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More-than-therapeutic landscapes

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Building on geography's ongoing interest in therapeutic landscapes (and assemblages), this article contributes a further dimension to thinking about the spaces and places of health and care. Whilst recognising the value of focusing on the variegated ways in which "improvements" in health, wellness, and well-being take shape, it suggests there is also something to be gained by addressing these spaces through de-centring "the therapeutic," and instead adopting a more-than-therapeutic approach in which the question of "what-else happens?" is brought to the fore. Drawing on eight months of ethnographic research within care homes in the UK, it notes that within these spaces many activities and forms of relation can emerge that are not necessarily focused on the maintenance or improvement of health or well-being. In particular the paper highlights: everyday homemaking by residents, friendships and rivalries between staff members, and major political events as exemplars of ordinary life within care homes that occur beyond "therapy" in its conventional sense. That said, it also notes that the therapeutic and more-than-therapeutic are relational, and as such, the paper's conclusion is that a more-than-therapeutic approach to landscapes of care can augment existing approaches through encouraging a more holistic attunement to their workings.

KEYWORDS
assemblages, Birmingham UK, ethnography, everyday life, nursing care homes, therapeutic landscapes

1 | INTRODUCTION

When addressing spaces of health and care, it is difficult to think past Gesler's (1992) concept of therapeutic landscapes. Indeed, the idea revolutionised the ways in which geographers approached spaces of health and care and has been used extensively in order to unpack the complex ways in which people seek out, and benefit from, health and care in a variety of forms and places (e.g., Andrews, 2004; Conradson, 2005; Milligan & Wiles, 2010). More recent moves have sought to advance the concept, through wider consideration of what constitutes a therapeutic landscape (and the bodies that comprise it), thinking "through the different relationships at play within spaces of health … creating a more 'inhabited' understanding" (Gorman, 2017, p. 318). Whilst these moves have generated expanded conceptions of the spaces of health and care, I contend here that many analyses remain limited in scope through their insistence on the centrality of the "therapeutic" itself, rather than recognising the plurality of the spaces and places in which these relations occur, including the fact that they are also places in which other forms of relation occur that ostensibly have nothing to do with "the therapeutic" in its traditional sense.

This paper, therefore, proposes an approach to spaces of health and care that pays attention to what I crudely term their *more-than-therapeutic* qualities and relations. Crucially, the paper's argument is not towards the abandonment or even

significant change of approaches to therapeutic landscapes; rather the "more-than" here simply serves as a device through which we might consider what-else happens within spaces of health and care, alongside their "primary" functions. Following a more detailed discussion of therapeutic landscapes (and assemblages), therefore, the paper looks to establish the basis of such an approach through drawing on eight months of ethnographic fieldwork within care homes in the UK – spaces that can, and have, been considered exemplary therapeutic landscapes (Andrews & Shaw, 2008). Although briefly considering their therapeutic function, the paper primarily focuses on three examples of relations that emerge and matter in care homes, yet within which the "therapeutic value" is not of primary concern: residents' homemaking; staff member friendships and rivalries; and major political events. None of this is to say that these activities and relations have no impact on the therapeutic capacities of care home spaces, however. As such, the concluding discussion reconnects these events to ideas of "the therapeutic," although arguing that it is only through adopting a "de-centred" approach to the therapeutic that the significance of these events can truly be made apparent.

2 | THERAPEUTIC LANDSCAPES AND ASSEMBLAGES

Providing one of the most succinct descriptions of Gesler's (1992) conception, Williams 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" (1998, p. 1193). Since its first conception, the therapeutic landscapes concept has thus proven alluring to geographers as a way of understanding the actual and potential effects that the environment can have on the health or well-being of the body. As Gorman (2017) notes, for instance, it has been both taken up and adapted widely by geographers interested in a whole host of bodily ailments and malaise: both in terms of "mainstream" healthcare issues (Andrews, 2004; Duff, 2014; Parr, 2003) and institutions (Andrews & Shaw, 2008); and in terms of "holistic," "complementary," and "traditional" medical treatments (Conradson, 2005; Doel & Segrott, 2004; Gorman, 2017; Williams, 1998). Therapeutic landscapes have also been used to some extent as a means of thinking beyond health, instead considering the wider support structures and institutions that make up non/semi-medicalised care and well-being (e.g., Conradson, 2003; Disney, 2015; Milligan & Wiles, 2010).

The advantages of therapeutic landscapes have thus been framed in their capacities to hold the natural and built environment alongside the symbolic and social in understanding what makes bodies "heal" (Gesler, 2003). That said, there have been several significant advancements to the therapeutic landscapes concept. A number of scholars (including Gesler himself), for instance, have argued that there has been a tendency to focus on "exceptional" spaces and that more attention needs to be paid to the therapeutic values within everyday landscapes and activities (Baer & Gesler, 2004; English et al., 2008). As English et al. discuss, for example, in relation to women recovering from cancer, the everyday spaces of the home can be reconstituted as a therapeutic landscape where "physical healing is experienced through the minimisation of exposures while psychological healing is nurtured through the creation of individual spaces of comfort and family support" (2008, p. 76).

Similarly, there has been critique of the assumed ubiquity of therapeutic landscapes' healing properties (Lea, 2008), which as Conradson (2005) argues, assumes problematically that material presence within certain landscapes will produce a healing effect on the body (also Finlay, 2018). Conradson instead draws on non-representational theories to argue that healing properties are emergent from the relations between people and "their broader socio-environmental setting" (2005, p. 338) thus suggesting that differences within these relations can thus generate distinctly different therapeutic outcomes and effects (also Collins & Kearns, 2007).

Complementing Conradson's push towards less universal accounts of therapeutic landscapes has been another line of critique which questions what counts within a therapeutic landscape. Here there have been calls from numerous scholars to consider entities such as animals (Gorman, 2017), technologies (Andrews & Kitchin, 2005; Paterson, 2006), and wider emotional/affective spatialities (Duff, 2014) as key elements within the constitution of therapeutic landscapes. Much of this work has been done through the lens of the therapeutic assemblage, a reconfiguration of often over-representationalist conceptions of "landscape," attending instead to "a range of mobile material and immaterial elements – bodies, imaginations, objects, practices, inhabitations – that shape the production of place and form part of a wider set of relational geographies" (Foley, 2014, p. 11). Ideas of assemblage are therefore useful in pushing the therapeutic landscape concept further, through their recognition of the dynamic, contingent and ever-morphing constellations of bodies–subjects–objects–ideas–spaces that together work to enhance or destroy the therapeutic potential of the spaces in question.

It is thus from within these three advancements that the basis for a more-than-therapeutic approach emerges, enabling recognition of the wider range of entities and activities that occur within and around spaces of care. Indeed,

many will argue that what I term more-than-therapeutic in this article is actually just another element of a therapeutic assemblage. Perhaps it is. However, I would contend that this is possibly unavoidable given the almost unlimited extensivity of any assemblage formation. Furthermore, the distinction that I wish to make in calling for a more-than-therapeutic approach is perhaps simpler than this. It is about recognising that in a similar manner to arguments for less universal understandings of the outcomes of therapeutic landscapes, not all of the activities and relations that occur within "therapeutic landscapes" are aimed at enhancing well-being (whether successful or not), and that there are often many other kinds of relations that surround these therapeutic ones, possibly intersecting with them, possibly not. Put another way, my argument is that, although often for good reason, the "therapeutic" has become too central to our analyses of these kinds of spaces, meaning that we risk missing out on what else is important – what else matters – for those who inhabit them.

In outlining this argument, and its significance further, the next section turns to an example of a more-than-therapeutic landscape: the nursing care home. It highlights my engagement with nursing care homes (within which the origins of my push for attention to the more-than-therapeutic lie), before offering three examples of exactly these kinds of more-than-therapeutic relations: homemaking practices; friendships and rivalries; and major political events. My contention is that while there might be implications in terms of the therapeutic within each of these events and activities, understanding their happening and significance demands an attention to something other than or "more than" their therapeutic outcomes, values, or affects.

3 | NURSING CARE HOMES AS MORE-THAN-THERAPEUTIC LANDSCAPES

My thinking towards the "more-than-therapeutic" emerges from a specific engagement with nursing care homes for older people. This came as part of a project focusing on the various roles that laughter plays within institutions of care, specifically looking at the ways in which it intersects with the ethics of caring practices through non-representational frameworks (Emmerson, 2017, 2019). Crucially, my engagement with laughter moves away from accounts of its perceived or actual therapeutic values (e.g., Mora-Ripoll, 2010) and attends instead to its workings in a more holistic and vitalist manner: the ways in which it affects wider structures and experiences of care and everyday life within care homes.

As such, while care homes can definitely be positioned and analysed as therapeutic landscapes (Andrews & Shaw, 2008), through understanding the ways in which various elements and activities affect their capacities to make people "better" or enhance their well-being in one way or another, my time within them has been dominated by a more mundane set of experiences, therapeutic and otherwise. Put another way, while a good deal of what I did and experienced within the care home was about providing care for residents, in its traditional sense, in order to maintain their health and well-being, there were also vast swathes of time that were spent doing other things and relating to people in more ordinary ways (albeit one in which "care" was often still evident). It is thus the significance of these other activities and relations that this section looks to draw out.

In doing so, I offer brief accounts of three specific kinds of activities: homemaking, friendships and rivalries, and major political events. These are clearly not the only more-than-therapeutic activities that I could have discussed, with these three being selected largely because they were dominant themes within my field diary. They are also three activities that intersect clearly with the idea of the therapeutic, making them useful in highlighting the significance of more-than-therapeutic approaches to geographers of health and care specifically. The accounts all come from ethnographic field diary notes taken between 2015 and 2016 during which time I spent 700 hours within two different care homes undertaking what McMorran describes as "working participant observation" (2012, p. 489). During this time, I both observed and undertook care-work, and had informal in-situ conversations with care workers, managers, and (albeit to a lesser extent) residents and their families. Throughout, field-diary notes were kept and analysed using a mixture of inductive and deductive coding frameworks, forming a loose version of grounded theory.

The two care homes have been given pseudonyms, in order to maintain anonymity. However, both were located in predominantly "working-class" areas in towns on the outskirts of Birmingham UK, and are relatively typical of the sector. Both were privately owned but with the majority of residents funded by local authorities, and the majority of staff members were women (of all ages), many also being recent migrants to the UK. All named people have also been anonymised, with workers referred to by a first name, and residents by "Mr" or "Mrs" and a single letter (as is convention when writing up social care case studies). Ethical approval was granted for the project through the University of Birmingham and informed consent was provided for the gathering of materials.

3.1 | Residents' homemaking

Homemaking for residents in care homes exists in a continual state of tension between the therapeutic and more-than-therapeutic requirements of care home spaces. As scholars addressing "care in the home" have noted, ideas of "home" are reworked and often placed under threat by care, which demands a reconfiguration of the distinctions between public/private space, self/other, and intimacy, and can thus generate "dislocation" (Milligan, 2003). This dislocation is arguably exacerbated further within care homes both through residents physically moving away from their own homes, and through the continual presence of carers and nurses within the spaces. Hauge and Heggen (2008) have noted that the blurry distinctions between public and private space within care homes, particularly through "private" activities such as sleeping occurring in "public" communal lounges, serve to further obstruct the capacities of residents to generate spaces which express modes of belonging and a sense of self which traditionally characterise "homes." As such, many residents express feelings of displacement on arrival within care homes, and a strong desire to either return to their own home or to make the limited space they have feel "homelier."

Although both of these desires are held in relation with therapeutic practices, they can be characterised as more-than-therapeutic because their orientation is not aimed at improving health or well-being any more than dwelling practices in a "regular" home are (see English et al., 2008). Indeed, often homemaking practices for residents actively try to push back against the idea of the "therapeutic," particularly in terms of its often restrictive and disruptive capacities, and instead seek to carve out space for a somewhat more ordinary life.

> I was warned today not to go into Mr L's room unless absolutely necessary. 'He doesn't like it at all' I was told, 'that's his space, he gets upset and angry if anyone goes in there. He thinks that people are going to steal his possessions. It gets really dirty though, so occasionally we just have to take the hit and go in, clean it and open the window.' (Field Diary Notes, Summerview Care Home, 15/6/2016)

This example shows the ways in which Mr L's practices of homemaking, in this instance the maintenance of a space which he can have control and privacy within, cuts against the "therapeutic" functions of the care home. Cleanliness is obviously an important function of any healthcare institution, yet this often involves the unwanted intrusion of staff (who often appear as strangers to people with dementia) into personal spaces, and in Mr L's case, a fear that this would lead to the theft of his belongings. As such, this necessity for cleanliness and hygiene is held against Mr L's desire for a space that exists somewhat outside of institutional boundaries, thus forming a point of tension between the multiple functions of the care home as a place in which people live *and* engage in therapeutic care (see Harbers et al., 2002) and therefore allowing us to "entertain the possibility that there are different and not necessarily consistent realities" (Law, 2007, p. 599) operating simultaneously within "therapeutic landscapes."

This is not the only example of more-than-therapeutic practices in relation to homemaking, however. Within the same care home, one of the cleaners used to actively involve residents (particularly women) within the practice of cleaning. She would wheel them around in a wheelchair and encourage them to polish tables and dust the furniture with her. Her logic was that for many of them, housekeeping had probably formed a crucial part of their everyday lives and that by involving them in this manner, they might be able to feel, just for a moment, as if they were continuing to live this "normal life," rather than an institutional one (Field Diary Notes, Summerview Care Home, 2/8/2016). Clearly there is a therapeutic logic at play here, but this value is de-centred through the desire to also escape from "the therapeutic," if only for a moment, and instead, take part in something much more mundane. As such, through practices of homemaking, we can start to get a view of the ways in which more-than-therapeutic activities make up a crucial element of living and working within care home environments, and thus demand an attention be paid to them alongside the more central therapeutic roles that care homes provide.

3.2 | Friendships and rivalries

Whilst more-than-therapeutic activities can involve residents, they are arguably more pronounced among the workers of the care home. Employed care work, like any form of work, is an activity that is surrounded by a series of socio-cultural structures, hierarchies and relations, which are often more important in framing people's experiences of employment within care homes than the actual work (Carolan et al., 2006). Indeed, my experiences of the two care homes were markedly different because of their wider workplace cultures, in terms of the qualities of relation between people and thus the kinds of quality of relations that I also formed with these same people.

This is not to say that these relations were either fixed or "flat" between all workers. Rather they were a more dynamic set of connections, loosely framed through ideas of friendships and rivalries, within which different people would periodically make friends with one another, form cliques, have arguments and fall out, or sometimes just remain neutral entities working alongside each other but with little connection. Crucially, these qualities of friendship and rivalry dictate, in many respects, the everyday experiences of work within the care home.

> I think that the days feel better when certain staff are on rather than others. Today's group I think like each other and so don't seem to moan at each other in the way that some groups do. The problem with this, however, is that they tend to slow down. I'm not sure why this is, perhaps it means that they may spend just those few moments here and there laughing together which cumulates into a slower day [work being done less quickly]. (Field Diary Notes, Winterbourne Care Home, 12/11/2015)

Once again here then, we can glimpse the ways in which the maintenance and enjoyment of friendship (or not) during care work generate a host of activities that are beyond ideas of the "therapeutic." Staff may moan at one another, or stop and linger, laughing together, which, although having no intrinsic effect on the caregiving (apart from maybe slowing it down slightly), structure the feelings and experiences associated with the space through generating particular affective atmospheres (Emmerson, 2017). This one I note is "better" than some other days. The counterpoint of this is that when rivalries form between staff members, they can also shape the experiences of being in care homes, albeit in a more "negative" way.

> People seemed to keep falling out with each other today. There was an argument about something personal between two staff members on the top floor, and one of them ended up leaving work because of it. Then there was also another feud between two carers later. Emily had barged into a room and shouted at Mellissa, whilst she was dressing a resident. This led to them shouting at each other in the lounge after, throwing words like "unprofessional" and "abuse" at one another, all caused by something that had happened on Facebook the night before. (Field Diary Notes, Summerview Care Home, 21/6/2016)

Again, although these events exist within the "therapeutic landscape" of the care home, they emerge from activities that have nothing to do with its functions in providing care. Although I remain unsure exactly what the first fight was about, I sensed that like the second, it was caused by romantic rivalry in relation to a mutually known man from outside of the care home. In both cases, however, they significantly shaped and changed the ways in which the care home was experienced during that moment. Again, while it is worth noting that the functional practices of care remained largely unaffected here, we can start to imagine the kinds of effects that these activities have on the "therapeutic" itself. It can't feel very comfortable or caring for a resident to have someone shout in the room where you are being washed and dressed. In this sense, although these examples are extreme ones, we can start to grasp the significance of attending to these kinds of more-than-therapeutic relations when thinking about therapeutic landscapes themselves. As is often the case, however, this connection with "the therapeutic," and thus the residents who are the focus of this, risks belying the wider significances of these more-than-therapeutic events and relations, particularly in terms of how they shape the experiences of working in particular care homes for particular people, through producing different geometries of power between staff members and thus differentiated access to resources, shifts, praises, and raises, for example.

3.3 | Major political events

Discussion of geometries of power leads to the final example of the more-than-therapeutic offered here: major political events. Throughout my time in both care homes, a number of major political events occurred, including the terrorist attack in Paris in November 2015, which although ostensibly having nothing to do with the therapeutic functions of Winterbourne Care Home still generated a sense of unease for the staff members over the following days, raising alarms about their own planned holidays and discomfort over where and when another attack might take place.

Perhaps more significant and forceful than this example, however, was the vote to leave the European Union on 23 June 2016, which happened during the time I was working in Summerview Care Home. Although I didn't work on 23 June, on 24 June I went to work as normal.

> As I entered this morning I was greeted by Angela and Julie, who were sat out in the sun behind the staff room. First thing Julie called to me when she saw me was, 'We're out!' with a sense of joy hanging in her voice. We spoke about it for a while discussing our different reactions to it: why I had voted in, why Julie out, and how Angela had never made up her mind, so not voted at all. Both of them seemed content with the result and hopeful for the changes it might bring.
>
> On arriving back upstairs ready for work, I quickly encountered another sense: one of uncertainty, frustration and fear. David, one of the Polish care workers in the home, was standing in the lounge, feeding a resident and staring at the rolling news on the TV. He looked somehow numb. 'You happy about this?' he asked. 'No' I replied. He retorted, 'What are people thinking? Do they not know their food will get more expensive, their rights won't be protected, that it's all going to change … for the worse?'
>
> Perhaps because of this juxtaposition, and the news on the TV, all in all, there was a somewhat confusing and deadening atmosphere in the home this morning, not many people were talking, just silently getting on with their jobs. Once the news had run out of things to say, and the TV schedule switched back to normal programming, the atmosphere changed somewhat, starting to return to something like the ordinary feel of the home. There was, however, a sense that the world had changed, possibly forever. (Field Diary Notes, Summerview Care Home, 24/6/2016)

While there is much we might say about the potential effects of Brexit on the therapeutic functions and capacities of care homes (Jarrett, 2017; Roberts & Barnard, 2017), I wish to focus here on the ways in which it, an intrinsically more-than-therapeutic thing, makes "an impression" on the everyday lives of the people within the care home (Anderson & Wilson, 2018). This impression is not one of coherence, but rather a juxtaposition of two (or probably more) sets of feelings, each shaping the experiences, moods, approaches, and actions of the people within the home in different ways. Their cares and concerns in relation to it, despite being "within" a therapeutic landscape, are not directed at its effects on this therapeutic functionality. Rather they become entangled and enrolled within a more straightforward and more ordinary, yet more nuanced, set of cares and concerns about what this political event means for *their* lives, and for the lives of the people they care about.

As such, while Brexit clearly matters in terms of the therapeutic landscape, I would argue here that if we focus solely on how it matters in this way, we risk losing sight of the ways in which it matters beyond this, and the potential ways in which these more-than-therapeutic matterings shape the landscapes of care homes, and people's experiences of them more widely.

4 | CONCLUSION

My aim in this paper is simple: to offer recognition to the sense that while there is much to be said about places of health and care, such as care homes, through attention to them as therapeutic landscapes, there is much we might miss if we do not attend to their more-than-therapeutic qualities as well. Essentially, the argument is that in attending to these more-than-therapeutic elements, we need to de-centre the idea of therapy itself, attuning ourselves to the more ordinary ways in which certain other things, activities, and events come to matter within these same spaces. I have emphasised this by discussing three examples of care home life in which "therapy" is not ostensibly the primary concern: homemaking, friendships and rivalries between staff members, and major political events. Although these are of course not the only more-than-therapeutic elements we might highlight, they each show the importance of attending to these activities as part of a wider understanding of care homes as spaces and places in which people live.

Admittedly, in making this argument I have adopted a purposefully limited conception of what "the therapeutic" is, confining it (somewhat falsely) to interventions that are specifically designed to make the bodies "healthier" or to provide a sense of "improved well-being" in some way. There are clear fissures within this limited definition, and at each point forms of valence emerge in which the more-than-therapeutic overlaps with ideas of the therapeutic itself. Rather than see this as a flaw, however, my suggestion is that this may be a further strength within this de-centred approach, in that it has the capacity to establish more holistic ideas about how previously unconsidered elements of therapeutic landscapes or assemblages might matter and make a difference to their therapeutic qualities (see also Horton & Kraftl, 2009). As such, my overarching argument is not to do away with therapeutic landscapes as a framework for analysis, but to augment them – to cast our

analytic nets a little wider – to consider the ordinary, everyday interactions that may (or may not) be important to the health or well-being of the residents directly, but that certainly always matter to someone, somewhere, somehow.

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