

Ellen Fetzer
editor

Regenerative Landscapes

Designing the Transition



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Designing the Transition

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Editorial

As President of the European Council of Landscape Architecture Schools (ECLAS) it is my great pleasure to introduce these selected proceedings of the ECLAS Conference 2024, hosted at the Université Libre de Bruxelles (ULB) in Brussels. The conference theme, *Regenerative Landscapes – Designing the Transition*, has underscored the critical role of landscape architecture in navigating the complexities of climate change, biodiversity loss, and societal transformation.

We have gathered with almost 300 people in Brussels at a pivotal moment. Our landscapes –both urban and rural– are under unprecedented pressure, with six of nine planetary boundaries already exceeded. This conference provided an opportunity to reimagine landscapes not merely as spaces of adaptation but as active agents of regeneration. The contributions in this volume reflect a shared commitment to fostering landscapes that restore ecological function, enhance social equity, and inspire cultural renewal.

Our thematic tracks have explored the diverse facets of regeneration: from energy and mobility landscapes to foodscapes, hidden landscapes of the global value chain, biodiversity regeneration and democratic landscape transformation. Each theme represents a vital component of the transition towards resilient, equitable, and thriving landscapes. The discussions initiated here will be crucial in shaping the future of landscape education, research, and practice.

I extend my sincere gratitude to the organising team, our hosts at ULB and CIVA Brussels, and the dedicated researchers, educators, and practitioners contributing to this conference. Further, the conference and these proceedings would not have been possible without the TELOS ERASMUS project and its team. TELOS provided the conceptual framework for designing our call for papers guiding the discourse of this conference.

I hope that our 2024 gathering has served as a catalyst for new collaborations and bold ideas, driving the discipline of landscape architecture toward a regenerative future.

Dr. Ellen Fetzer
ECLAS President 2018-2024
European Council of Landscape Architecture Schools



Contents

Degrowth and Design	10
Degrowth	12
<i>Nathaniel Barlow</i>	
Designing for ecologies	20
<i>Sandra Groll</i>	
Regenerative Landscapes Call for Papers	26
Energy Landscapes	32
Reflections on the conference experience	33
<i>Maria Beatrice Andreucci, Dorothee Apfel, Marco delli Paoli Sven Stremke, Anders Larsson, Dorota Wojtowicz-Jankowska</i>	
Unlocking the regenerative potential of solar landscapes through multidimensional design and planning	35
<i>Anna Codemo, Sara Favargiotti, Rossano Albatici</i>	
Biosolar roofs: Assessing plant performance in combined photovoltaic and green roof systems for regenerative landscapes	42
<i>Monica Fabian, Beata Dreksler</i>	
Landscape integration of agrivoltaic systems	48
<i>Paolo Picchi, Alessandra Scognamiglio, Gabriele Paolinelli, Anna Lambertini</i>	
Landscape as a medium for a shared energy transition: findings from a co-design tool	56
<i>Roberta Pistoni, Gaëlle des Déserts, Auréline Doreau</i>	
Mobility Landscapes	63
Reflections on the conference experience	64
<i>Cristina Imbroglini, Francisca Lima, Gabriela Rembarz, Claire Pelgrims, Didier Vancutsem, Nina Vogel</i>	
The becoming of a scenic route: Perspectives on the mobility paradigm of highway building and landscape architecture	66
<i>Efrat Hildesheim</i>	
The relevance of green frontage zones for multifunctional streets	73
<i>Julia Micklewright, Gina Fehringer, Mark Michaeli</i>	
Improvement of mobility environment for urban regeneration through integrating transit-oriented developments	81
<i>Angelo Paulo A. Mogul</i>	
Disruption for regeneration: Transforming mobility practices through real-world experiments	88
<i>Ines Prehn, Henrik Schultz</i>	

Foodscapes	97
Introduction and reflection	98
<i>Meryem Atik, Sandra Costa, Jeroen Vries, Roxana Triboi, Ibrahim Yilmaz</i>	
Almere Oosterwold: A self-organised foodscape	102
<i>Daniel Münderlein, Jan-Eelco Jansma</i>	
The possibility of building a small local food system through urban gardening using vacant land in shrinking cities: A case study from Kobe, Japan	110
<i>Naomi Shimpō</i>	
Seeding Change: The EU Urban Agenda's thematic food partnership as a catalyst for bridging high-level policies and grassroots food system innovations	115
<i>Roxana Triboi, Irina Rotaru, Alina Pasarel</i>	
Integrating education into living labs: the food planning experience	119
<i>Jeroen de Vries, Roxana Triboi, Aleksandra Nowysz</i>	
 Hidden Landscapes of the Global Value-Added Chain	 126
Introduction	130
<i>Dirk Funck, Karolina A. Krośnicka, Samaneh Nickain, Kelly Shannon</i>	
All you can store! Designing regenerative landscape frameworks	135
<i>Sabine Müller, Miguel Hernández Quintanilla</i>	
Urban metabolism. A circular approach to foster regeneration in São Paulo's central region	145
<i>Bruno Futema, Luísa Martins, Maurício Addor</i>	
The river and the mosaic: Regenerative strategies for plantation landscapes in the upper Paraná River Basin	153
<i>Victoria Imasaki Affonso</i>	
Future matters: Rethinking material value-chains by drawing out hidden landscapes of extraction	163
<i>Alice Lewis</i>	
Beyond numbers: Rethinking environmental evaluation through 'hidden' landscapes of extraction	170
<i>Emma Rishøj Holm</i>	
The natural Icelandic landscape	177
<i>Liam O'Malley</i>	
Workshop and reflections	182
<i>Dirk Funck, Karolina A. Krośnicka, Samaneh Nickain, Kelly Shannon</i>	

Heritage and Identities. Activating Cultural Capital	191
Introduction and reflection	192
<i>Lei Gao, Eszter Bakay, Nathalie de Harlez, Alex Mexi, Magdalena Rembeza, Ursula Wieser Benedetti, Katarzyna Zielonko-Jung</i>	
Regeneration through collaboration. A case study of collaborative landscape history research	194
<i>Luca Csepely-Knorr, Ulrike Krippner, Imke van Hellemond</i>	
Regenerate functional and cultural roles of historic farm: Atatürk Orman Çiftliği	202
<i>Duygu Doğan, Merve Yıldız, Meryem Bihter Bingöl Bulut</i>	
Engaging with citizens' heritage knowledge in urban research and planning: The case of Lørenskog, Norway	209
<i>Vignir Freyr Helgason</i>	
A NELA workshop: Speed design with landscape architecture archives	218
<i>Lei Gao, Sophie von Schwerin, Ursula Wieser Benedetti, Hanna Sorsa-Sautet, Katalin Takacs, Simon Orga</i>	
The art of the 'winegrower – gardener' in Val de Loire (France)	226
<i>Myriam Laidet</i>	
Tustan's cultural landscape: Research, conservation and use experience	232
<i>Andrii Kotliarchuk, Liubomyr Parkhuts</i>	
Lisbon's street trees: Identity and cultural heritage to a regenerative urban landscape	238
<i>Ana Luísa Soares, Leónia Nunes, Inês Marques Duarte, Eugenio Ferretti, Ana Raquel, Cunha, Susana Dias</i>	
Contribution of HUL to sustainable urban regeneration a case study of a historic neighborhood in Tel Aviv	243
<i>Yael Sofer</i>	
Regenerative therapeutic and sensory gardens: A new paradigm	249
<i>Anna Staniewska</i>	
Locals' needs and perception of cultural ecosystem services related to green infrastructure in peri-urban areas	256
<i>István Valánski, Zsófia Földi, Vera Iváncsic, Tímea Erei, Anna Bork, Zsombor Boromsza</i>	
Beyond Cheap Nature	264
A critical reflection	265
<i>Juanjo Galan, Beata Dreksler, Geoffrey Grulois, Stefanie Schur, Veli Ortacesme</i>	
The impact of historical and evolutionary changes on landscape degradation and methods for regeneration	268
<i>Maria Nóbrega Moita Magalhães Dias, Catarina Patoilo Teixeira</i>	

Ecospacing? – Towards a local framework for interspecies well-being and regeneration	277
<i>Marie Frier Hvejsel, Lotte Marianne Bjerregaard Jensen, Niels Albertsen (prof. em.), Rasmus Ejrnæs, Ane Kirstine Brunbjerg</i>	
Building acceptance for spontaneous vegetation in urban green spaces through early learning	284
<i>Laura Jeschke, Cristina del Pozo, Silvia Ribot</i>	
Listening spiders and travelling trees: Experimental approaches for exploring and representing the more-than-human	291
<i>Usue Ruiz Arana, Stef Leach, Lilli Lička</i>	
Assessing two existing models of conservation and ecological regeneration for application in the EU's Nature Restoration Law	296
<i>Stefanie Schur</i>	
Democratic Landscape Transformation & Transformative Learning	303
Introduction and reflection	304
<i>Ellen Fetzer</i>	
A conversation over the fence: Transdisciplinary mixed classroom courses in the Netherlands	306
<i>Marlies Brinkhuijsen, Sarah de Vries</i>	
Participative actions and co-adaptive solutions in large-scale cultural landscapes under hazard threat: rockfall and flood hazards areas in Norwegian valley	310
<i>Karin Helms, Violaine Forsberg Mussault, Elisabeth Sjødahl</i>	
Regenerative urban nature: Navigating the Anthropocene shift	318
<i>Elisa Lähde</i>	
Remapping landscapes to redefine territorial boundaries and regenerative capacities of landscape: A multi-methods pedagogical and practice research-led model for design	324
<i>Richard Morton, Dawn Parke, Vikram Kaushal</i>	
How to regain our landscape: A democratic/collective approach for regenerating the identity of a historically important landscape	332
<i>Angeliki Paraskevopoulou, Aikaterini Gkoltsiou, Eleni Mougiakou, Anastasia Christaki</i>	
Perception and use of urban green spaces by Iranian women before, during, and after the Islamic revolution: a study of gendered spatial injustice.	340
<i>Mana Taheri, Simon Bell</i>	
Authors and Track Chairs	346

Regenerative therapeutic and sensory gardens: A new paradigm

Chapter author

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Keywords: historic mental hospital gardens, therapeutic landscapes, regenerative landscapes, sensory stimulation

"The enjoyment of scenery employs the mind without fatigue and yet exercises it; tranquilizes it and yet enlivens it; and thus, through the influences of the mind over the body gives the effect of refreshing rest and reinvigoration to the whole system."
Frederick Law Olmsted, 1865

Introduction

Shaping landscapes that facing climate change scenario use the nature's contribution adaptation potential (Colloff et al. 2020) is a current challenge. Regenerative landscape approach implements nature-based solutions which rely on the systemic use of natural processes and interconnected systems to build resilient landscapes and cities (Laforteza et al., 2018). It also refers to helping people to regenerate their bonds with nature to regain the psychological balance (Stott et al., 2024). Landscapes prove that not only nature can regenerate neglected or destroyed areas like postindustrial areas through phytoremediation (Guidi Nissim and Labrecque, 2021) but also research into therapeutic gardens shows that landscape can contribute to the mental well-being of people and regenerate their users (Barton and Rogerson 2017, Pantiru et al. 2024).

The paper explores the aspect of regenerative landscapes in the context of therapeutic and sensory gardens around historic mental hospitals in Europe that need changes in their redesign, maintenance, and care related to climate change. Involving users in those actions can bring numerous benefits and advocacy for improving historical healing gardens and creating new sensory therapeutical gardens. Social engagement may lead to involving patients in

the maintenance activities carried out as various green therapies (Staniewska, 2022).

Benefits of contact with nature and regeneration through landscape in historic mental hospital grounds.

The benefits of contact with nature and gardens, are widely acknowledged and were intuitively understood for ages. The concept of therapeutic landscapes builds upon the experiences of places considered spiritually and physically healing (Gesler 1992). Nowadays research provides us with manifold empirical evidence for beneficial influence of greenspace exposure (Freymueller et al. 2024). Contact with nature may result in better physical and general health (Hartig et al. 2014) and disease prevention (van den Bosch and Ode Sang, 2017). Spending time in the green environment may be regenerative because it helps to restore psychological resources since it is an environment free from physical and social stressors (Kaplan 1995). Moreover, it contributes to the improvement of the cognitive functions including memory, attention, concentration and impulse inhibition (Berman et al. 2012, Burdon and Belmin 2021). Even looking at vegetation and undertaking activities in green spaces can help reduce depression, anxiety, and stress (Ulrich 1986). Exposure to plants, green space and gardening

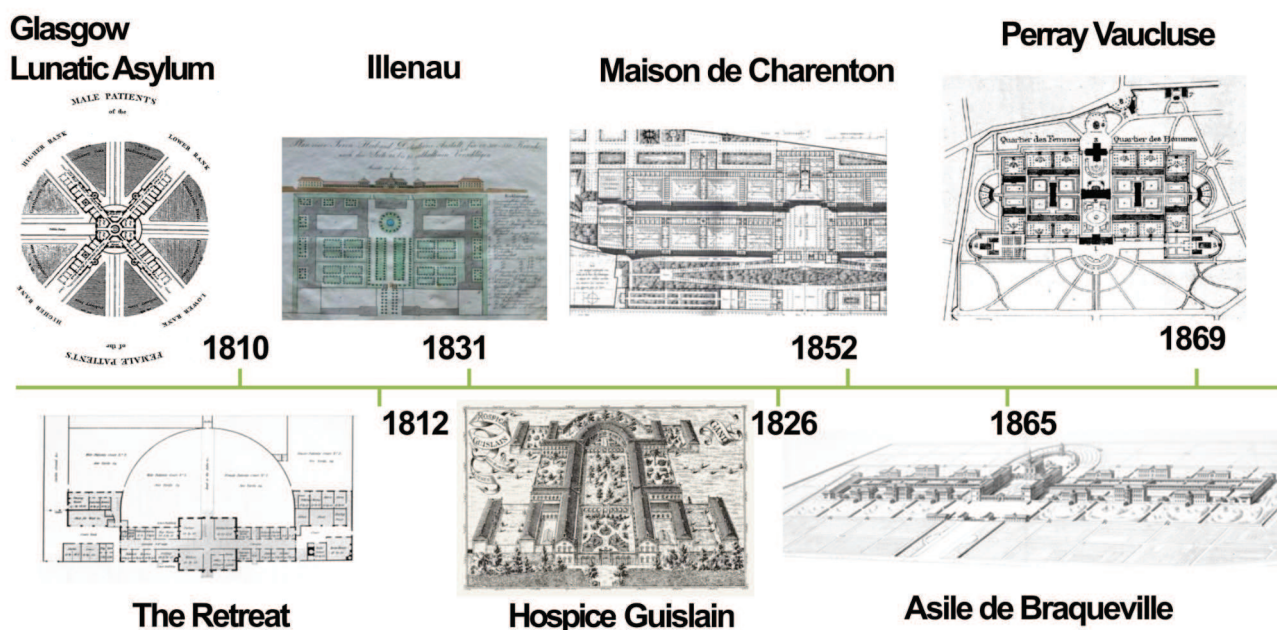


Figure 1: Evolution of plans of mental health hospitals in Europe in 19th century, drawings in public domain, timeline by A. Staniewska.

is now recognised as a valuable type of social prescribing for problems of mental and physical health (Adewuyi et al. 2023) and one of the supporting therapies. All in all, subjective well-being followed by restorative effect of being in a garden affects and overall improves mental health.

Mental health hospitals in Europe have developed as a special type of buildings and settings since 19th century (Figure 1). They represent distinctive type of composed therapeutic landscapes (Rutherford, 2003). In their early years the model institutions (often private such as the Quaker Retreat or Brislington House) resembled English noble house estates with extensive grounds and offered patients a pleasant retreat to soothe and regenerate their troubled mind. The treatment was based on the moral therapy which was to be the opposite to the incarceration typical for the earlier asylum institutions. The patients were encouraged to take physical exercise, walk and work in the gardens and their regime included also regular nights' sleep, healthy diet and occupational therapy (Hickman, 2013). This approach was also implemented by the psychiatrists employed in state institutions

which were established in many European countries, who suggested building for patients at least ward gardens in form of so-called "airing courts". Over the time the number of psychiatric patients was significantly growing and the architectural shape of mental hospitals also evolved to follow the progress in medicine. At the turn of 19th and 20th centuries mental hospitals were in detached pavilions distributed on hospital grounds arranged as large parks and green estates (Figure 2). While some patients in frames of therapy were administered to spend time in the gardens to rest and exercise, some of them who were capable worked on the hospital farm, in the orchards, cultivated arable land and maintained the ornamental grounds of the institution. Green fabric was a constitutive element of the plan and in some cases the layouts of hospitals resembled even the diagram of the „garden city” published by Ebenezer Howard in 1898 (Allmond, 2017).

However, the therapeutic work was probably not successful since numbers of patients and institutional inertia thwarted healing efforts. Paradoxically, this model called "an open institution" offered mainly the



Figure 2: Plan of the park and gardens surrounding the Babiński Clinical Hospital in Kraków-Kobierzyn, drawing from 1909 by Wiktor Żochowski, design implemented in a simplified form.

isolation and seclusion of the patients rarely enabling them to recover and return to society. The reforms of psychiatry in the second half of the 20th century led to the closure of most large hospitals. Yet although nowadays psychiatry recommends care in the community, still in some countries modern psychiatric care centres work in historic heritage hospitals surrounded by extensive parks and gardens. This results in several challenges and opportunities for both the heritage and its users.

Regenerative features of hospital gardens – therapeutic potential of historical gardens of former psychiatric hospitals.

A connection to nature in historic mental health institutions was an important factor which influenced the location and plan of the hospital. Until now several elements and features of historic structures

are still visible in hospital landscapes. The setting of the hospital was also important – especially the distant views. In many institutions still exist small gardens at each pavillion/ward with earth terraces or balconies exposed to the south (Figure 3). In the parks still grow large ornamental trees and often pine woods planted at the time of the hospital construction. Sometimes old farm buildings and glasshouses remain, and agricultural land is partly used.

Currently, this abundance of green space and its arrangement can be used for several types of activities that support medical treatment and offer regeneration by exploring features typical of sensory gardens. Small gardens adjoining the wards may be used as spaces for basic physical exercise, gardening therapy, or relaxation. Potential sensory gardens can



Figure 3: A sunny terraced garden adjacent to the southern façade of the pavilion for patients in the Babiński Clinical Hospital in Kraków-Kobierzyn, photo by A. Staniewska

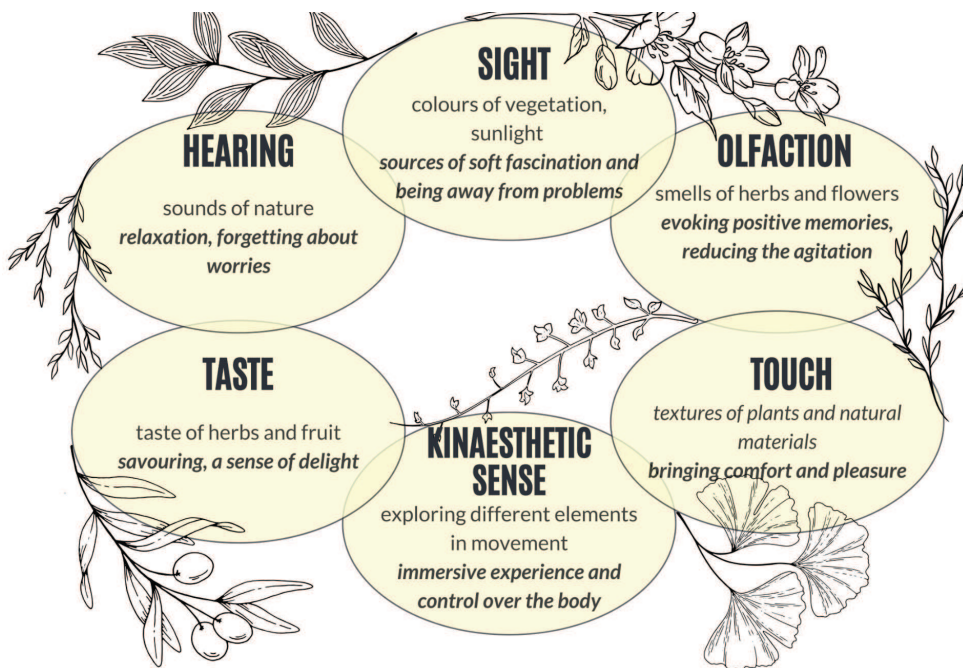


Figure 4: Sensory features of hospital gardens and their restorative potential, as re-establishing a connection to nature (graphic by A. Staniewska)

also provide rest during short breaks for employees. The ornamental grounds and woods now form large parks that encourage therapeutic walks, nature observation, and various social activities, including therapeutic meetings. Former orchards and hospital farms are perfect places for gardening therapy or social urban farming. Such an approach can bring numerous benefits to both the heritage therapeutic gardens and their users, activating the hidden potential of the place and communities (Figure 4).

Regeneration of a historic park/ garden in the current situation: Challenges related to the contemporary use of parks and gardens surrounding historic mental hospitals

While regenerative powers of nature are widely recognised concerning human psychological well-being and mental health, maintenance of historic gardens in the era of climate change is challenging and urges for sometimes tough decisions. This relates to several aspects.

Firstly, mental hospital gardens were designed largely as decorative landscapes, and they needed and still need excessive maintenance. However, their current

owners and managers (often underfinanced public health institutions) have limited monetary resources and workforce for the upkeep. Many decorative trees live to their age and become veterans offering various ecosystem services but needing also specialist care. On the other hand – the greenspaces in the past were maintained more circularly. A very important aspect worth exploring is the "self-sustainability" of old historical gardens which was the practice at the times when they were established and resulted from the economic model of functioning the estates. The pertinent question is if we can try to restore nowadays some of those practices guided by the circular economy principles? Would it bring expected outcomes in a larger context? Reducing the environmental impact of numerous costly and energy-consuming maintenance practices means that emphasis should be placed on nature-based solutions embedded in design to ensure its ecologically balanced functioning and systematic regeneration.

Secondly, historically planted species are not adjusted to contemporary climate conditions and they are weakened and vulnerable to pests and



Figure 5: A garden maintained by the patients during gardening therapy sessions at in the Babiński Clinical Hospital in Kraków-Kobierzyn, photo by A. Staniewska.

diseases. That is why there is a need to complement the historical layout with contemporary planting. Here, a re-evaluation of planting choices is needed regarding their resistance to changing climate and extreme weather conditions while keeping the therapeutic features and composition values. Further research could focus on examining how the choice of native plants and reducing maintenance contributes to lower resource use and how composting of organic waste in historic therapeutical gardens may be linked with fertilizing the grounds and regenerating the old gardens. The open question remains how green therapies can contribute to regular maintenance although an effective solution would be rather organizing social enterprises in frames of the care in community after acute episodes needing hospital treatment (Staniewska, 2022), (Figure 5).

To sum up, possible measures connected with regenerative approach to historic mental institutions and their landscapes to be undertaken could include among others:

- Partial rewilding of the less frequently used areas;
- Reduced mowing regime – meadows instead of

manicured lawns – increasing biodiversity;

- Extensive re-use of rainwater and creating rain gardens where possible;
- Introducing organic farming practices within the hospital therapeutic farms;
- Composting organic residues to obtain good gardening soil;
- Accepting the process of ageing and dying of originally planted old park trees (deadwood in the parks);
- Obtaining seedlings and saplings on site, planting native species;
- Making gardens fully accessible – according to principles of universal design;
- Encouraging people to use the site – by providing benches, exercise equipment, places to rest, and water features – small architecture

Conclusions

Landscapes can be regenerative in the way that they influence our behaviour and play a vital role in recovery from mental fatigue. This is particularly valid in case of historic mental hospital landscapes and gardens which are demanding examples of garden heritage which is often still in use.



Figure 6: A balancing sculpture exposed on the Babiński hospital grounds – a contemporary artist Jerzy Kędziora has his atelier in one of the auxiliary hospital buildings, photo by A. Staniewska.

A catalogue of the benefits for the contemporary users of mental hospital landscapes is long, including but not limited to:

- The abundance of already existing green spaces: there is no need to plant the whole garden from scratch; gardens close to the wards;
- Beautiful park features are already on site – alleys, paths, solitaire trees, meadows, views;
- Park areas are often open for the local communities not only patients;
- Shade of the old trees, and green oases provide thermal comfort;
- Mental hospital parks and gardens are biodiversity hotspots within the cities (offering good conditions for birds and pollinators);
- Available natural material for creative art therapy – flowers, leaves, cones...

Moreover, involving people (not limited to patients) in the maintenance activities carried out as various green therapies should be treated as an added value (Figure 6). Also, an opportunity to use regenerative therapeutic spaces may contribute to a better understanding of the changing aesthetics and a shift from highly manicured representative green areas towards more naturalistic spaces that are more sustainable.

All in all, regenerating historic therapeutic park and garden landscapes is about finding the balance between protection and restoration and providing users with gardens adjusted to climate change conditions.

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