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Exploring imagined therapeutic landscapes: trainee social care practitioners in Ireland

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The concept of therapeutic landscape, as introduced to geographers by Gesler, has had a significant impact on what has become a reformed geography (or geographies) of health. Burgeoning research in this field has developed the number and type of sites that have been characterised as therapeutic landscapes. It is notable, however, that in this expansion, little focus has been given to imagined therapeutic landscapes, perhaps indicating a dominance of positivist, masculinist approaches. Although several researchers provide suggestions as to what these mindscapes might depict, little more than anecdotes currently exist. This research explores the imagined therapeutic landscapes of 80 trainee social care professionals, based on thematic analysis influenced by Heideggerian hermeneutic phenomenological approaches. Findings indicate that although there may be widespread unity in the mindscapes of many, the diversity within each field is notable. This study also notes that, although primacy is routinely given to the visual landscape, the impact of the other senses in moulding therapeutic mindscapes must not be underestimated. Cultural and gender relationships are explored and suggestions for further research are made.

Keywords: therapeutic landscapes; imagined therapeutic environments; therapeutic mindscapes; guided imagery; Ireland

Background

A number of writers have explored what Oliver (2003, p. 313) terms 'Geography's difficult engagement with the psychological therapies'. While Sibley (2003) refers simply to tensions between these two disciplines, Bondi (1999, p. 12) goes further, referring to an 'unbridgeable gap'. However, as authors coming from these often distinct and separate disciplines (a public health geographer and a clinical psychologist, respectively), we feel this is an overstatement that is not only unhelpful but also increasingly outdated (Callard 2003, Philo and Parr 2003). On this issue, it is perhaps important to note the advice of two theorists that have helped to reform and lead a new and revitalised health geography (geographies). As well as exhorting health geographers to remain 'disciplined...immersed in placial and spatial thinking', Gesler and Kearns (2002, p. 159) also suggest that they should be 'undisciplined, open to the myriad of ideas that are available outside geography'.

Although often restricted to the intersection of psychoanalytic studies and geography, the phrase 'psychogeography' (Stein 1987, Stein and Niederland 1989) is

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a convenient and self-explanatory term to cover the intersection of thought and work between geography and psychology. An obvious example of this engagement can be seen in the broad field of therapeutic landscapes, particularly in relation to visualisation and guided imagery. Drawing on the work of Gesler (1993, p. 171), Williams (1998, p. 1193) describes therapeutic landscapes as 'those changing places, settings, situations, locales, and milieus that encompass both the physical and psychological environments associated with treatment or healing they are reputed to have an "enduring reputation for achieving physical, mental, and spiritual healing"'. The burgeoning literature on therapeutic landscapes has covered a host of settings including spas and baths (Gesler 1993, 1998), holy wells (Foley 2010, 2011), religious and spiritual sites (Gesler 1996, Williams 2010), rural and outdoor environments (Morita *et al.* 2007, Grose 2011), yoga centres (Hoyez 2007), remote wilderness (Palka 1999), summer and health camps (Thurber and Malinowski 1999, Kearns and Collins 2000, Morse Dunkley 2009), gardens (Milligan *et al.* 2004) and medical spaces (Evans *et al.* 2009).

As can be seen from a brief examination of the literature exploring therapeutic environments, an essential element of peoples' understanding of symbolic therapeutic landscapes, that of imagination, has not been examined in-depth. One exception is the link between imaginative literature and therapeutic landscapes (Baer and Gesler 2004, Tonnellier and Curtis 2005). Andrews (2004, p. 307) explicitly addresses this issue stating that 'landscape has been almost exclusively interpreted in a physical sense with co-presence being a necessary condition'. In turn, this assumption has led to the neglect of non-physical (imagined) places. Responding to this research, Gastaldo *et al.* (2004, p. 159) state that the 'dominance of the physical space as a structural feature in research is ultimately restrictive' and, therefore, propose 'a broader conception of therapeutic landscapes to include non-physical places'. Williams (1998, p. 1193) explicitly addresses this issue when using the phrase 'landscapes of the mind'. The reasons for this oversight are undoubtedly manifold. Discussing the work of Rose (1996) and Soja (1996), Bondi and Fewell (2003, p. 542) explores this issue arguing that 'several geographers have argued that attempts to differentiate between real and imagined spaces, or between material and metaphorical spaces are misguided and unhelpful, emanating from the influential but flawed and limiting epistemologies of positivist, objectivist and masculinist science'.

In discussing therapeutic landscapes, Gesler (1998, p. 17) states that:

> humans have a need for physical, mental, and spiritual healing, and they search for that healing within places. Over time, perceptions about fulfilling may lead to an "understood truth" that a group of people share about a place. This truth is a cultural construction that arises from experiences, perceptions, ideologies, attitudes, and feelings.

Using the auxiliary verb *may*, Gesler is appropriately tentative in this proposal. However, it is probably true to say that an implicit presupposition in a great deal of research on therapeutic landscapes has been an assumption that, at least within particular ethnic, cultural and social groups, there is a relative uniformity in, and acceptance of, the shared characteristics of such environments. In a similar vein, Williams (1999, p. 1) refers to 'traditional landscapes' that people habitually associate with healing powers. However, Gastaldo *et al.* (2004, p. 169) remind us that such landscapes are 'personalized, dispersed . . . and mediated by individual

experience'. This research in part aimed to investigate how universal are such 'understood truths', or if in fact this assumption is misplaced, at least in respect of imagined therapeutic environments.

Williams (1998) explicitly addresses the practice of visualisation in the context of therapeutic landscapes and holistic medicine. Encompassing a review of work by Achterberg (1985), Edwards (2011) provides an overview of imagery in healing dating back at least 20,000 years. Jacobson *et al.* (2011, p. 45) define guided imagery as a:

> widely used complementary and alternative therapy (CAT) involving generation of self- or practitioner-guided positive sensory (e.g., taste, vision, and smell) and affective (e.g., calm and happy) mental images to evoke a state of psychological and physiological relaxation and promote healing changes throughout the body.

A considerable literature has emerged which has expanded and developed our understanding of therapeutic environments (Williams 2007). However, Wilson (2001) has identified a number of issues in relation to therapeutic landscapes that require further exploration. These include an examination of obverse views, as well as the scales and boundaries of such environments, and the impact of gender and culture on the conceptualization of such places, situations, locales, settings and milieus (Gesler 1992). Bondi and Fewell (2003) similarly outline a need to explore the issue of fantasy in therapeutic environments.

Noting that such landscapes can be 'either practitioner-defined or individually defined', Williams (1998, pp. 1195–1199) goes on to suggest a number of possible examples including 'a familiar beach, previous home...favourite place or natural scene'. Andrews and Shaw (2010, p. 1804) explicitly mention a 'beach in Barbados' in this context, while Korpella and Hartig (1996, p. 231) note that favourite restorative environments typically feature 'places with greenery, water and scenic quality'. However, there seems to be little support in the academic literature for such anecdotal assumptions. A considerable volume of research has explored how water in many cultures is traditionally associated with healing, cleansing, purification and absolution (Vance 1972, Cayleff 1988, Williams 1999, Foley 2010). However, how central this feature is in therapeutic mindscapes remains unclear.

The issue of isolation versus company in therapeutic or restorative environments, as they are often termed in the environmental psychology literature, has produced mixed results, given the impact of perceptions of safety (Staats and Hartig 2004). A recent content analysis of 123 guided imagery scripts published between 1989 and 2008 explored this issue examining allocentrism and idiocentrism (La Roche *et al.* 2011). However, this research explored practitioner-defined scripts and made no attempt to explore the actual landscapes involved, focusing instead on the following variables: self-separation, connection with others, absence of others, presence of others, internal agency and relational agency. Similarly, a recent text on imagery in therapy for clinicians notably made no attempt to explore images used by either practitioners or clients (Hackmann *et al.* 2011). It is clear, therefore, that a significant lacuna in current research is an in-depth examination of the nature of therapeutic mindscapes.

As well as the issues noted above in relation to the need for further examination of therapeutic landscapes (obverse views, scales, boundaries, gender, culture, fantasy, isolation/others), as researchers we were also particularly interested in exploring if, and how, all of the senses featured in therapeutic mindscapes. Tuan (1977, p. 16)

notes that 'the organization of human space is uniquely dependent on sight'. It was anticipated, therefore, that visual descriptions would be an important component of therapeutic mindscapes. However, as Tuan (1977, p. 16) also notes 'other senses expand and enrich visual space' noting that, in particular, 'sound dramatizes spatial experience', as well as discussing the importance of kinaesthesia, touch, smell, taste and skin sensitivity. Given the increasing prevalence of obesity and diabetes in Ireland (Health Service Executive 2008), we were also interested in how taste and food featured in peoples' descriptions.

Ireland has an international reputation as being particularly Catholic. Given that over 1.25 million people, approximately one-third of the Irish population, attended a papal address in Dublin in 1979 this is not surprising (Moles 2009). However, the Irish Catholic church has recently been the subject of numerous scandals involving child abuse, collusion and cover-ups. In addition, during the 'Celtic Tiger' years of dramatic economic growth Ireland has thrust Ireland towards what has been described as high modernity (Giddens 1990, 1991). We were, therefore, particularly interested in exploring the role or absence of religion and religious sites in therapeutic mindscapes of participants. Finally, we were interested to explore how rural or urban, native/domestic or foreign such therapeutic mindscapes were.

Methodology

An opportunistic sample of 110 first-year undergraduate Social Care practitioners in training attending a third-level college in Ireland were approached and invited to participate in this research project. Eighty respondents agreed, of whom 72 were women and 10 were non-Irish nationals. Two-thirds of participants were aged over 23. Ethical approval for the study was granted by the Institute's Social Studies Ethics Review Group.

Participants were asked to visualise a positive environment which they felt would be good for restoring, maintaining and promoting their own health. They were asked to design such an environment around themselves and not others (see Appendix 1 for the explanation used). Participants typed these descriptions and uploaded them to an e-learning software platform (Moodle) from which they were imported to Nvivo.

Transcripts were analysed using a hybrid method incorporating both inductive and deductive approaches (Fereday and Muir-Cochrane 2006). This approach was adopted as it acknowledges both the a-priori knowledge and experience of the researcher, but focuses primarily on the transcripts. This research is, therefore, influenced by the Heideggerian hermeneutic phenomenological tradition (Dowling 2007), which acknowledges interviewer preconceptions, but gives precedence to the views of research participants (Lowes and Prowse 2001).

Thematic analysis (Braun and Clarke 2006) was conducted to supplement the a-priori codes identified by the researcher using the four-stage 'framework' method (Krueger 1994, Ritchie and Spencer 1994, Krueger and Casey 2000, Pope *et al.* 2000, Rabiee 2004, Srivastava and Thomson 2009).

Results

A significant number of themes emerged in respondents' depictions of therapeutic mindscapes. These may be grouped into five broad categories: the elements, the

senses, nature, social factors and fantasy. The main themes to emerge within the elemental category were earth (predominantly sand), fire, air (mostly wind) and water. Within the sensual category the main themes were visual imagery (including colour), touch, sound, smell and taste/food. The main themes to emerge within the nature category were sky, sunlight, birds, trees, flowers and grass. The predominant themes within social factors grouping were memories, religion and isolation.

There is not enough room in this short report to do justice to all of these themes. Therefore, this section will explore a number of themes that demonstrate key findings including the importance of water, the diversity within the unity of descriptions and the importance of senses other than sight. This section will then continue to examine gender differences in the absence/presence of others and cultural differences relating to the centrality of religion.

The presence of water was an integral element in the therapeutic environments envisioned by many participants. This theme will be explored in some depth, because not only was water a crucial theme in descriptors, but because the extensive range of water-based descriptors covered the full and extensive spectrum of water forms. Evidence of this is given in the list of quotations as follows (emphasis in bold added by the authors):

'Begin to imagine that you are floating on a soft, fluffy white **cloud**. Take notice of how the cloud feels it might be a little bit **moist** and cool. You're sinking into the cloud and your body is warm, very warm. It's an amazing feeling'

'It has just **rained** so the sky is bright blue and the ground is wet beneath your feet. You step onto the dirt track and begin to walk. The smell of freshly **wet earth** and pine trees fill your nostrils'

'either sit on the wall or walk down to the **stream**'

'To your left you see a little stream cascading down the forest bed. You can hear the **water gushing**, racing down over its rocky bed making its way to its destination'

'Maybe you want to float above a **waterfall**'

'the sound of the river whispers in your ears, telling soft stories. The water laps over the mossy stones and gently flows down the **river**'

'In the distance you see a small **pond**, go over to it and slowly step in, the temperature feels perfect against your skin'

'You can feel how the **ripples** in the water make the boat rock in a slow, calming motion. The rhythmic motion is relaxing'

'Think of the **sea**, the water flowing, the waves **splashing** against each other on a sandy beach'

'The sea is a deep shade of blue with the white crests of the **waves** sweeping towards the shore'

'You now become aware of the sound of the ocean waves up ahead and smell the salty ocean **spray**'

'As you walk towards the water you can feel the refreshing **ocean mist** spray your skin'

Descriptions of the full spectrum of water-based elements of the therapeutic mindscapes of participants covered not just water in its liquid and gaseous forms, but also as a solid, in the form of ice, snow and frost:

'sparking...On a **frosty** morning'

'the cold hit me like a shovel. The coldness running down my top and the feeling was exhilarating. Crack'!

'Crack! Crack! The **ice** and **snow** crumbling under my weight like a house of cards'

Descriptions of the theme of water were not restricted to 'natural' environments, but covered both internal domestic and recreational scenarios:

'Think about relaxing in a deep bath full of hot water and lavender scented bubbles. Think of the nice warm feeling that comes with relaxing and submerging your head in the warm soapy water'

'Imagine the water filling up the bath and the room slowly filling with steam. The steam is hot and you can feel the heaviness of the air in your breathing, take a few deep breaths of the steam filled air, breathing it in slowly and deeply'

'going swimming and if possible then to lie down in a steam room or sauna then'

'Outside it is raining and you can hear the rain tap the window and the wind hitting the tree beside the window, but you don't mind because you are sitting beside the fire and you feel warm and cosy'

As well as water in all its forms being a dominant theme, the related theme of stress hydrotherapy also emerged. It was clear that in many participants' minds, water was a powerful source not only of cleansing but also of revitalisation. Some participants referred to this briefly, as can be seen in the following statements:

'the feeling of being cleansed and all your troubles and tensions flowing away'

'picture you are on the beach, lying on the sea shore with the tide slowly washing in around. Let it wash away all your stresses and strains'

'Sit on the bank of the pond and let the cool water submerge your legs, it is magical and is now cleansing you of any hurt or impurities. Feel it wash over you soothing your body and your feelings. It is now your chance to free yourself of any pain or worries, let them depart from your body and dissolve into the water'

It is interesting to note, however, that for some participants the purifying power of water was not felt in an embodied manner as a physical act leading to mental or psychic cleansing, but was more symbolic. Some of these statements were both extended and intricate, as can be seen from the two examples as follows:

'You pick a leaf from a nearby tree. It is a deep red wide maple leaf. Upon this leaf you lay all your anxieties that you have now separated from yourself. Crouching down in the grass adjacent to the river bank, you lay the leaf upon the gushing water, return to standing and you watch. The water cleanses your anxieties and carries them far away

from you. The water is fast moving and the leaf begins to disappear from view. It gets further and further away until finally the river curves and its journey continues on without you'

'Go under the bridge and sit on the step and there you will find paper and biro, you will write down whatever you are worried, stressed or upset about. It can be words or images, whatever comes to mind. Don't try to censor this, or worry what anybody else is thinking, only write what is worrying you. Maybe you had an argument with your boyfriend, maybe you had a bad day at work, or even worried about a friend sick in hospital. Write it down on paper, read it look over it. After you pick up the stones, get the paper and wrap it tightly around the stone, and take two more deep breaths. Close your eyes slowly, your fist will tense up and then you shoulder will tense up, and then I want you to stand up. You then catch the stone, throw it away into the river, listen to the deep big splash, that stone is now out of your hands, the paper is also out of your hands. Whatever was causing you stress or worry is now out of your control'

The full range of senses appeared as notable themes in participants' descriptions of their imagined therapeutic landscapes. For example, particular scents were an important element in many scenarios. A recurring description was that of cut grass and the particular memories that this evoked for many people, as can be seen in the following statement: 'the smell of grass reminds you of the youth and all the innocence that comes with it'. A sense of smell describing what may be termed 'natural' scents was important in the descriptions given by participants:

'Inhaling the smell of fresh ocean air'

'The scent of spring travels through your body . . . you are happy, safe and surrounded by pure nature. It's beautiful'.

'The sweet scent of the flowers in the air'

'I can smell mint from the wild mint plants growing by the river'

However, the descriptions of scents also included perfumes, aftershaves and similar products, as can be seen below:

'You can smell your favourite perfume in the air'.

'You are at home in your own sitting room the lights are dimly lit with a scented candle burning on the mantel piece that gives off the scent of relaxing lavender'

As stated in the review of the literature, one aspect this research aimed to explore was that of obverse or alternative views. This was particularly notable in relation to a sense of smell and the scents of perfume and flowers outlined above. In distinct contrast to such floral scented descriptions, one male participant described 'a smell of slurry and I find it very refreshing . . . I really enjoy the smell'.

Food also emerged as a significant theme in participant descriptions, which referred both to the sense of taste and of smell, as shown in the following quotations:

'Visualise yourself eating the delicious fruits, they are vibrant in colour, fresh in scent and bursting with flavour'.

'The smell of fresh fish mixed with a variety of fresh fruit'

'It's night time and we're sitting around the bonfire listening to the crackling wood and the sweet, sweet smell of burgers being cooked'.

An important theme in many descriptions was the sensual tactile feeling of being barefoot while walking on sand or in shallow water:

'You take off your sandals and walk onto the soft, warm, golden sand. Your feet sink into the weightless sand and cover all your toes'.

'Imagine yourself taking off your shoes and slowly beginning to walk through the soft, warm, golden sand. Feel the grains of sand going in-between your toes and caressing your feet. Feel the sand falling off your feet as you take another step, Find yourself feeling more relaxed with each step you take'.

'As you step out from the room you take your shoes off to feel the soft, warm sand between your toes. You take a few more steps towards the seas shore. You walk into to the water to feel the water run past your feet'

A similar element of this theme focused on the sensation of walking barefoot on grass:

'The grass moving freely between your toes and the mild light breeze gently drifting over your skin'

One notable difference between the landscapes of the mind described by men and women was the large-scale absence of other individuals in the descriptions provided by women. Men tended not only to include other people but also were much more likely to include women in their descriptions. It is clear that among males, such descriptions of females had an implicit or explicit sub-text of them being available and willing sexual partners:

'It's night time and . . . right beside me is the most beautiful lady in the world snuggling up to me with a beer. As I look around the fire I see the happy smiling faces, it was a good day'.

'To relax . . . and go for a ride on my motorbike with my wife on the back, down the coast road from Lahinch to Galway'.

In the small number of instances in which women referred to another individual in their mindscape, it was usually in reference to memories of someone who had died. When others were mentioned it was typically fleeting, as can be seen in the following example:

'A good friend is walking towards you, they have a little gift for you, they hand you the gift smile at you and walk away. You open your gift and smile to yourself, they know you so well. You place the gift in your bag for later'.

One notable cultural difference in the therapeutic mindscapes of participants was the central importance of religion among African nationals:

'You now feel this great spiritual light come on just as darkness gently disappears. You can now see the angels of God in their heavenly places dressed all in white and their attention turn in your direction. You are all that matter to them right now, just you. Your heart and everything within you now charged with God's deep love and his glorious presence. You are about to discover a new level of truth that will change your life for good. Feel completely safe and imagine yourself in the presence of Almighty God. Feel some wave of divine healing power. Follow the natural peaceful rhythm of your heart and the flow of energy gently into your soul'.

Most of the environments envisaged were clearly rural or beach fronts, rather than urban or residential in nature. However, it is unclear whether such therapeutic mindscapes were predominantly foreign or domestic. Although warmth, sunshine and sandy beaches predominated, it is unclear whether these relate to summer days in Ireland, elsewhere, or are just imagined.

Discussion

Although the visual sense is dominant in individual descriptions of therapeutic landscapes, it is evident that all of the senses play an important role. The importance of touch was notable throughout the descriptions examined. It is also clear that although certain themes are common in therapeutic scenarios, there is significant diversity within such descriptions. As demonstrated through the theme of water, the variety of aspects addressed across this issue was both comprehensive and unexpected. The importance of gender differences in relation to 'others' and in particular to actual or potential sexual partners should also be noted. Most female participants envisioned therapeutic mindscapes devoid of other people. This is particularly interesting given the central importance of others and the esteem of others outlined in most descriptions of human needs (Maslow 1943). The large-scale absence of religious imagery in the descriptions of the native born Irish compared with the descriptions detailed by students of African origin was striking.

The diversity evident in the findings above raise questions about the personal relevance of practitioner-developed guided imagery stress reduction programmes. It is clear that such programmes need to incorporate the full range of senses, and that there may be broader gender differences. However, these findings would suggest that such programmes should perhaps either be developed by individuals themselves, or through joint discussion and exploration by therapists and clients. Alternatively, it may suggest that practitioners should perhaps provide a suite of such scenarios that clients could sample and explore to find the one most relevant to their therapeutic mindscape.

Further research might usefully explore the therapeutic mindscapes of other groups such as children and adolescents or older adults. In addition it might prove enlightening to explore this issue in different countries and environments. A notable aspect in these findings was the sensation of bare feet on sand, or grass or in water. However, for the vast majority of the population in Ireland, such experiences are a rather rare novelty. This is obviously not the case in many countries throughout the world, and it would be interesting to explore perceptions around this issue from another perspective (see the work of Dobbs 1997 and Wilson 2003 for notable examples of this approach).

One avenue for further research would also be to determine the level of concordance or dis-similarity between the therapeutic mindscapes people envision and those that they actually utilise, visit or inhabit. This research project was also rather narrow, involving a unidirectional perspective. Tuan (1977, p. 7) notes that 'relatively few works attempt to understand...and...interpret space and place as images of complex – often ambivalent – feelings'. It may also prove illuminating, therefore, to explore what other associations people have with such therapeutic mindscapes.

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Appendix 1

Visualise a positive environment which you feel would be good for restoring, maintaining and promoting health. As it is very difficult to judge what would work for others, you should base this imagery on what would work for you. Do not worry if you feel it would not work for many or indeed for any others. This should be designed around you. You have great freedom of choice in relation to this imagery. It might for example be real or imagined. It might be historical, current or in the future. It might be somewhere you know well, somewhere you have never been or something in between. It may be inside or outside, or both. It may be one place or many. It may be static or changing, foreign or domestic. The choice is yours. It should be based around what would suit you.