as well. In 2007, when Smith Carter was selected to design the Western Manitoba Cancer Centre Radiation Therapy Unit in Brandon, we began by asking ourselves key questions. Could the whole healthcare treatment experience become a healing experience? Could mindful design permeate the entire healthcare campus, including the full integration of all interior and exterior spaces? Why not design an entire healthcare facility where healing landscapes could be experienced from all the spaces?

#### **HEALING AT ITS HEART**

This philosophy informed our work. We used an Integrated Design Process (IDP) and at the design stage, we facilitated four full-day IDP sessions with representatives from Brandon Regional Health Authority, Manitoba Health and Cancer Care Manitoba. In the first sessions the group set goals, defining three priorities: Functional Effectiveness, Patient Experience and Staff Wellness.

From the outset, designers focused on creating a clear spatial relationship between the landscape and the interior environments. To maximize efficiency and cohesiveness, the program was divided into four distinct medical quadrants (Radiation Treatment, Chemotherapy, Assessment, and Administration) with a shared entrance lobby, and upon the insistence of the IDP group, a shared exterior healing space. The landscape architect helped develop massing options showing the relationship of interior areas with the exterior healing space, and the IDP group rated each against the project goals.

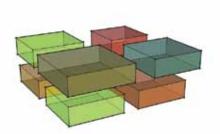
#### THE COURTYARD MATTERS!

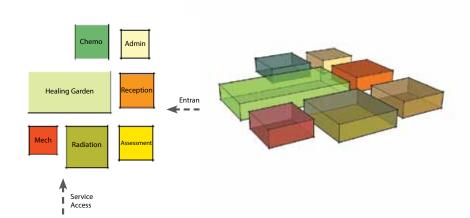
With everybody's consensus, the option selected featured a central strong linear element formed by the shared entrance/ waiting spaces, together with a healing courtyard garden. This option had the best potential to achieve Functional Effectiveness, as well as the best patient and staff environment. Nonetheless, it compromised the cost effectiveness.

The team decided to forge forward: they had arrived at the concept together and believed in it. As a sign of their commitment, the team decided to fundraise, and the landscape architect created a booklet explaining the process and design concept of the healing

Creating massing options: the healing courtyard garden is central to the whole facility.

Le jardin thérapeutique occupe une place centrale.





courtyard. The booklet would serve as use a tool to generate interest and funds for landscape elements such as site furnishings, plantings and sculptures.

#### THE CHAIR NEXT TO THE CONEFLOWERS

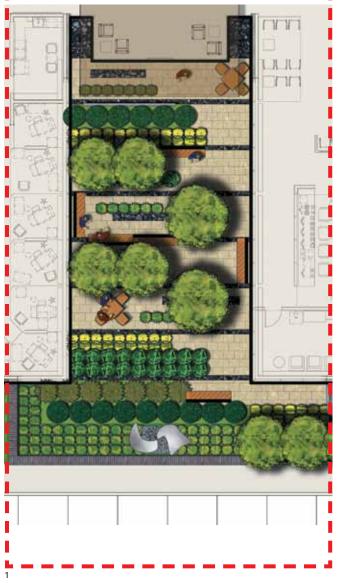
In the end, fundraising was not necessary: the budget sufficed; and following three years of construction, the healing courtyard garden came to reality and is central to the whole facility. Staff, visitors and patients can view the courtyard through glass walls. It is intended to be both calming and cohesive: an integral part of the healing experience, both visually and experientially. Even in the garden's first year, people loved the spacious waiting room with its outside patio, commenting on the windows and the planting, and the light throughout the healing environment as a whole. "It's not a sad place," said one.

The courtyard vegetation is organized in horizontal lines to provide a consistent and calming pattern. Uniform vegetation is planted in each line, with each row contrasting in colour and texture to its neighbour. The plant material has been selected particularly to respond to the varying seasons including greens year round and spring and summer flowering species. Additionally, sensitivity to fragrance and smells is respected in this hospital environment by careful selection of plant species. Junipers and cedars keep the courtyard green in long winter months. The different varieties of grasses add delicate texture and fall colour to the planting. The flowering perennials (Russian sage, coneflowers), shrubs (hydrangea) and bulbs (tulips and daffodils) add colour from early spring to fall. The Russian mountain ash trees in the courtyard, with their lacy compound leaf structure, provide shade during the hot summer.



TOP: MASSING OPTIONS SHOW THE RELATIONSHIP BETWEEN INTERIOR AND EXTERIOR HEALING SPACES. BOTTOM: THE SELECTED OPTION | HAUT: LES OPTIONS DE DISPOSITION MONTRENT LA RELATION ENTRE LES ESPACES DE GUÉRIR EXTÉRIEURS ET INTÉRIEURS. BAS: LE GROUPE IDP A CHOISI UNE DISPOSITION FORTEMENT LINÉAIRE. ENTOURANT UN IARDIN THÉRAPEUTIOUE.

ALL IMAGES COURTESY SMITH CARTER | TOUTES LES IMAGES SONT GRACIEUSEMENT FOURNIES PAR SMITH CARTER.



"It's not a sad place." « Ce n'est pas un endroit triste ».





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In the warmer months, patients may choose to receive their treatments outdoors. Even for patients who remain indoors, the courtyard design effectively extends the chemotherapy area: the width of each indoor treatment station is delineated in the courtyard with narrow pebble bands between the paving. Each segment in the courtyard contains a different planting and layout scheme, such that patients can identify their preferred treatment chair. Seasonal planting will vary the experience of the patient. Some may choose the chair closest to the blooming coneflowers in summer, or the chair next to the globe cedars in winter.

IMAGES COURTESY | GRACIEUSETÉ DE SMITH CARTER.

#### "YOU'RE NOT AT A HOSPITAL"

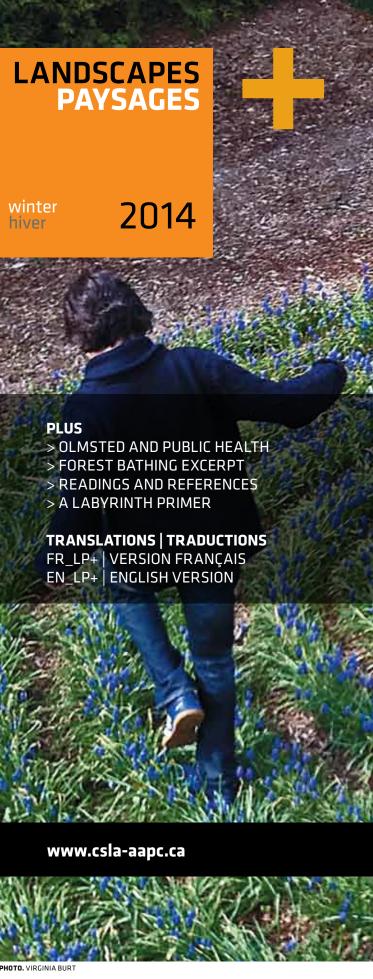
After the Unit's first year, the Regional Health Authority conducted a survey of staff, patients and users, and also considered feedback from the Brandon Regional Authority Comment Line and focus group interviews. Satisfaction is high; the facility is "beautiful, clean, bright, quiet, and spacious"... "it is very open and easy to get around"... "it's relaxing!"... "it's well designed, light."... "it's a building that lends itself to feeling upbeat – you especially see it among the staff." The patients' comments are particularly telling: "It's not like a hospital," wrote one. This is, indeed, "A Healing Place."

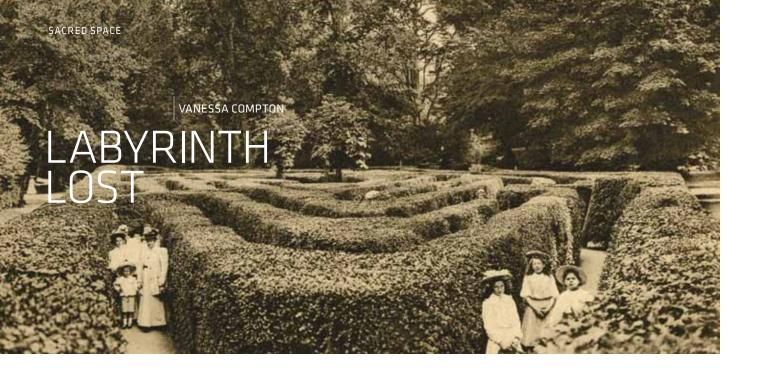
bbonde@smithcarter.com www.smithcarter.com



### Creating Rooftop Environments







#### "It'll be minotaurs next!"

AT A RECENT Labyrinth Society Gathering, two health science graduate students and their professor presented preliminary research findings on the impact of the outdoor labyrinth newly installed at their campus at the University of Central Oklahoma. In passing, they mentioned that theirs was one of nearly 60 labyrinths on university campuses in the U.S., 16 of them at public universities. (There are three outdoor labyrinths on university campuses in Canada, in Victoria, Vancouver, and London, Ontario.) The unveiling had been a well-attended campus event, with the university president himself cutting the ribbon.

This information brought back memories. In the mid-1990s, I attended a university that advertised itself as "innovative." I was enrolled in a multi-disciplinary independent studies program that allowed me to explore the transformative qualities of the labyrinth environment through the lenses of religious studies, architecture, and mathematics. My academic advisor, with whom I shared a background in 3D design, suggested that, as part of my coursework, I put together a proposal for the installation of a paving stone Chartres-style labyrinth in one of the quads of the university, located between the computer and math departments and the church colleges.

#### AN ANTIQUE METAPHOR

Labyrinth design had reached its most refined form in the early 13th century at Chartres Cathedral during the architectural blossoming of the French Gothic period. English turf labyrinths were modelled on this pattern, and played a major role in community ritual and celebration for centuries, but by the 18<sup>th</sup> century, labyrinths had fallen into disuse. Remarkably, in the 1990s they were being rediscovered, in large part by ministers, psychotherapists, educators, dowsers, musicians and artists, who understood their power and practical application. Labyrinths are valued for the gentle way that walking them (or tracing out the path in a little "finger labyrinth") restores calmness and balance to human consciousness,

fosters insight, and invites personal and spiritual integration and development.

I was excited to be a part of this rediscovery. Enlisting the help of the campus architect, I carefully researched drainage, maintenance, cost, materials and timing. I made drawings of the site and the proposed design, and put together a backgrounder on the history and purpose of the labyrinth in the original School of Chartres, and its significance for search algorithms in computer programming, revealed in my studies of French geometer Pierre Rosenstiehl's work on the labyrinth. The campus architect agreed to present my plan to the campus committee on art installations. I was very excited. How great it would be to have a real labyrinth!

I rushed over to the architect's office after the meeting. He was downcast.

"Vanessa, I am sorry, the plan was not accepted."

"What? Why not? Did I forget something? What did they say?"

"The chair of the committee, he's the Director of the

Architecture School. He said, 'we can't have a labyrinth, girls get seduced on labyrinths! It'll be minotaurs next. Where will it end?'"

Imagine... they could have been the first university in Canada to have a labyrinth.

#### WHERE TO BEGIN

If you are commissioned to create a labyrinth, the place to start for inspiration and research is the World Wide Labyrinth Locator. More than 4000 labyrinths are listed, 278 in Canada, 208 of them outdoors. (Only 128 are open to the public. Only six are on the grounds of healthcare facilities.)

#### LP+ EXCLUSIVE!

See Vanessa Compton's LABYRINTH PRIMER IN LP+ labyrinthed.com | vanessacompton1@gmail.com

PHOTO HAMPTON COURT MAZE: LABYRINTHOS PHOTO LIBRARY

VIRGINIA BURT

# LABYRINTH FOUND

**AS A LANDSCAPE** architect who specializes in creating sacred spaces, therapeutic gardens and gardens of sanctuary, I have built labyrinths for conferences and retreats, for rites of passage, as creativity stimulators, as play structures for schools and parks, and as a part of health care facilities and activities. Of the many times I have walked the labyrinth or been at a labyrinth event, all ages, all cultures, all walks of life have walked the labyrinth, from two-year-olds who skip across the pattern claiming to hear the labyrinth's music, to seniors, to people in wheelchairs, to those grieving for a loved one, to happy families celebrating New Year's Eve.

Walking the labyrinth is one way to find balance and begin moving towards optimum health. It is a walking meditation, a practice to quiet our inner and outer selves in a fast moving world of tablets, television and cell phones. "To walk a labyrinth," writes Lauren Artress in *Walking a Sacred Path*, "is to discover our inner sacred space."

A labyrinth is not a maze: mazes are a left-brained activity often used as a game of deduction and orientation. In a labyrinth, there is only one way into the centre. Upon initiating the journey at the beginning of the labyrinth, we simply follow the path, which after circuits and turns leads to the centre. We follow the same path back out.

#### A WALKING MEDITATION

The labyrinth is an ancient archetypal symbol, based on the mythology of the Hero's Journey. We are attracted on both a conscious and subconscious level as we realize that each of us is on a hero's journey, seeking courage, wisdom, and truth. By walking a labyrinth, we contact our creative right-brained side, and shift out of linear time and space, becoming open to the unexpected, the transcendent.

As seekers, we may find healing. Research has shown that walking meditation lowers the heart rate, and reduces blood pressure, chronic pain and insomnia. Labyrinths are also being used to address Attention Deficit Disorder, learning disabilities and autism, and they have been incorporated successfully in treatment programs for Alzheimer's and the psychotherapeutic treatment of depression. Walking meditation is highly effective at reducing anxiety, and done on a regular basis, can result in long-term health benefits. Lauren Artress is eloquent: "The labyrinth can provide a safe container for shedding (our) burdens...each experience in the labyrinth gives comfort, going beyond the bounds of comfort that another human being can give."

To walk a labyrinth is to discover our inner sacred space...



CHRIS GROSSET, NUALA, CSLA

## **BUSY HANDS**

#### $FR_{-}$

#### **DES MAINS AFFAIRÉES**

**EN SEPTEMBRE 2013,** la localité de Coral Harbour (Salliq) a inauguré la Whale Plaza, symbole de la relation pérenne entre les Inuits, la terre et l'océan. Cet article relate la création de ce symbole. Ce n'est pas l'histoire d'une conception, mais celle d'une guérir par la participation à un exercice créatif.

ΕN

**IN SEPTEMBER 2013** the community of Coral Harbour (Salliq) unveiled the Whale Plaza, a symbol of the enduring connection between Inuit, the land and the sea. This is a story about the creation of this symbol. This is not a story about design; it's about the healing potential of engaging people in a creative process.

#### THE HISTORY OF PLACE

The community of Coral Harbour (called Salliq in Inuktitut) is located on Southampton Island, at the north end of Hudson Bay. This is an interesting place, having been inhabited by numerous cultural groups over several millennia. Before the development of the modern community, the island's inhabitants migrated to various locations where wildlife could be harvested. At these sites they built with large stones, creating dry stone laid foundations and walls for their subterranean houses, food caches and traps.

Evidence of past occupancy of the island can be seen today where the stone built walls still stand, nearly intact.

In 1925, a Hudson's Bay Company trading post was opened near the present site of the community of Coral Harbour, and in 1941 the United States opened a military base at what is now the community airport, to act as a staging point for aircraft travelling to Europe during World War II. Community development soon followed and people from the island and other regions, including northern Quebec and the western portion of Baffin Island, were relocated to the new settlement of Coral Harbour. Although the community had a school by 1955, some children were separated from their families and sent to residential schools in Manitoba. The legacy of relocation and the residential school experience is still felt in the community. The population of Coral Harbour in 2011 was 834, with more than half of the employable age population not working. The resulting social challenges mean that many families in the community are touched by domestic issues.

#### THE HEALING IOURNEY

Since the creation of Nunavut, there have been programs and efforts to identify opportunities for economic and social development in the community. I had been working with the community since 2002 to explore various development initiatives around the rich heritage and natural beauty of the island. In 2010





The land was a place where healing could happen. It would keep our hands busy. | La terre était un cadre de guérir. Elle allait nous tenir occupés.

a community committee was struck to prepare a strategy that addressed traditional Inuit land use and current development opportunities. A local man came to make a presentation to our committee as a representative of the men's healing group. He shared his story.

He had been forced into a residential school as a boy, and like others had suffered damage that continued to haunt his soul and colour his life. He spoke about the need for the land to be viewed as a place where healing could happen. He kept repeating to us that in the past, before the people had lived in communities and suffered from the residential school experience, the land was a place that would "keep our hands busy." When hands aren't busy, he explained, they find other outlets that cause harm and disruption to families and the community. Creating opportunities to connect men to the land would be a part of their healing journey.

#### **BUSY HANDS**

His words made the entire committee think about how to use the landscape to keep hands busy. The people of the past worked the land, building and using the resources available to them. Each action on the land had a purpose and a meaning. The man wanted us to understand that this connection was being lost with time.

The committee began to conceive of ways to engage people with the landscape. The decision was to build a special place using local stone that could become the symbol of the community, and involve the residents in the design and construction of this place. It took many years and many people. Through initial funding from the Government of Nunavut in 2008, the committee spoke with Elders about design, and met with residents to revise the design. The plan began as a large dry laid stone circle and evolved through the community process to incorporate boulders and an elevated platform. The committee went through several design concepts before settling on a design inspired by the bowhead whale. The centre piece of the plaza is a mounted skull from the first bowhead whale that the residents had been allowed to traditionally harvest in modern times. The whale is a symbol of the community's traditional harvesting practices.



1 THE WHALE SKULL 2+3 BUSY HANDS 4 ARCHAEOLOGICAL STONE RING 5 PAVING DETAIL | 1 LE CRÂNE DE BALEINE 2+3 DES MAINS AFFAIRÉES 4 CERCLE DE PIERRES ARCHÉOLOGIQUES 5 DÉTAIL DU PAVEMENT

PHOTOS CHRIS GROSSET

#### THE WHALE PLAZA

The result is the Whale Plaza, built by ten men from Coral Harbour over two summer seasons. As part of the project these men were trained by professional stone mason Mary Crnkovich to source the material, prepare the foundation, and build the plaza. Several men are accomplished carvers but had not worked with dry laid stone construction techniques. Their creativity was put to the challenge of working with the natural form of the rock rather than carving it into shape. The crew was taught the important rules of laying a stone wall. They all learned the hard way that if you break one of the rules on the foundation course, the consequences will be seen in later courses of the wall.

Construction of the plaza was spread over two summers to fit within the limitations of funding and the short summer season. Year one included the stock piling of eight tons of stone for the plaza, which was sourced 16 km from the community and had to be hand-loaded in and out of pick-up trucks. The foundation of the plaza was established before August snow brought an end to work. In August 2013 the crew returned to complete the walls, platform and the mounting of the whale skull.

The resulting Whale Plaza isn't about the architecture of the built feature, but rather about how the built element represents what is essential in the culture and how it can be expressed by giving people an opportunity to connect with the land through design. The plaza is modest in design terms but powerful in terms of meaning. It gave these men purpose and pride. It allowed them the opportunity to busy their hands.

grosset@aarluk.ca

Acknowledgements: The Whale Plaza took four years to realize and is the result of many contributions. The plaza was built by: Johnny Kataluk, Fred Degrace, Johnny Nakalok, Nico Nakalok, Jalen Ell, Jupie Angatealuk, David Matoo, Darcy Nakoolak, Noel Kaludjak Jr., Bobby Natakok, and Lucassie Nakoolak. Hamlet of Coral Harbour staff administered the project: Mayor Jerry Paniyuk, Leonie Pameolik, and Mary Eetuk. Funding was received from from: CANNOR (Canadian Northern Economic Development Agency); Government of Nunavut; Northern Stores and Katudgevik Co-Op. Technical support was received from Touchstone Masonry (Mary Crnkovich), Peter May, Kapwa Communications, and Aarluk Consulting Inc. (Chris Grosset).

Editor's note: Chris Grosset wrote about the history of Cape Fullerton in the Fall 2012 LP: The Ghosts of Qatiktalik.

This is not a story about design; it's about the healing potential of... a creative process. | Ce n'est pas une histoire de design; c'est l'histoire du pouvoir thérapeutique d'une... démarche de création.

6 A GATHERING CIRCLE THAT IS PROBABLY A CENTURY OR TWO OLD, POSSIBLY MUCH OLDER 7-8-9 CONSTRUCTING WHALE PLAZA 10 SOME OF THE CREW | 6 UN CERCLE DE RASSEMBLEMENT QUI A PROBABLEMENT UN OU DEUX SIÈCLES 7-8-9 LA WHALE PLAZA EN CONSTRUCTION 10 L'ÉQUIPE

PHOTOS CHRIS GROSSET

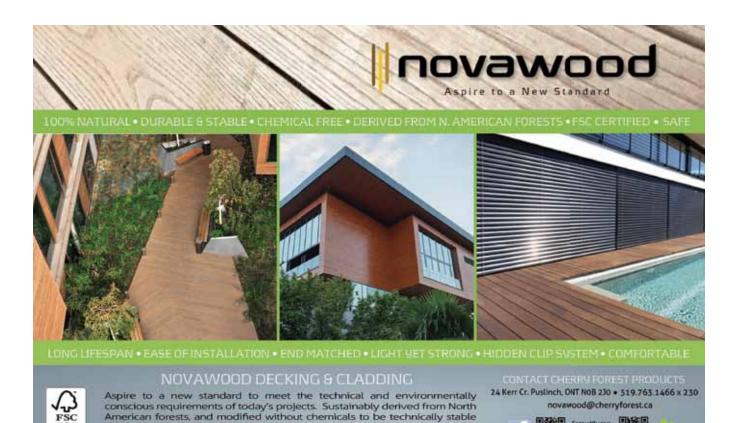






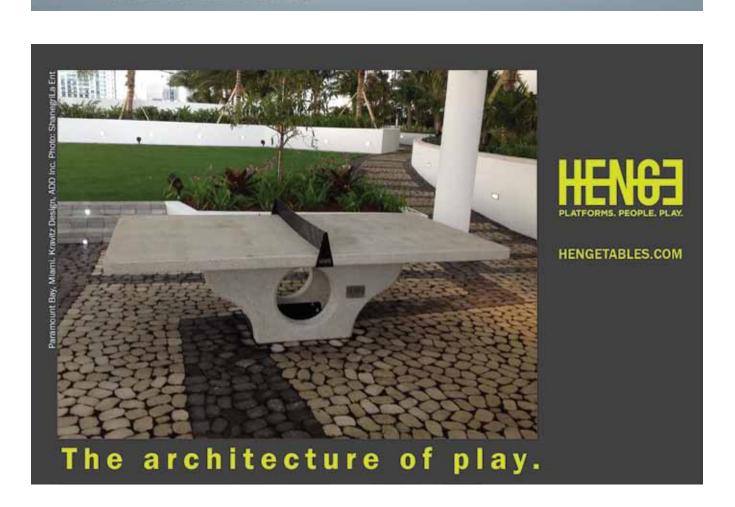






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installations to stand behind its superiority.







## THERAPEUTIC LANDSCAPES

CLARE COOPER MARCUS
IN CONVERSATION WITH | ENTREVUE AVEC VIRGINIA BURT + LINDA IRVINE

CLARE COOPER MARCUS **CCM |** VIRGINIA BURT **VB** LINDA IRVINE **LI** 

EN\_CLARE COOPER MARCUS is Professor Emeritus in the Departments of Architecture and Landscape Architecture at the University of California. Since 1969 when she began teaching at Berkeley, she has focused on the psychological and sociological aspects of architecture, land use and landscape design. Cooper Marcus suggests that semi-public spacers – communal spaces – are becoming increasingly important. She recommends a reversion of the design process, so that it begins with people's motivations, behaviours and differences – whether in age, ability, interest or wellness. Her many books support the planning process through a comprehensive sharing of research about those who use outdoor spaces. "The problem is not that designers are lacking for creative ideas, but rather that they are frequently hampered by not having the time to search out appropriate people-based research to take this step further," she has written.

FR\_LP+ | ENTREVUE DES PAYSAGES THÉRAPEUTIQUES TO READ AN EXCERPT FROM THERAPEUTIC LANDSCAPES: VISIT LP+ | FOREST BATHING **VB:** In your new book, you write extensively of so many very different gardens, from those for the frail elderly to gardens for veterans or children or those in hospice. Can you possibly define the most critical aspects of effective therapeutic outdoor spaces?

**CCM:** Well, of course, it varies for different patient groups, but let's look at a general situation such as an adult care hospital. I would say: maximize choice...choice of ways to walk, ways to exercise, shorter and longer routes in the garden, choice of places to sit alone or with a group, so this might mean fixed seating plus movable seating. A variety of sun and shade is important; people on certain medication must stay out of the sun

Something very often overlooked is privacy – a place where someone who's just had a bad prognosis can be alone to cry or talk intimately without being on an esplanade. And an abundance of greenery: I'm not necessarily putting these things in order! Yes, I know you're in Canada, it's snowing half of the year. As much greenery as possible. The research shows that it is our exposure to natural greenery that helps reduce stress and that's the whole basis to the design of a good health care garden.



**VB:** I've been designing healing gardens for some time now, and it's been my experience that a participatory design process produces the most successful spaces. Can you comment?

**CCM:** Working with the clinical staff, with current patients, with former patients and family members is very important especially with a patient group that has particular needs. For example, in a garden for burn patients, the clinical staff will use that garden for physical rehabilitation, and should be able to converse with the designer as to what it is they would like to do with the patients in the garden. That's not always done, and when it isn't, it generally does not result in an appropriate space. If it does, it's a fluke.

**Ll:** Clare, how would you describe a successful healing garden?

**CCM:** The extent to which it's used. [Assessment] would entail a Post Occupancy Evaluation study (POE), including interviews with users to indicate what they find attractive, why they come in and use the garden, and whether or not the garden helps them relax or even feel a little less pain. That would be an indication of success. I've developed a garden audit checklist: Did the designer remember this? And this? How did they do this?... on a zero to four point scale.

**VB:** Can you explain the importance of an audit?

**CCM:** With the best will in the world, even with a participatory design process and a sensitive designer, we still don't know if the garden is fulfilling its potential or doing what the designer and

people in the process had hoped. One way to approach this is to evaluate the garden at least a year after installation – probably two years is better – so the honeymoon period is over. The evaluation should be composed of at least two elements: behaviour mapping... you can tell a lot from what parts of the garden are *not* used ... and interviews. Looking at what people do and interviews about what people feel together make up a valid POE.

**VB:** Is there anything you've found in the evaluations you have done that designers often fail to consider?

**CCM:** A seemingly complete disregard for people's need to find a private place. I was hired with Marni Barnes to evaluate six healing gardens. In all of them, the designer's view of seating was all social. It was similar to an office district plaza where people might come out and eat their bag lunches. In one case, there was one seat approached via some stepping stones surrounded on three sides by lovely flowering shrubs, with a view of Echinacea and a waterfall beyond. As soon as the person in that seat got up, someone on one of the exposed benches immediately went over and claimed it. This was the one nice private place to sit. That's particularly important for seniors in residences: they're eating all their meals in a dining room and maybe sharing a room, for heaven's sake. What they're probably hoping to find in a garden is a place to be alone.

**LI:** Does an enabling garden differ from a healing garden?

**CCM:** A healing or restorative or therapeutic garden can be used in any way people wish to use it. In the enabling garden – sometimes called a rehab garden or a horticultural healing garden—professional staff assist patients who have particular problems. Gardening may be the medium of care and rehabilitation if there is a horticultural therapy component, or people may work with a physical therapist outdoors.

**VB:** I have just read *Your Brain on Nature* (Selhub and Logan), which reports on the huge extra benefits of exercise done outdoors.

**CCM:** Evidence shows that as people get older, as little as 15 minutes a day in sunshine is absolutely critical to balancing circadian rhythms. Older people have more trouble sleeping

1CLARE COOPER MARCUS. 2 FULL, GREEN AND LUSH: A CANCER CENTRE LANDSCAPE DESIGNED BY TEN EYCK LANDSCAPE ARCHITECTS | 1 CLARE COOPER MARCUS 2 LUXURIANCE: LE JARDIN D'UN CENTRE D'ONCOLOGIE CONÇU PAR TENEYCK LANNDSCAPE ARCHITECTS

 $\mbox{\bf PHOTOS 1} \mbox{\bf COPYRIGHT} \mbox{\bf | JASON COOPER MARCUS + BARBARA HELLENSCHMIDT. 2 CHRISTINE TENEVEK. (C) 2014 BY JOHN WILEY 6 SONS$ 

sometimes. If senior facilities have attractive places where people can safely walk, they end up sleeping better; they call the nurse less often; they take fewer drugs, resulting in lower costs for the facility. All of these things tie together and can convince the client that investing in a garden will save them money in the long run.

**LI:** Are there other clear benefits to outdoor healing gardens? Your new book makes a very strong argument for evidence-based design.

**CCM:** When I started teaching, we spoke of "user needs": now it's called evidence-based design. There is certainly evidence that stepping out of a stressful situation into green nature, whether it's a natural landscape or a designed garden, reduces blood pressure, reduces heart rate and can reduce the extent to which pain is experienced. That's one of the reasons I say a garden needs to be predominantly green. We use a ratio of 7:3: healing gardens should be 70 per cent green, and not more than 30 per cent hardscape. If you switch the ratios, I would call that a plaza. In your climate, particularly in Edmonton, there are some wonderful examples where indoor gardens with massive tropical plants are functioning all year as green healing spaces, so this can happen in areas with extreme climates.

**VB:** Are there limitations to evidence-based design?

**CCM:** Limitations, yes definitely. It's hard to find hard and fast evidence to say what kind of plants, what kinds of colours, what kind of seating is required. There's more evidence for the interior of hospitals, lighting levels, noise levels, etc. There just hasn't been enough research to date.

**LI:** You talk in your book about the need for a certification program comparable to LEED. How far are we from that?

**CCM:** The concern for me, and others in this field, is this: the whole idea of healing gardens is becoming more popular, and that's good. On the other hand, it's becoming a bit of a fad. Hospitals brag in their marketing material, saying they have a healing garden, and then you look at the glossy architectural magazine and you see a piece of the roof, with one chaise lounge and two potted plants. It just makes you want to scream.

A number of us are developing a form of audit that one can use in a quick evaluation of a garden. Does it fulfill these basic requirements that we know are essential? However, if we were to implement an audit system, who would oversee it? Would landscape architects want it, or the hospitals? And do you certify the place or do you certify the designer? My hunch is you certify the place.

The Centre for Health Design has an examination called EDAC (Evidence-based Design Accreditation and Certification), which architects must take but it applies exclusively to buildings. One step [might be] to convince the Centre for Health Design to add requirements that relate to landscape architects. Architects and interior designers in particular consider that they are qualified to design restorative gardens when this isn't their training. I think it's just another example, sadly, of the backseat that landscape architecture takes to other design professions. I'm all for having landscape architects do the job.

**VB:** The Terrapin Bright Green report, *The Economics of Biophilia*, says \$93 million could be saved annually in healthcare costs in the US alone, if we provided patients with access to nature. That builds on Roger Ulrich's early findings, that every 4.8 day-stay in hospital could be reduced by 0.41 days.

**CCM:** Roger Ulrich's original study really grabbed the medical world: here was a proof that just a view from a window – not even going outside – resulted in fewer calls to the nurse, fewer requests for medication – and patients went home sooner, saving the hospital money. When I'm consulting, I always make the point that the cost of a garden is minimal, compared to the capital costs of the building or an MRI machine, and yet it can have a very beneficial effect.



3 A SCULPTURE PIECE THAT INVITES TOUCH PROVIDES A WAYFINDING CUE IN THIS GARDEN FOR THE FRAIL ELDERLY AND THOSE WITH DEMENTIA: GRAHAM GARDEN, SAANICH PENINSULA HOSPITAL, VICTORIA. DESIGNED BY LEFRANK & ASSOCIATES.

4 IN HER MEMOIR, IONA DREAMING, CLARE COOPER MARCUS RECOUNTS HER SIX-MONTH LONG SOLITARY HEALING RETREAT TO THE REMOTE SCOTTISH ISLAND OF IONA, WHERE SHE REVIEWS THE LIFE THAT BROUGHT HER TO THIS MAGICAL PLACE. | 3 UNE SCULPTURE INVITANT LE TOUCHER SERT DE REPÈRE DANS CE JARDIN POUR LES AÎNÉS FRAGILES OU SOUFFRANT DE DÉMENCE: JARDIN GRAHAM, SAANICH PENINSULA HOSPITAL, VICTORIA. CONÇU PAR LEFRANK & ASSOCIATES 4 DANS SES MÉMOIRES, INTITULÉES IONA DREAMING, CLARE COOPER MARKUS RACONTE SA RETRAITE THÉRAPEUTIQUE DE SIX MOIS DANS L'ÎLE ÉCOSSAISE D'IONA, OÙ ELLE PASSE EN REVUE LA VIE QUI L'A CONDUITE EN CE LIEU MAGIQUE.

**PHOTO 3** CLARE COOPER MARCUS. (C) 2014 BY JOHN WILEY & SONS. **4** JOOPS/ISTOCK/THINKSTOCK. INTERVIEW TRANSCRIPTION: JESSE POLOWIN



LI: Your book features many photos of staff enjoying the gardens.

**CCM:** The predominant users of these gardens are actually not the patients but the staff. Well over half. This has been repeated in study after study. In our interviews with them, some staff had tears in their eyes telling us how important it was to be able to come out into the sunshine, to hear the birds, to feel the breeze, to be in a natural landscape, even for 25 minutes. It made all the difference to their stress level.

**LI:** What is the importance of the design of the building that is adjacent to the garden?

**CCM:** Ideally, the landscape architect is there from the beginning. It's important that the most frequently used indoor public space, be it the cafeteria, a major waiting room or the day room at a senior facility, look out onto the garden. This is crucial. There needs to be access to the garden directly from that space, ideally with patio seating right outside the main entry for those people who can't or won't venture further outdoors. There should be views of the garden from as many patient rooms as possible: this presents the critical issue of privacy in the room versus privacy in the garden. Plantings can create a filtered view. Shade is a very important issue: buildings provide shade. So, there should be coordination between the architect and landscape architect as to where the garden is and where the shade will be at certain times of the day. An entry patio with overhangs for a

"For me and I think for many people, the landscape of your upbringing is the landscape that resonates with you throughout your life."

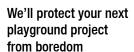
little drizzle or for shade... all these things are all very important. Recommendations are now being made that there should be lots of smaller gardens, especially ones close to where the staff can easily get outside.

**VB:** This question is going to be so easy for you: what is your favorite landscape?

**CCM:** It's an island in Scotland in the Hebrides, a very small island which has rugged, green, rocky landscape and many white sand beaches and turquoise seas. When I show people pictures they think it's Greece or the Caribbean. I go there every year and I've written a book about it, *Iona Dreaming: The Healing Power of Place – A Memoir.* A second answer is the sort of landscape I grew up in as a child: anywhere in the English landscape of rolling farmland and hedgerows and green fields and trees, which is quite different from Iona. For me, and I think for many people, the landscape of your upbringing is the landscape that resonates with you throughout your life.

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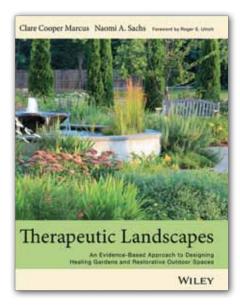
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#### THERAPEUTIC LANDSCAPES

READ BY LINDA A. IRVINE, OALA, FCSLA, ASLA

"I have found it comforting to know that the earth recycles. She accepts all things and uses them as elements of creation. I found it healing to give my anger, rage, shame, despair, etc. to the earth. I have yelled it, cried it... It is a great exercise of release."

... VETERAN'S SURVEY PARTICIPANT, QUOTED IN THERAPEUTIC GARDENS

#### Book info:

Therapeutic Landscapes:
An Evidence-Based Approach to
Designing Healing Gardens and
Restorative Outdoor Spaces
By Clare Cooper Marcus and
Naomi A. Sachs
John Wiley & Sons, 2014.
\$75.20, 336 pages (cloth)
ISBN 978-1-118-23191-3

#### **BUY THIS BOOK!**

This is an exceptionally well-written, well-researched and well-illustrated book on designing and creating therapeutic landscapes. Rarely before has this topic been so thoroughly documented in one easy-to-read book that provides essential information to landscape architects, garden designers, healthcare workers, therapists and patients. It is, in fact, for anyone who wants to understand how to successfully design, implement and fund therapeutic gardens in a wide range of healthcare facilities and environments.

The goal of the authors is to focus critical attention on heathcare landscapes and gardens, and on the importance of using an evidence-based approach to inform design decisions. They have more than succeeded. *Therapeutic Gardens* provides exemplary examples and case studies that demonstrate "best practices" in the areas of healing, therapeutic, or

restorative gardens, as well as in enabling and horticultural therapy gardens. Roger Ulrich, writing the foreword to the book, notes that "the interdisciplinary field of evidence-based design has developed over the past twenty-five years in response to the need for sound knowledge to help guide healthcare design ... This book provides an up-to-date account of the research and theory on the effects of nature and excels in extracting and clearly explaining the design implications."

#### **BEYOND WHAT MOTHER TOLD YOU**

Marcus and Sachs noted that when attending a research conference in Sweden on evidence-based or evidence-informed design, the running joke about EBD was, "My mother could have told you that." Admitting that this is often the case with good design when common sense, intuition and communicating with clients can bring excellent results, they make compelling arguments for more rigorous research approaches and participatory design processes for creating garden environments that support and aid in the healing of patients, visitors and employees in healthcare facilities.

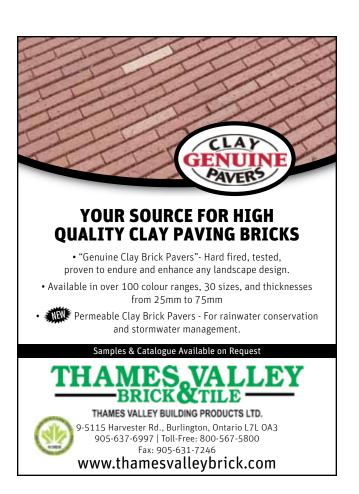
#### WHY GARDENS SUCCEED - OR FAIL

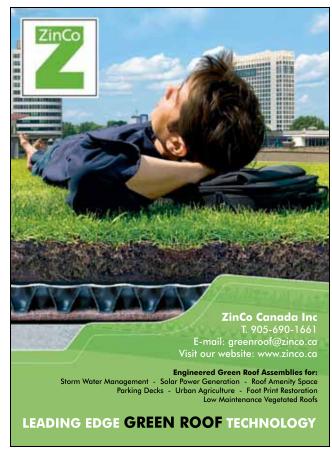
Further, the authors argue that while improved research approaches and guidelines are important in helping designers and clients improve the quality of

outdoor spaces in healthcare, it is equally important to implement a standardized therapeutic garden evaluation or audit to better understand why and how some healing gardens succeed and others fail. Too often, they say, there are recurring problems in the creation of healing gardens: too much hardscape and not enough "nature"; insufficient places to sit and not enough privacy. They believe that landscape architects, as well as most other design professionals, have been negligent in not critically assessing their past work to understand what they should do, or should have done. They outline and explain a range of techniques, from casual observations and interviews, to well-known methods such as postoccupancy evaluation and behaviour mapping, which can assist designers in better understanding if desired outcomes have been achieved, and if not, what needs to be done better next time to achieve success.

Not surprisingly, Marcus and Sachs advocate for the development of a certification program comparable to LEED or SITES and for the establishment of healing or restorative garden awards to be administered by the ASLA or CSLA or a similar professional organization. This is a challenge to the profession whose time has finally come.

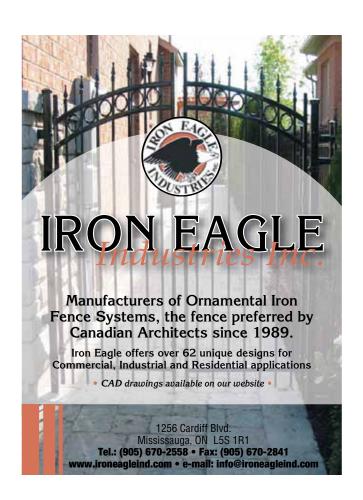
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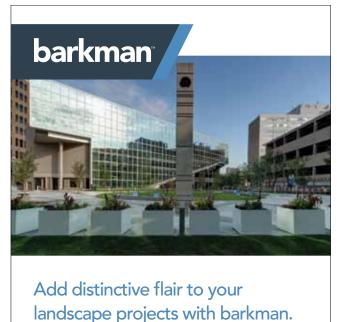




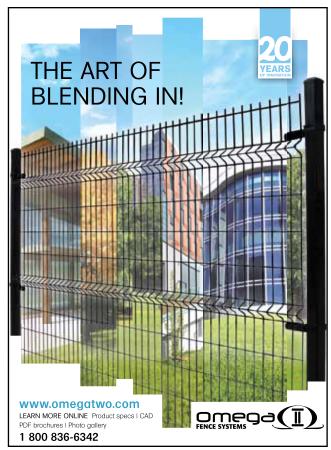








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## HEALING | GUÉRIR



O1 VIRGINIA BURT, ASLA, CSLA, of Visionscapes Landscape Architects, designs gardens of meaning for residential and healthcare facilities. Well known for healing gardens, labyrinths and sacred spaces since the inception of her award-winning firm, Virginia has over 29 years of experience. Clients, including University Hospitals, appreciate her focus on gardens that have heart. virginia@visionscapes.ca

**|02 GLYNIS LOGUE** is a Guelph-based environmental designer who has been creating landscapes through the lens of healing for over 20 years. Her large-scaled interventions consider ecological, social and physical dimensions, in response to complex problems such as human health, habitat fragmentation and climate change. Her work includes the West Harbour Waterfront Trail and Fish Migration Corridor in Hamilton and the Hickory Valley Amphibian Habitat Creation in Cootes Paradise.

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**IO3 MARY JANE LOVERING** Dip.P.T., B.L.A., LEED AP, is a founding partner of Vertechs Design Inc., established in 1981. She practiced as a physiotherapist for five years before studies in Gerontology led to a focus on creating outdoor environments for special populations including children and for those with disabilities. As a board member for the West Park Health Care Centre, she was unique in seeing the neighborhood as an integral part of the campus.

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O4 IAN WASSON, FCSLA, has worked to change and grow the profession of landscape architecture. Most recently, he served as a director and president of the Council of

Landscape Architectural Registration Boards, as CLARB undertook its groundbreaking work to define the impact of the profession on public well-being. A graduate of UBCs landscape architecture program in 1993, lan has been urban design planner for Burnaby since 2002. ian.wasson@burnaby.ca

**IOS DENISE HUSBAND,** RLA, has spent the last several years speaking to a wide range of audiences about the profession's vital impacts on health and well-being. She has spoken about CLARB's recent research at the inaugural Health Impact Assessment (HIA) Conference in Washington, DC, ASLA conferences, the 2013 CSLA Annual Congress and Saskatchewan Design Week. Denise earned a B.S. in Landscape Architecture from The Pennsylvania State University and is a Landscape Architect with Delaware State Parks. **denisehusband@gmail.com** 

lob Joel Albizo, FASAE, CAE, is executive director of the Council of Landscape Architectural Registration Boards (CLARB), whose member boards regulate the profession in Alberta, British Columbia, and Ontario as well as in the U.S.A., Puerto Rico, and Guam. Joel is a Certified Association Executive and Fellow of the American Society of Association Executives. He has served as an ASAE officer and president of the Public Relations Society of America/ National Capital chapter, and volunteers as well in his community as a youth sports coach and president of a local baseball organization. jalbizo@clarb.org

#### www.clarb.org/wellbeing

**O7 DEBORAH LEFRANK,** BCSLA, principal of LeFrank and Associates, creates outdoor spaces where people can connect with nature. The importance of this connection

became clear to her as a teenager when she spent months in the hospital. A large tree outside the window provided a view to the changing seasons. It was a distraction to the discomfort. That memory provides inspiration. www.lefrank@shaw.ca

| OB BHAVANA BONDE has 20 years of experience in urban design and landscape architecture, having worked in India, Singapore, Mexico and Canada. At Smith Carter, she leads the Landscape Architecture, Planning and Urban Design group, bringing with her a strong commitment to design excellence and sustainable development, and critical experience in the delivery of integrated design, planning and architectural solutions.

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O9 LINDA IRVINE OALA, FCSLA, is Manager, Parks and Open Space Development for the City of Markham. She is former president of the CSLA, and continues to volunteer on various professional task forces and committees when required.

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ITO VANESSA COMPTON, PhD, creates conditions for transformation, connection and spiritual flow. She is a visual artist and yoga teacher, with a background in holistic mindfulness-based curriculum design. A Veriditas® certified labyrinth facilitator, she creates temporary and permanent labyrinth installations and events. She serves on the international Board of Directors of The Labyrinth Society, with a special interest in labyrinth research and education. She lives in the Perth / Smith Falls area with her husband and menagerie.

www.labyrinthed.com vanessacompton1@gmail.com | 11 CHRIS GROSSET, NUALA, was honoured with the CSLA's Schwabenbauer Award in 2011. He exhibits a particular commitment to communities north of 60. As president of NuALA, Chris works throughout Nunavut to protect and celebrate cultural landscapes. grosset@aarluk.ca | www.aarluk.ca

| 12 CORNELIA HAHN OBERLANDER, O.C., FCSLA, BCSLA, FASLA, is often referred to as a national treasure, the woman CBC Ideas profiled as the Grand Dame of Green Design. Her work is internationally acclaimed. This year, she received the Leadership Award of Excellence from the Interior Designers of Canada. choberlander@gmail.com

| 13 NICOLE VALOIS: The photo of Nicole Valois in our last issue was not, in fact, Nicole Valois. Here she is! | La photo de Nicole Valois parue dans notre dernière parution était en fait celle d'une autre personne. Voici son vrai visage!.







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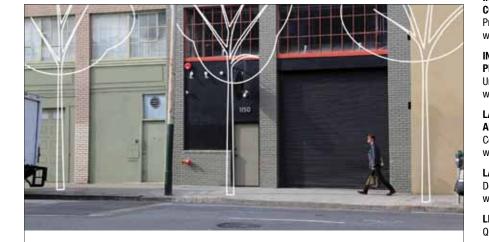
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TICULTURAL THERAP

CORNELIA HAHN OBERLANDER, O.C., FCSLA, BCSLA, FASLA

## TO BUILD A GARDEN

#### FR\_LP+ FAIRE UN JARDIN

EN\_IN JANUARY OF 2000, after a skiing accident, I found myself in the Burns and Plastic Surgery Unit of the Vancouver General Hospital, looking out over a bleak concrete terrace. My first thought was, "How can we change this?" At that moment, horticultural therapist Shelagh Smith walked into the room with a garden questionnaire. Thus began a two year journey.

Today, 14 years later, the hospital's healing garden has realized its potential, with hospital staff frequently relaying laudatory comments about what the space means to everyone in the Burn Unit. Here is our story.

#### A GARDEN GROWS

The idea of a healing garden is both ancient and modern. Long after humans had begun to erect dwellings, local healing places were nearly always found in nature – a healing spring, a sacred grove, a special rock or cave. The earliest hospitals in the Western world were infirmaries in monastic communities where herbs and prayer were the focus of healing and a cloistered garden was an essential part of the environment. (For an interesting look back, see Clare Cooper Marcus' 1999 book, *Healing Gardens*.)

This concept permeated the work of students at the University of British Columbia who, under the guidance of landscape architect Elisabeth Watts, made design studies, documenting sun and shadow patterns, wind direction and velocity, noise and other site features of the terrace. Once the concept was formulated, Shelagh Smith developed a participatory design process, which included patients, staff, visitors and volunteers in the design of the garden. Thus, the physical spaces emerged.

The landscape architects conducted extensive research into materials for the terrace. Because wooden planters were too heavy for the roof, and powder-coated steel planters did not guarantee a long life, we continued our research until we discovered a German firm that fabricated planters and trellises using aluminum with a high recycled content. The material is lightweight and requires only minimal maintenance. For two years, e-mails and telephone calls connected us with Benz Fischer, Germany, to create the planters. Early one March, the company owner Mr. Bernd Fischer, the architect and designer Mr. Bernd Kruger, the installer Mr. Hoffmann

and the translator Danielle Gaussiran came for the installation of the planters, the first in North America.

Building the terrace and installing the planting involved the whole team. (Frequent meetings kept the team up to date on the fundraising by the Vancouver Fire Fighters.) The planting plan focused on low maintenance plants to delight the patients throughout the seasons. Shore pines (*Pinus contorta "Contorta"*) and early flowering magnolias provide permanence; silvery blue lavender (*Lavandula angustifolia*), deep red roses (*Rosa "Dublin Bay"*), rosemary (*Rosmarinus officinalis*) and annuals scent the air. Clematis (*Clematis montana "Pink Perfection"*) provides shade on the trellis. The entire team, and even some patients, came out to plant. A small boy, who was a patient in the Burn Unit, came to help to water the plants. After he was released from the hospital, he walked out with his mother and said, "I will build you a garden." This shows the influence even on a young patient.

Over the years, I often visited the garden. One December day, I found a young woman sitting outside in the rain. I asked what she was doing there. She replied, "The rain is so good for my face. I just love it out here. Every night before I go to bed, I come out here and take a sprig of rosemary to my room and place it on my night table. Then I can sleep well."

Is that not biophilia as defined by E.O. Wilson, who said that human beings have an innate and evolutionary based affinity for nature? Therefore, it is my sincere hope that this small terrace will guide the way in all hospital design.

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PARTICIPANTS: Burn Unit, VGH: Lois Budd, Manager; Leonard George, Clinical Psychologist; Trisha Lai, Social Worker; Rick Buksa, Construction Coordinator. Ann Bailey, Universal Garden Society; Shelagh Smith, Horticultural Therapist; Elisabeth Whitelaw, Cornelia Hahn Oberlander Landscape Architect; Elizabeth Watts, Sessional Professor, U.B.C. Landscape Architecture Dept.; Clint Low, Engineer, Bush Bolman & Partners; Jerome Chow, Delta Pacific Landscaping, Landscape Contractor; Vincent Helton, Irrigation

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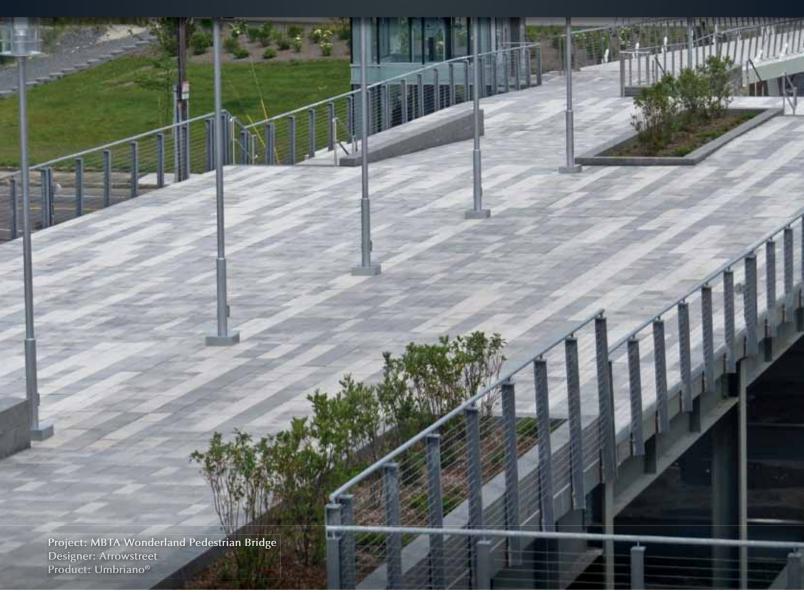


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