

# The Future of Healing Gardens

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Health Environments Research  
& Design Journal

2016, Vol. 9(2) 172-174

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DOI: 10.1177/1937586715606926

herd.sagepub.com



Healing gardens have come of age. Due in part to a growing body of evidence on the health benefits to patients, staff, and visitors, they are appearing in hospitals, senior facilities, cancer facilities, and memory care units nationwide. They are featured in architecture trade magazines, in marketing literature, and even in the popular press. That is the good news. So what is the bad news?

Despite available research and studies of excellent examples, in many cases, there is little understanding of the essential elements of a successful garden. Two chaise longues and potted plants on a rooftop are labeled a “healing garden.” A stark courtyard with minimal greenery, few places of privacy, and uncomfortable seating is designated a healing garden. Labyrinths have become fashionable with little understanding of their purpose, the need for privacy, or the physical ability of potential users. Yes, designers and their healthcare clients want to be seen as up to date with the current trend. Yet, sadly, many of the new gardens appearing in healthcare facilities do not meet even minimal standards as restorative outdoor spaces. Why is this happening when there are many research studies and sets of evidence-based guidelines that provide accessible information for design professionals?

This situation reminds me of a much earlier period of design research. In the late 1960s when the organization Environmental Design Research Association was founded, a recurring discussion at its annual conferences was “How do we build the essential bridge between researchers and designers?” Practitioners of each discipline seemed to have different mind-sets, thought on different timescales, and even used different vocabulary. Researchers were frustrated that their work was frequently ignored. Many designers seemed to have little inclination or time to read,

complained (often justifiably) of researcher jargon, or needed to move on quickly to the next job.

A wise voice in that debate was that of Sandra Howell (then a professor at Massachusetts Institute of Technology (MIT)), who argued that researchers would never be more than partially successful communicating with designers. A better tack was, she argued, to educate and convince the fee-paying clients who would then—hopefully—tell designers: “This is what we want.” To some extent that has happened. Speakers at annual conferences such as Healthcare Design and the International Academy for Design and Health’s World Congress are now presenting case studies of successful gardens or sets of evidence-informed guidelines to audiences that comprise not just designers but the healthcare administrators—CEOs and chief financial officers—who will (or may) hire them.

Other positive changes have occurred. Leadership in Energy & Environmental Design (LEED) for Healthcare, the Sustainable Sites Initiative, and the Environment of Care Section of the 2014 *Guidelines for Design and Construction of Hospitals and Outpatient Facilities* all now include a requirement or credit pertaining to access to nature. The Joint Commission for the Accreditation of Hospital Organizations—an influential body—also now requires that there

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be access to nature in the facilities that they evaluate. These are all good signs. But “access to nature” can be interpreted in a multitude of ways, and not all of these directives spell out exactly what access to nature means, nor do all of them draw on available research to guide the design of a successful healing or restorative garden.

Today, no hospital architect would attempt to design a new neonatal intensive care unit, or an operating theater, without accessing the latest research. Few would be hired unless someone in the firm was Evidence-Based Design Accreditation and Certification (EDAC) certified. Yet problems remain. EDAC has little to say about outdoor space. The professionals hired to design gardens rarely have training in that particular field (e.g., in-house architects and interior designers often get the job) and even fewer have training in healthcare garden design. Few schools of landscape architecture provide courses on healthcare design.

Even when a professional landscape architect is hired, they may be unaware of the latest research, or assume that a healing garden is just like any other garden, or be too concerned with making an envelope-pushing statement that may garner them an award. Roger Ulrich, who spearheaded the whole movement of incorporating access to nature in healthcare, stated wisely,

Regardless of whether a garden might garner praise in professional design journals as ‘good’ design, the environment will qualify as bad or failed design in healthcare terms if it is found to produce negative reactions. These points imply that the use of the term ‘healing’ in the context of healthcare gardens ethically obligates the garden designer to subordinate or align his or her personal tastes to the paramount objective of creating a user-centered, supportive environment. Designers who succeed in creating healing gardens will usually be those who seek input from patients and staff, and assiduously utilize the available research to inform their creativity and design approach. (1999, p. 30)

While we still need many more detailed post-occupancy evaluations (POEs) of healing gardens, we know enough from those that do exist, plus from less formal studies and best practice, to suggest what is essential in a successful restorative garden in healthcare. Naomi Sachs

and I used this research approach in writing the Design Guidelines that appear in our book, *Therapeutic Landscapes* (2014). Naomi—now a PhD student in Architecture at Texas A&M University—is conducting her dissertation research on the development of a standardized set of instruments for healthcare garden evaluation and design at acute care facilities. This work builds on an earlier evaluation tool known as an audit developed by myself, Marni Barnes, Jack Carman, and Mark Francis.

The instruments developed by Sachs could potentially be used as a basis for certification of healing gardens—designating a series of benchmarks which a garden must attain to warrant an official title of healing garden. Of course, this raises a whole series of questions: What would those benchmarks be? How would such a certification process be administered? What would be the incentive for a client or designer to have a garden certified? and Will it discourage creativity?

My coauthor Wendy Sarkissian and I were constantly faced with this latter question—posed to us by designers—when we wrote the book *Housing as if People Mattered: Site Design Guidelines for Medium-Density Family Housing* (1984). We embarked on this book since there were then an increasing number of POEs of medium density housing yet few designers knew of, or used, this research. Drawing on the results of more than a hundred such studies in the English-speaking world, we articulated most recommendations as behavioral statements dealing with needs and activities. Each was followed by a number of “Possible design responses.” We were not saying “Do this” (as some designers feared we would) but rather “Here is an important social, psychological, or functional issue to consider” and “Here are some ways you might respond.” The implication from this approach was that the designer was free to develop their own unique response to the stated issue. We were not setting out to curb creativity.

Other approaches to design guidelines have been to word them as performance standards, implying the way in which the environment should perform, or to word them as prescriptive guidelines, telling the designer more specifically what to do.

Any benchmarks created toward certification of healing gardens would obviously need to consider the quality of the research that supports them, plus the need for designers to use their creativity. In this respect, how any benchmarks or guidelines are worded is also a critical consideration. Researchers have the ability to investigate and articulate important user issues regarding healing garden design. Designers are creative people and have the ability to solve problems in unique ways. Let us work toward the blending of these two sets of essential skills. The future of successful restorative outdoor spaces depends on it.

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