How did you become THE person who studied healing gardens?

Well, of course the person who started it all was Roger Ulrich with his famous study, *View through a window may influence recovery from surgery.* Roger is a good friend and colleague and I was inspired by his work. Then Marni Barnes and I conducted the first (I think) post-occupancy evaluations (POEs) of hospital gardens. I was further motivated when, a few months after retirement, I was diagnosed with cancer. I was treated at the Kaiser Permanente Walnut Creek Medical Center where there is a green space in the center with three ancient 150-year-old Valley Oak trees protected by law. That became an oasis for me during treatment. When people came to visit me, we would walk through the green space on balmy evenings in the summer. It was doubly important to me to have green space when dealing with the stress of a life-threatening illness. It
When I was having treatment and recovering, I went to a Healing Journeys conference in the Bay Area. It was very uplifting, about surviving. I wanted to have a questionnaire about what these people would like to see and not see in a garden because there were hundreds of people there. They wouldn’t let me, so I had a box in the foyer, saying we’d like your feedback on what kind of garden you’d like to see in a cancer facility. I don’t remember how many responses I got; it was totally voluntary, but it was really interesting stuff: greenery and privacy, no piped-in music or anything black, plastic, or steel. Lowering stress is the goal. If you lower the stress, the body can do its healing.

What makes this work different or more special for you?

Healthcare is such a place of stress and anxiety, for both patients and staff. There’s a tremendous amount of burnout. The provision of something green and healing in this setting feels so powerfully enriching and important. And because it’s a relatively new field, it’s a little like being on the cutting edge. And a garden costs peanuts compared to a new building.
What are you passionate about?

Gardening. When I was about 9, a favorite aunt of mine who taught me to garden and gave me my first plants, asked me what I want to do when I grow up and I said without hesitation, be “a gardener.” Then someone dampened that by saying it was difficult for a woman to do that, which is ridiculous! It did not become my career, but it’s been my passion since I was a girl.

I grew vegetables during the war to supplement the rations for my family. It was a very stressful time to be in a country under siege. I raised rabbits for food, chickens for eggs, and I grew vegetables. I was growing supplemental food for the family when I was 7, 8, 9, and 10, and that was a very powerful experience. I felt I had something to offer, I could do it, and I learned. It has been a passion ever since.

How do you incorporate research into your process?

For me it’s essential there be some empirical knowledge behind making design decisions so it’s not just an aesthetic. There is somewhat limited research; sometimes there are no post-occupancy evaluations. We could do more of that, talking to people and getting permission to hand out questionnaires in a support group. For example, I don’t know of any research on bereavement gardens. They’re not very often provided. I don’t just mean at a hospice, but at a hospital, specifically for people who have just lost someone. It would be difficult to go to a bereavement/support group and have them fill out questionnaires. I use research and bring it in any way I can.

How did Post-Occupancy Evaluations (POEs) come about?

That was the first thing I did as a graduate student. My passion was public housing. I was getting a city planning master’s degree. We were a bunch of feisty 1960s Berkeley students. We were being shown beautiful pictures of public housing in Sweden and Finland. We always assumed that if it won an award from ASLA and was by a famous landscape architect, then it was good. We said, “What about the people who are in it? What about the people who live there?” That was not even in the consciousness of our professors.

I came across one of the POEs of housing coming out the Boston area. For my master’s thesis, I did a major POE of a public housing project in Richmond, CA. I interviewed the architects who were local and had a social bent; they had done the best they could. And then I knocked on doors. It was very emotional work. First of all, I didn’t drive. I had to take two buses to get there. Secondly, 10% of the time the door was slammed in my face. These were people on welfare; they don’t want some stranger coming in and asking them questions. But I persisted and I got a large enough sample and it became my master’s thesis (“Easter Hill Village: Some Social Implications of Design”) and it actually became the first full-length book POE. It’s a set of site planning guidelines based on POEs.

Any other challenges you’ve faced?

Being a woman. When I started teaching in architecture there were only three women and 40 men. It was an extremely frustrating experience because faculty meetings would get noisy and us three never got a word in. I found it just excruciating. I would come home and have a headache or be ready to burst into tears. I had had something to say! It was not so bad in landscape architecture because there were two women in only 12 faculty.

I had to work on faith and I have to say the biggest support was going to Environmental Design Research Association (EDRA) conferences. The very first conference was in 1969. I went the next year in 1970 and it was like a revelation. I was alone here at Berkeley. No one was talking about these things (considering the user). I did have a great mentor who supported me in City Planning, but on the faculty in Architecture and Landscape, no one could really understand what I was talking about. I got to EDRA and here were all these other people who were alone, someone from Rutgers, someone from Michigan. We fell on each other and said, “That’s also happening to you?” I felt vindicated. I’m not out in left field. Well, I am but there are other people.

After that I went religiously to every EDRA conference to get re-injected with confidence. There was more of a balance of men and women. They were asking “What’s happening to these families in high rise towers, where women on the 16th floor can’t let their children go down and play on their own?” That was the counterpoint of the frustration at Berkeley. I got support there.

It was a big challenge. I was married, I had children, and then I became a single parent. I was raising children and had a full-time job. Every day was a logistical nightmare. I had no personal life, just picking the children up, getting them home, cooking the dinner, putting them to bed, and then getting lunches ready for the next day. It was a nightmare. But I managed it. And I managed to publish books along the way. My ex-husband lived in San Francisco, so I had time. I had weekends when I was free.
Over time, what changes have you seen in the idea of designing healthcare gardens?

We have “who are we designing for?” more embedded in landscape architecture. The whole idea that you’ve got to consider who you’re designing for is critical now. There’s more evidence-based design.

I have to note the importance of Teresia Hazen (coordinator of healing gardens and horticultural therapy for Legacy Health System in Oregon). I often get asked, “Where can I go?” I always say, “Go to Portland!” There’s a beautiful example of how one person’s passion and stick-to-itiveness has changed a whole system. In Portland now, if there’s a new building and she says we need to have a garden, they say “Of course!” It’s just assumed. Another beautiful example of the power of one person to have an impact.

More gardens are being included, and there’s a co-opting of the term “healing garden.” I see examples in Healthcare Design Magazine that say we have a healing garden and the picture, oh my god! One had a chaise lounge and a potted plant and they called it a healing garden. The term and the idea has caught on. I think it’s being used as a marketing term, used in good and bad ways. The bad way is doing something that doesn’t qualify.

What is your vision for the future of healthcare and therapeutic gardens, and are there specific things you would like to see happen?

That there be more acceptance and understanding from the CEOs and those with hands on the budget, that this is not just a nice idea, but essential.
We could put more emphasis on the importance of this for staff. Yes, for patients, and that’s important. But in all the POEs I’ve seen, staff are the ones using them the most. They are there all day long, they are in a burnout profession, with just tremendous turnover, and lack of staff. Our job is to convince heads of hospitals that they need to keep their staff healthy and happy. We can’t ever prove that having a garden will make them retain staff. It would be terrific if we could. There’s a terrible staff shortage.

I wish we could find some way to certify healing gardens. I don’t know how we’d do it. We discuss it every year at the healthcare garden course that I co-teach at the Chicago Botanic Garden. We have good discussion, and we’ve never come to any conclusion about who would administer it.

I don’t have the energy anymore at my age to spearhead this. I don’t think ASLA would want to; maybe the U.S. Green Building Council? Could it become something like the LEED certification? It would be great if it did. Architects are getting behind the LEED certification; it has become a big deal. That would be my desire for the future—that people could not use this term unless it had certain prerequisites.

Are there any specific projects you’d like to see happen?

There’s a lot of work that needs to be done in mental health of all kinds, more patient-specific. There are certain patient types whom we know very little about, what they would like to see in the garden. We know a lot about Alzheimer’s and dementia and how we should be designing for that. We know a bit about cancer and, from the work in Portland, what we need to do for burn patients. I think there’s a terrible need for gardens for children with autism, particularly in public places where parents can bring their children. There are other diseases, like PTSD, which is an enormous problem with people coming back from Iraq and Afghanistan. There’s work in Sweden where they are taking them into forest environments. I’m really interested to know what kind of trees are being used in forest bathing in Japan.

What’s currently happening for you?

I’ve been working on another possible book with the working title Gardens of My Life. It talks about when I was evacuated from London from the bombing to the estate of the Rothschilds. I grew up on this huge classic landscape estate where we had the run of the whole place. I’m writing about all that’s happening just now in my current garden, and working and living at Findhorn for a year, which is built around the garden.

My current consulting is working to help a garden get created at a men’s prison in Vacaville, CA at the hospice in the prison. It’s really a unique job. It’s not only for people who are dying, but who are incarcerated and dying. And their families who come to visit them. There’s a beautiful program there where the inmates train to be volunteers to sit with their fellow inmates who are dying. Isn’t that amazing? It’s just an amazing program!
Currently Clare does consulting to ensure spaces are appropriate for the user, often in healthcare. She recently renovated her backyard vegetable garden to make it more accessible. “It’s my therapy, my passion. I want to be out there every day checking to see what the seeds are doing in the greenhouse, and what’s opening its buds.”
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