20TH CENTURY
A THERAPEUTIC PERSPECTIVE

“There is something infinitely healing in the refrains of nature.”

Rachel Carson

The Created Landscape
Beth DiNatale Johnson

In the Judeo-Christian heritage, the Biblical narrative of the Garden of Eden describes a central site with four rivers flowing from it and “all kinds of trees that were pleasing to the eye and good for food.” The entry to the Hanging Gardens of Babylon, built during the reign of Nebuchadnezzar II (604-562 BC), “sloped like a hillside... and rose tier on tier...[It] was thickly planted with trees of every kind that, by their great size and other charm, gave pleasure to the beholder.” The Babylonian gardens included quadrangular spaces, arched vaults, cultivated plants, and streams of water. These historic gardens, one secular and one sacred, had unique characteristics and specific design elements. They were places of refuge and retreat. These gardens were ‘created landscapes.’

What is a ‘created landscape’? Turning to a dictionary, we note that to create used as a verb, means “to cause to come into being, as something unique that would not naturally evolve or that is not made by ordinary processes.” The noun landscape means “a section or portion of rural scenery, usually extensive that may be seen from a single viewpoint.” The ‘created landscape’ is artificial, in the sense that it is an arbitrary, man-made design, a manipulation of nature in order to accomplish certain goals. To this, I add my own interpretation. It is an organized strategy to fabricate an environment that has a specific purpose. It can be a beautiful ‘natural’ vista that exists in the context of man-made structures, but it is also the sum total of complex physical, cultural, social and psychological meanings that are associated with nature and life. The created landscape is inclusive and interactive, one in which all aspects of the surroundings influence and are influenced by those who use, live, work, visit or otherwise interact in a particular place.

The general division of garden spaces and the arrangement of paths and water features appears to be consistent in the history of gardens. In medieval European settings, behind the cloistered walls of monasteries and nunneries, meticulously planned and executed ‘Paradise Gardens’ recreated the Garden of Eden. The open space of the cloister core was often divided into four squares, symbolic of four rivers flowing from Eden with a well or fountain at the center. Paradise gardens contained herbs, flowers, and shrubs whose physical properties or sensory attributes were associated with Bible stories, healing and redemption. Some speculate that monastic practice combined herbal therapies, dietary prescriptions, and Greek ideas about harmony between human beings and Nature. Later cloister gardens incorporated roses and lilies to honor Mary. When Paradise Gardens fell out of fashion, secular symbols representing the forest, the knight, and the hunter replaced Christian symbols in the garden.

Monastic communities in the medieval tradition retreated from a world of chaos to a world of order. The created landscape of monastic life, the church, the gardens, the fields, the living quarters, mirrored monastic traditions of prayer, study and self-sufficiency, all of which encouraged contemplation and communion with Nature and God. Religious communities also offered sanctuary and hospitality to wayfarers and pilgrims, and charity to the poor. The Latin root, hospes, originally described the relationship between a host and guest, but later variants, hospice and hospital, referred to the place that provided shelter. Likewise, refuge encompassed the act of fleeing from danger or trouble and the physical site. By the 12th C., the open interior spaces of monastic cloisters were used as a hospice for travelers and visitors, or as a hospital for the sick and poor. In other cases, the activity and the space were no longer adjunct activities of a monastery but a separate facility in their own right.

How did these created landscapes meet the changing needs of the people who used them? How did
they enhance the mission of the community? Paradise Gardens in cloistered settings were teaching tools, medicinal arsenals, contemplative retreats, sanctuaries of healing. As the missions of religious community broadened to include greater involvement with the outside community, the created monastic landscape also changed. For example, Saint Bernard, (1090-1153) describing a courtyard garden of a hospice in Clairvaux, France, wrote

within this enclosure . . . prolific of every sort of fruit lying next to cells of those who are ill, lightens with no little solace the infirmities of the brethren while it offers to those who are strolling about a spacious walk and to those overcome with the heat a sweet place for repose. The sick man sits upon the green lawn; for the comfort of his pain, all kinds of grass are fragrant in his nostrils; the green of herb and tree nourishes his eyes; the choir of birds caresses his ears and for the care of a single illness the divined tenderness provides many consolations.\(^7\)

The decline of monasticism, the rise of commercial interests and the growth of towns brought increased attention to the sick, poor, old and otherwise dependent people. A haphazard assortment of secular and religious organizations, public almshouses and institutions for chronic care emerged. This included, for example, the oldest almshouse in England, The Hospital of St. Cross and Almhouse of Noble Poverty, founded in 1132 by the grandson of William the Conquer. Another example is a hospital for people with mental disorders founded in Zaragoza, Spain, in 1409. The architecture reflected both Arabic influences and the monastic cloister with a central courtyard and services on the ground floor. This style allowed light and air to circulate in patient rooms upstairs.\(^8\) Zaragoza was a created landscape in the fullest sense of the term. It addressed the social, physical, and emotional needs of its patients in a specialized environment. Patients engaged in regular routines including chores, work in vegetable gardens and meals in a common dining room, a ‘scientific approach’ that significantly improved care.

Courtyards, cloisters, and quadrangles appear regularly in the architectural designs of European hospitals and almshouses. The courtyard defined space, provided a sense of security and gave inhabitants an opportunity to interact and benefit from contact with Nature. Arcaded courtyards offered patients shelter from sun and shade. Environments created for the care of sick or dependent populations in later centuries directed attention to the landscape in other ways. In France, Louis XIV built Les Invalides in 1671 for veteran soldiers with vast courtyards and rows of trees. In the late 18th century, a Danish social reformer argued that urban facilities managed by the poor board of Copenhagen were overcrowded and inadequate. He recommended urban farm sites with a separate house and garden for each type of sufferer. “It would ideally be in the teaching of these gardens that the very best medicine would be found,” he argued. Away from the city, a citizen could become a gainful, healthy country man. In 1820 new facilities were built outside the city.\(^9\)

At the end of the 18th century, John Howard, a reformer of hospitals and prisons, toured Europe and noted the widespread practice of gardens created for the benefit of hospital patients. Howard described facilities in Marseilles, Pisa, Trieste, Vienna, and Constantinople. He admired the flow of fresh air, the chance to see gardens through windows and doorways, and the fact that patients in a Florentine hospital had an opportunity to walk in outdoor gardens.\(^10\)

There is a long history of the use of gardens and a ‘created landscape’ as a therapeutic alternative in care of people with mental disorders. The French reformer, Philippe Pinel, worked at the Salpêtrière (for women) and Bicêtre (for men) Asylums in Paris. He duplicated the Zaragoza treatment methods and insisted on a more humane approach to care of patients. He abolished punishment and restraints, inaugurated careful observation and classification of patients and advocated regular routines in a restful setting. Institutional activities resembled activities of the outside world. Pinel called this psychological approach to treatment “traitement moral.” When translated into English, the ‘Moral Treatment’ became a way to socialize patients by creating an environment that would allow them to mobilize their own resources and restore reasonable behaviors. Pinel arranged for work programs and gardening activities for inmates. In his Treatise on Insanity, he noted

I was one day deafened by the tumultuous cries and riotous behavior of a maniac. Employment of a rural nature, such as I knew would meet his taste, was procured for him. From that time I never observed any confusion nor extravaganza in his ideas.\(^11\)
and

It was pleasing to notice the silence and tranquillity which prevailed in the Asylum de Bicêtre when nearly all the patients were supplied by the tradesmen of Paris with employments. . . . I [tried] to obtain from the government an adjacent piece of ground the cultivation of which might employ convalescent maniacs and conduct to the rest of their own health. The disturbance which agitated the country in the second and third years of the republic prevented the accomplishment of my wishes. 12

The ‘Moral Treatment’ idea spread from Europe to the United States. Many nineteenth-century reformers believed that inmates/residents could learn new patterns of behavior in an institutional environment, especially when removed from the normal stresses of life. The early part of the century saw frenzied building of state, county, and municipal facilities for people with special needs, including the blind, deaf, feebleminded, and those with mental disorders. 13

In Ohio, Henry Howe’s observations about state institutions in Columbus are particularly revealing. He repeatedly remarks about the environment, the created landscape, as he describes each facility. Commenting on the Institution for the Education of the Deaf and Dumb, he notes, it was ‘located in the midst of spacious grounds handsomely laid out with walks, shrubbery, and flowers . . . [and gave] benefit of pleasing surroundings. The beautiful and extensive surrounds of 188 acres contribute to the mental and physical improvement of inmates.’ 14 The Institution for the Education for the Care of Feeble Minded Youth had a broad avenue shaded on each side by overhanging branches of rows of trees. A magnificent park of many acres allowed inmates to pass many a happy hour deriving the benefit of healthful exercise in the air and bright sunlight. 15 Writing about the State Lunatic Asylum, Howe observed,

[The property] . . . ‘consists of three hundred acres of elevated land commanding a fine view of the city’ The grounds have been beautifully laid out with walks, drives and shrubbery. In fact, so extensive and charming are the surroundings to this institution that it is but a short flight of fancy for the visitor to imagine himself in one of the grand old parks of the nobility of England. An idea of the enormous dimensions of the asylum can be formed that it took seven years to build and cost 1.5 million dollars, distance around the outside wall is a mile and a half; . . . [that] it is the largest institution of its kind in the world is well known.

He observes the beauty and grandeur of the building and its surroundings and continues,

. . . each person employed works on an average about 4 hours per day the benefit of daily labor as a curative agent has long been acknowledged by the experts. Being employed in light labor the mind is occupied, which with the fresh air and healthful exercise do much to promote happiness, good temper and contentment. 16

Institutional abuse, mismanagement, overcrowding, changing political winds, and claims of social control are well-founded and well-known criticisms of institutional care. But the pleas for sanitary, homelike, easily supervised and restful environments are a familiar theme. Reformers recommended the positive benefits of beautiful and soothing vistas while practitioners saw how farm and garden programs that offered regular work were valuable and viable therapeutic regimens. And, in fact, some patients improved and functioned more normally in settings that utilized the benefits of close contact with nature and the land. 17

The created landscape associated with hospitals evolved somewhat differently because they were often located in urban areas. Catholic hospitals originally used monastic gardens and courtyards. Later buildings resembled churches with high windows and no view to the outside. Protestant-sponsored hospitals had wider variations in architectural style because many simply converted houses and mansions. Gardens did not generally assume the meanings they had held in Greek and Roman times until the 17th and 18th centuries. 18 Meanwhile, once medical theorists argued that infectious miasmas associated with noxious vapors caused disease, newly constructed hospitals began to be located outside dirty urban centers. Well drained sites, light, and fresh air were thought to encourage recovery and formal gardens on hospital grounds re-emerged. The English Royal Naval Hospital built in 1765 boasted continuous open exterior colonnades. Its five three-story buildings faced a rectangular lawn and patients in 25-bed wards had visual access to the
outdoors through full window walls in each ward. Florence Nightingale claimed that fresh air and light were important to the sick. "[I]t is... quite perceptible in promoting recovery... being able to see out of a window—the bright colors of flowers... it is generally said the effect is upon the mind."

In the latter half of the nineteenth century, Joseph Lister and Louis Pasteur advanced the germ theory (1867). This had a decisive impact on hospital architecture and the practice of medicine. Prior to this period, hospitals had a two-part function, that of therapeutic treatment and charitable service. With technological advance, increased professionalization, and modern emphasis on financial and administrative efficiency, the focus of hospitals shifted to medical and surgical interventions for acutely ill people. Although questions about the impact of the environment on the individual continued to concern reformers like Lillian Wald, Richard Cabot and Alice Hamilton, municipal hospitals, county institutions, and state agencies were left with the residual function of caring for the chronically sick, disabled, aged and those otherwise dependent. Critics argued that the shift from chronic to acute care came at a price—public health, community care, and attention to the patient as an individual, as a social being and a family member were being ignored. Attention to the overall environment, to the social and psychological aspects of well-being, and the benefits of contact with nature declined. But as T.J. Edwards, a public relief officer noted, "The germ theory prevails in social work as well as in medicine. Ideas are both infectious and contagious."

In June 1912, fifteen hundred members of the National Conference of Charities and Corrections arrived in Cleveland, Ohio for their annual meeting, the largest conference yet sponsored by the NCCC. Conference summaries note that Cleveland ranked sixth in the nation's population and that it had the largest market for fresh-water fish in America. The city had a strong industrial base, including oil refineries, steel specialties, and auto parts, but prosperity had come at an expense. One charity worker concluded the city was "the headquarters of the greatest shoddy mills in the country, [whose] unguided development resulted in uninterrupted and unimaginative herding." On a more positive note, Cleveland had the lowest death rate among large American cities and a Cleveland Public Library had a reputation that rivaled Chicago, Boston, New York or Philadelphia.

The highlight of the week-long NCCC was a visit to Colony Farms. The trip included a ten mile trolley ride to the southeastern outskirts of the city, lunch, and a tour. After viewing this massive municipal project organized under the direction of the Department of Charities and Corrections, one visitor declared, "Cleveland is the 'hope of democracy.'" What prompted this grandiose assertion? What had conference members seen and heard at Colony Farms, a 'created landscape' of enormous proportions? What ignited the interest and envy of charity workers at home and abroad? The answer is found in the work of The Reverend Harris R. Cooley and the Progressive Mayor he served, Tom L. Johnson.

Harris Reid Cooley was born in Royalton, Ohio in 1857, the son of Laura Reid and Lathrop Cooley. His father was a successful businessman, philanthropist, real estate investor, as well as a benefactor and trustee of Hiram College and an active minister in Disciples of Christ churches. Harris attended Hiram College, a small school whose main purpose was to educate young men for the ministry. To accomplish this it offered a sound scientific and literary education tempered and sweetened with moral and Scriptural knowledge. The curriculum stressed historical and political studies..."particularly those that [dealt with] the duties and rights of the American citizen." During his sophomore year, the 19 year-old Harris accompanied his father to Europe, Egypt, and Palestine, the first of sixteen trans-Atlantic trips he would take before century's end.

Cooley graduated from Hiram College in 1877 and earned an M.A. from Oberlin College in 1880. In 1882, he took over the pastorate of the Cedar Avenue Church of Christ in Cleveland. This mission church had been founded and funded by his father, Lathrop. Described as magnetic and socially minded, he served at the Cedar Avenue Church for the next twenty-one years. At the age of forty-three, he married Cora Mabel Clark a professor of languages at Hiram College. In May, 1901, Clevelanders elected one of his parishioners, Tom L. Johnson, to the office of mayor. Johnson ran on a Progressive platform of home rule and just taxation. Municipal reform, improving city services and the Group Mall development plan are well known highlights of the Johnson administration. Less well known is the development of a farm colony with its 'green and airy acres,' halls, houses and cottages under the trees, and a place that offered 'redemp-
tion for the city's castaways." This project was the work of Reverend Cooley who served in Johnson's cabinet as the Director of Charities and Correction from 1901 to 1911.

Cooley brought a missionary zeal to his new secular position. Explaining his departure from the pulpit he claimed, "Christian service in the community is social action, for ultimately, [we will be] ... finally judged not by what we believe but by our daily service to the children of men." Two years later, reflecting a newly awakened sensibility to urban problems, Cooley wrote,

[we] do not know how the other half, the industrial and social organizations, the poor, wretched and the unprivileged are more and more crowded into the congested region by themselves... in cities one-tenth of the population is in destitution and want... [the] well-to-do know little of blighted and bitter lives, of those who suffer from hunger and cold during winter, slum problems render more complicated and difficult all of our other social problems. The lack of opportunity to earn decent livelihood turns people into desperation. We must cure fundamental wrong and injustice, all that is so glorious and promising in our modern achievements will be lost. 31

Putting his religious training and experience into a secular framework, Cooley wrote, "[We are] passing from the age of creeds to the age of deeds." 32

Cooley began acquiring land through 'judicious absorption' of small farms. The project eventually included 2000 acres in Warrensville township and a 162 acre parcel in Hudson, Ohio. The Hudson property became the site of a Boy's Farm, reputedly the first of its kind in the U.S. Boy's Farm reflected Cooley's belief that city boys could respond to new surroundings, benefit from contact with Nature, and receive the birthright of earth and sky. 33 Cooley divided the Warrensville property into four five hundred acre parcels. Each parcel, or estate, had special uses, furnishing "a favorable environment and varied opportunities for work to the residents and inmates of the different villages." 34 This park-like setting with pastures, meadows, orchards, and gardens was originally known as the Cleveland Farm Colony. Later generations called it Colony Farms and eventually, Cooley Farms in recognition of the man who created it.

In 1905 forty trustees from the city's Infirmary moved to existing houses scattered on the Warrensville property and began to work. After completing lodges that could accommodate an additional one hundred fifty workers, a larger work crew moved to the site. In 1909 they finished the permanent building, a 260 foot square building with an open courtyard. The work force eventually included four or five hundred residents from Colony and two hundred able-bodied inmates from the Correction Farm. Cooley claimed inmates were happy to do some work and that their efforts helped make it one of the most beautiful estates in the land. 35 Between 1901 and 1912, Cooley implemented a broad plan for city-operated penal and health care services based on the farm plan. He set aside Highland Park Farm for a municipal cemetery. Overlook Farm, a second parcel, served tubercular patients. In 1906, patients suffering from the white plague transferred from City Hospital to a pre-existing 60 bed site on Richmond Road. 36 A new sanitarium opened in 1913 with 238 beds. Set in the middle of a 70 acre forest, elevation and clean air were an important part of the therapeutic arsenal. Correction Farm located about a mile and a half away from the other farms contained the city Workhouse and the House of Corrections. Completed in 1912, it had a reputation as the finest and most progressive penal institution of its kind in the nation. In the early years, prisoners cleared land and worked on construction crews. Later, they maintained grounds and engaged in farming, dairying, gardening, and orchard maintenance. Cooley believed that productive work in a wholesome environment would rehabilitate city dwellers who suffered from the evils of urban living.

The Colony Farm for Almshouse and Infirmary residents, serving a diverse population of poor, aged, homeless and chronically ill, was the fourth 'created landscape.' Its service building, located on a six hundred foot ridge, boasted views to the lake. The building had a one acre central courtyard surrounded on all sides by a two-story building. A covered archway along the interior walls gave a cloister-like appearance to the building. The building melded the Spanish mission style (which was an architectural descendent of the Arabic courtyard at Zaragoza) as well as a popular turn of the century style. Exteriors finished with green marble dust and plaster walls and a red tile roof carried out and in some sense elaborated on the mission theme. The choice of green was a deliberate attempt to blend with the surrounding green fields and forests. Services along the sides of the quadrangle included kitchen, pantry, refrigerator, bakery, laundry, and bathing facilities. Covered arches connected dining rooms and the dormitories that houses six hundred people.
Elderly couples lived in the ‘Old Couples’ cottage, a building with sixteen rooms facing a broad moor. Structures radiating from the corners gave the effect of a country village. Rooms on the first floor had outside entrances with plots for gardening. Cooley claimed “fields and gardens invite useful work, while the cloister provides a place for men and women to work at old hand crafts. [The Colony Farm will] … offer the unfortunate ones happier surroundings in which to spend declining years of their lives.”

The rationale for this ‘therapeutic’ back-to-the-land movement was based on two principles. First, Cooley believed a normal environment had a strong tendency to restore men to normal mental and physical condition. “Whether abnormal in body, mind or heart, wisdom places them in the open life and the normal environment of the country. Although country life may not cure, … its efficiency [is] recognized.” The second principle hypothesized that land furnished the largest opportunity for the aged and defective to use whatever powers and talents they possessed. “In shop and factory, [a man who cannot do his full work is crowded out. Upon the land, the men past-their-prime, the cripples, the weak, can always find useful work. (sic)”

Although the language is antiquated and in some cases offensive to our ears, the topics which Cooley faced, charity, social disease and the evils of urban living reverberate in the contemporary issues of urban blight, welfare, and social justice. For a time, Cooley Farms were a valuable and viable response to the needs of Cleveland’s underclass who experienced homelessness, poverty, sickness, crime, and delinquency. The ‘created landscape’ did not cure all social problems nor did it rehabilitate the entire population of the colony. However, it relieved some suffering and distress and engaged inmates in familiar, productive work that allowed them to make positive contributions to the environment in which they lived.

At the present time, there is little direct scientific proof that contact with nature in gardens, sanctuaries, refuges, or farms has a therapeutic value. But research in very diverse disciplines including biology, psychology, sociology, psychophysiology, and neuropsychoimmunology suggests that there is an underlying relationship that we are just beginning to understand. There is a long history of anecdotal evidence that suggests that contact with nature is beneficial and that created landscapes of all sizes and kinds can improve body function and contribute to an overall sense of well being.

As a response to increased need for the care of ill, infirm, old or otherwise dependent people, many institutional landscapes incorporated beautiful vistas, outdoor activities, interactive gardens, and farm work in their overall care programs. As we have seen, institutions providing care to these in need responded to changing cultural expectations, social norms, and scientific advances in a variety of ways that make today’s health care facilities look far different than their predecessors. Nonetheless, the created landscape is an old idea that persists in the best of these institutions as both a dynamic component of healing and as a powerful reminder of our spiritual, biological, cultural and physical link to the natural world.

5 Gerlack-Spriggs, 11.
6 Gerlack-Spriggs, 8.
10 Gerlack-Spriggs, 14
12 ibid.
15 Howe, 640.
16 Howe, 632.
18 Gerlack-Spriggs, 14.
22 Rochefort, 7.
25 Ibid.
26 *20th Annual Catalog of Hiram College*, (Garrettsville, Ohio:Warren Peirce,Book and Job Printer, 1887), 4.
29 Ibid, 129.
31 Ibid.
34 Cooley's European trip in 1910 included penal colonies at Merzplan, Belgium, an estate with 80 wardens and 5000 prisoners constructed out of baren wasteland, and Rummelsburg, Germany where 2000 prisoners worked on sewage farms. He noted the existence of colony systems in France, Holland, Hungary, Italy, and in Ontario, Missouri, California and Colorado. H.R. Cooley, “The Farm Colony Our Experiment in Cleve: What has it demonstrated? What are the Limitations of Colony Treatment?” *Proceedings of NCCC*, 1912, 61-64.
36 Rose reported 89 beds in 1906., 641. A 1931 expansion project brought capacity to 430 and eventually 500. Deeded to the county in 1942, it was renamed Sunny Acres. In 1953 the county's rehabilitation hospital, Highland View, opened at the site and many of the original buildings were demolished. Today, Sunny Acres is a chronic skilled nursing facility.
37 Cooley claimed this was one of the very few places in the world where elderly men and women could live together as husband and wife in charity institutions.
38 Harris R. Cooley, *Annual Report of the Board of Public Service, Department of Charities, Corrections and Cemeteries of the City of Cleveland for December 31, 1908*, 5.
39 Cooley, Annual Report, 1908, 4.