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Therapeutic Landscape experiences of everyday geographies within the wider community: A scoping review --Manuscript Draft--

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Abstract:	<p>As community dwelling populations of older people and those living with chronic and life limiting conditions continue to grow, the role of everyday geographies, particularly of community based settings and activities, in supporting health and wellbeing has become a focus in both research and policy development. The therapeutic landscape scholarship provides a holistic view of how place promotes health and wellbeing, and has in recent years expanded its focus from reputable places of healing to everyday geographies. Based on a scoping review of 45 studies on everyday community based therapeutic landscapes, this paper identifies and critically examines the settings, populations and mechanisms of therapeutic experiences. It presents critical summaries of the scales and boundaries of landscapes; the diverse and dichotomous characteristics of places; the therapeutic benefits of proximal and distal socio-spatial interactions; the role of everyday settings and activities as sources of refuge, anchor and resonance and finally the broader social, cultural, political and economic contexts in which everyday therapeutic landscapes are embedded. In so doing the paper highlights the complex nature of everyday therapeutic landscape experiences and how this research can further inform the development of community based settings and activities that promote health and wellbeing. It also identifies areas for future research on everyday therapeutic landscapes.</p>

Response to Reviewers

Ref: SSM-D-20-05313R1

Manuscript Title: Therapeutic Landscape experiences of everyday geographies within the wider community: A scoping review

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Comment:

Reviewer 1: The discussion makes useful reference to individuals living with dementia, but I think the (partial) aim that the paper as it currently stands - that the piece is contributing to work around dementia and age friendly communities is perhaps stretching things. It might be that reference to dementia/age friendliness is removed from the intentions as outlined on p3. Alternatively, the final part of the paper could not more explicitly outline the potential benefits of engaging more with the TL literature in a dementia context.

Response:

Thank you for the feedback- The reference to age and dementia friendly policies/ research where we outline the aim of this paper on p.3 has now been removed. Deletion can be found on the version with tracked changes.

Cover Page

Social Science and Medicine Manuscript number: SSM-D-20-05313R1

Manuscript Title:

Therapeutic Landscape experiences of everyday geographies within the wider community: A scoping review

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Abstract

As community dwelling populations of older people and those living with chronic and life limiting conditions continue to grow, the role of everyday geographies, particularly of community based settings and activities, in supporting health and wellbeing has become a focus in both research and policy development. The therapeutic landscape scholarship provides a holistic view of how place promotes health and wellbeing, and has in recent years expanded its focus from reputable places of healing to everyday geographies. Based on a scoping review of 45 studies on everyday community based therapeutic landscapes, this paper identifies and critically examines the settings, populations and mechanisms of therapeutic experiences. It presents critical summaries of the scales and boundaries of landscapes; the diverse and dichotomous characteristics of places; the therapeutic benefits of proximal and distal socio-spatial interactions; the role of everyday settings and activities as sources of refuge, anchor and resonance and finally the broader social, cultural, political and economic contexts in which everyday therapeutic landscapes are embedded. In so doing the paper highlights the complex nature of everyday therapeutic landscape experiences and how this research can further inform the development of community based settings and activities that promote health and wellbeing. It also identifies areas for future research on everyday therapeutic landscapes.

Research Highlights

- A scoping review of therapeutic landscapes of everyday geographies.
- Everyday socio-spatial interactions and their health and wellbeing impact.
- Everyday urban/natural, ordinary/ extraordinary, public/ tailored landscapes.
- Need research on socio-cultural-economic influences on urban-natural experiences.
- Future research on therapeutic experiences of older people in built environments.

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2 **Therapeutic Landscape experiences of everyday geographies within the wider community: A**
3 **scoping review**

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7 **Abstract**

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9 As community dwelling populations of older people and those living with chronic and life limiting
10 conditions continue to grow, the role of everyday geographies, particularly of community based
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37 **Key words:** Therapeutic landscapes, dementia friendly, health and wellbeing, everyday geography,
38 scoping review
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43 **1. INTRODUCTION**

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46 The concept of therapeutic landscapes was first introduced in 1992 by William Gesler, a cultural
47 geographer concerned with the processes through which 'individual, environmental and societal
48 factors interact to bring about healing in specific places' (1992, p. 7935). As a theoretical and analytic
49 framework, it endorses a multi-faceted notion of place, drawing attention to the ways in which the
50 physical, social and symbolic dimensions work together to promote physical, social, psychological
51 and emotional healing within particular settings (Kearns, 1993). Following Williams' (1998, 1999)
52 suggestion that therapeutic landscapes do not have to heal or assist recovery from illness but can
53 also maintain health and wellbeing, researchers began to consider a much broader range of settings.
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1 Similarly, the focus on transactional relationships between people and their surroundings allowed
2 for the relationality of experiences to become a defining feature in later work (Conradson, 2005;
3 Kearns and Milligan, 2020). One of the earliest reviews of the therapeutic landscapes literature
4 highlights its focus on three areas of research: (1) physical spaces with a reputation for healing, (2)
5 created spaces of formal health care and (3) settings that have been negotiated by, and specific to,
6 marginalised populations (Williams, 2010). A more recent scoping review by Bell et al (2018)
7 illustrates emerging nuances in terms of the creation of therapeutic landscapes, the prevalence of
8 'therapeutic encounters', the spatio-temporal nature of experiences, the liminality of certain
9 therapeutic spaces, and a more holistic notion of healing in spiritual sites. It also reveals an
10 increased focus on therapeutic materialities of both macro-scale and micro-scale environments.
11 These trends suggest a growing diversity in terms of the settings in which the concept of therapeutic
12 landscapes is applied and the ways in which landscapes are seen to contribute to health and
13 wellbeing. A growing and varied body of research on therapeutic experiences within people's
14 everyday geographies is also evident from these reviews. However, no review to date has specifically
15 examined the settings, populations, practices and health and wellbeing impact associated with
16 therapeutic landscape experiences within such an everyday context.

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29 A person's everyday geography describes the socio-spatial context of their everyday life, including
30 the places in which they live and the spaces through which they move on a regular basis (Eyles,
31 1989). The home, place of work and wider community, all of which are constitutive of a person's
32 everyday geography are often linked to experiences of health and wellbeing (Abraham et al, 2010;
33 Green et al, 2005; Larson et al, 2009; Lopez and Hynes, 2006). There has been an emphasis on the
34 health and wellbeing impact of people's everyday geographies with the gradual shift from
35 institutional care, for people with disabilities, mental health problems and older people, to
36 community based support (Aspinal et al, 2016; Lestari et al, 2020; Verdonschot et al, 2009).
37 Experiences within the wider community in which people live and how supportive they are to the
38 health and wellbeing needs of particular populations have been of specific concern, giving rise to
39 such ideas as age friendly and dementia friendly communities (Buckner et al, 2019; Buffell, 2018; DH,
40 2012; Mitchell and Burton, 2010). Access to local amenities, along with availability of recreational
41 facilities and social opportunities in the community, are particularly important for older people to
42 combat social isolation and functional decline (Ballinger et al, 2009; Wiles et al, 2012). This is also
43 true for people living with dementia, as engaging with the wider community is associated with
44 opportunities for physical exercise, social interaction as well as psychological and emotional
45 recuperation (Duggan et al, 2008; Keady et al, 2012; Olsson et al, 2013). The wider community,
46 comprising a range of people, settings, activities and practices, is in this case a multifaceted resource

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for health and wellbeing. However, whilst the wider community is often considered on the scale of a large geographical area, such as the neighbourhood, in which a group of people live, there are also smaller communities of interest that may exist within and across geographical communities. Community based settings and activities associated with a person's everyday geography may not always be restricted within the geographical boundaries of a specific neighbourhood, but nonetheless important to their place-making experience. An examination of studies exploring therapeutic landscape experiences across a range of community related settings and activities as part of people's everyday geographies would therefore provide nuanced insight to their varied nature and contribution to experiences of health and wellbeing.

The aim of this paper is to identify and describe studies that have explored therapeutic landscape experiences of community related settings and activities pertinent to people's everyday geographies. In doing so, it will critically examine the settings, populations and mechanisms of therapeutic landscape experiences that have been considered within this body of literature. Discussions around ~~age and dementia friendly communities, alongside other~~ place-based policies aimed at supporting health and wellbeing, can potentially benefit from an examination of the therapeutic landscape literature linking people's experiences in the wider community as part of their everyday geography to their health and wellbeing.

2. METHODS

A scoping review allows an exploratory approach to identifying and synthesising current knowledge on a broadly defined topic such as therapeutic landscapes (Peters et al, 2015). The five-stage methodological framework for conducting a scoping review, by Arksey and O'Malley (2005) was therefore followed.

Stage 1: Defining the research question

For the purpose of this review settings and activities within the wider community are considered to be constitutive of a person's everyday geography, when the person engages with them on a regular basis. These settings and activities may exist within or beyond a person's locale, since it is not their geographical location that is of interest to this review, but the extent to which they are a part of the person's everyday geography. Community based settings that are relevant to this review are distinct from a person's home/ residential environment, their place of work or a community facility where they may receive regular health care or medical treatment. Similarly it is emplaced experiences through mundane activities of everyday life or community participation (including hobbies) that are

1 important to the focus of this review, as opposed to experiences relating to specific therapy sessions
2 in which a familiar or a community environment may play an important role. Engaging with studies
3 focusing on therapeutic landscape experiences of community related settings and activities within
4 people’s everyday geography, the review addresses the question: What are the characteristics of
5 settings, populations and mechanisms of therapeutic landscape experiences considered within the
6 literature and to what extent are they useful for informing wider place-based policies for improving
7 health and wellbeing.
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14 ***Stage 2. Developing a search strategy***

15 Articles were searched and identified using the following databases: Scopus, ProQuest, Pub Med and
16 Web of Science. The search term “therapeutic landscape” was used to search for articles which
17 included this term within their title, abstract or key words. Further articles were identified from
18 reference lists of found articles, including relevant theses and review papers, as well as from hand
19 searching two key journals known for publication of literature in this field: Social Science and
20 Medicine and Health and Place. The internet search engine Google Scholar was also used to identify
21 any further literature on the topic. All articles published since 1992, (the date of the initial
22 introduction of the concept of therapeutic landscapes by Gesler) were searched. Only peer reviewed
23 journal articles on therapeutic landscapes within the health and social sciences were identified and
24 included in the review. In medical science the term ‘therapeutic landscapes’ is used to denote
25 pharmaceutical interventions; this body of literature is not relevant to the subject of this review and
26 so results from biomedicine or related fields were excluded during the search process. The initial
27 search was conducted between February and March 2016, then updated in February 2018 and again
28 in March 2020, to ensure inclusion of all recent articles for the present review.
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42 ***Stage 3: Selecting studies***

43 A total of 6168 articles were identified for initial screening of titles and abstracts. At the end of the
44 initial screening process, full texts of 108 articles, which use therapeutic landscapes as a primary
45 concept within their theoretical discussions or presentation of primary research, were retrieved.
46 Collectively, the empirical studies espoused experiences of health and wellbeing in a wide range of
47 places (Table 1). The following inclusion and exclusion criteria were therefore used to identify
48 studies relevant to the review question.
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55 Inclusion:

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58 • Setting- neighbourhood, public spaces/ building, community facility/ group
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- Activity- community participation, hobbies/ interests, ordinary everyday activity
- Engagement- routine/ regular
- Experiences of people living in the community

Exclusion:

- Experiences of people living in residential/ nursing homes
- Place of work
- Home/ residential setting
- Holiday destination/ tourist experience
- Therapy focused environment/ activity

For the purpose of this review, only the 45 articles meeting the inclusion criteria, after discussions between the authors regarding their eligibility, were included.

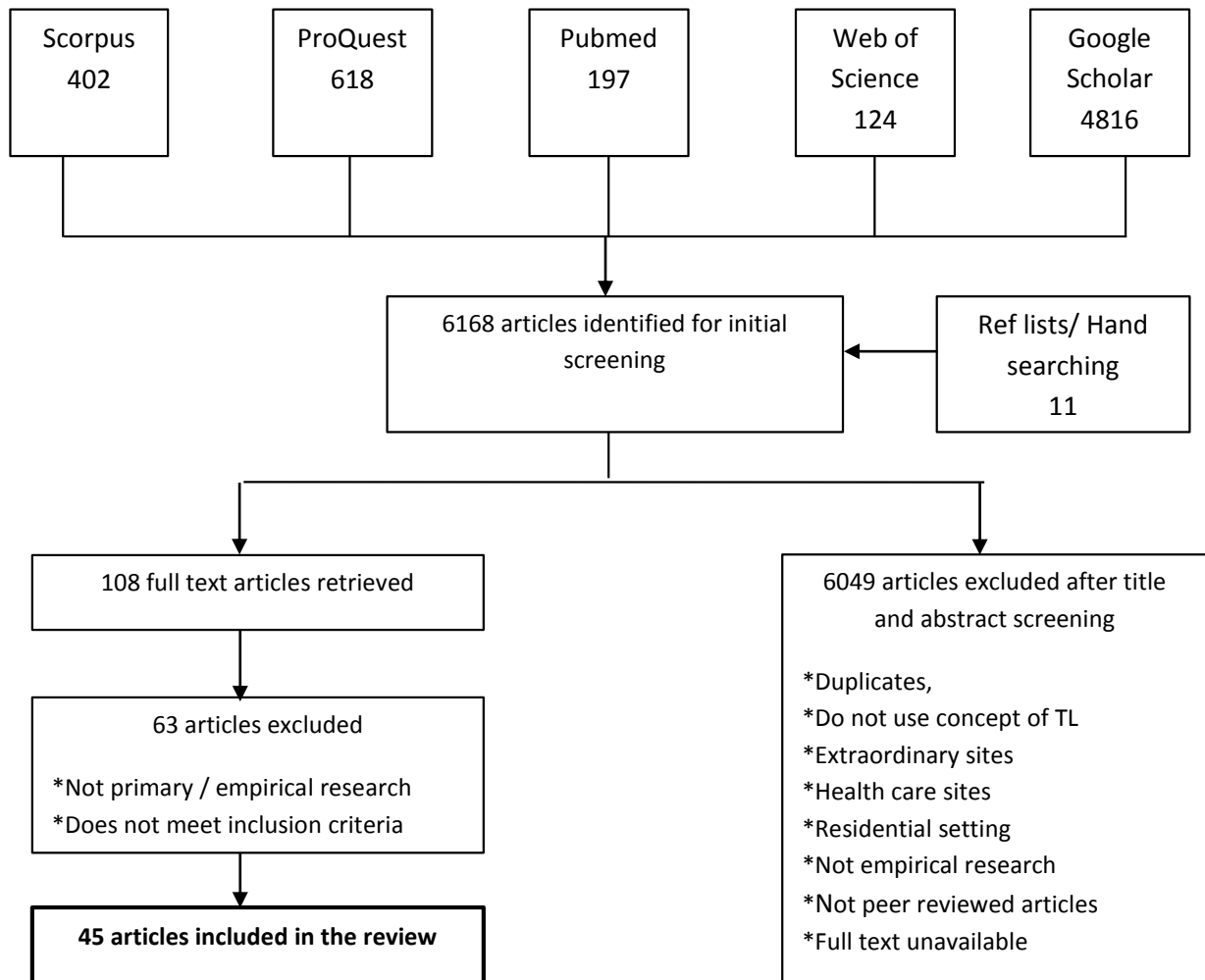


Figure 1: Search and selection of studies

Table 1: Study settings

Settings		
Clinical and care settings	Spiritual/ healing or retreat sites	Everyday community-based
Psychiatric unit Traditional healers Residential care for vulnerable adults/ older people. Hospice Youth Camp Rural respite care centre Drug and Alcohol recovery programmes Art therapy Maggie's Gilda's club, Toronto Green spaces within care settings	Epidaurus, Greece Lourdes, France Wells, Ireland Roman-Irish Baths, Ireland St Anne de Beaupre, Canada Healing gardens, China Healing village of Bama, China Yoga and massage retreat Holiday destinations/ tourist experience	Neighbourhood Churches and Mosques Supported housing Blue spaces (coast, island life, swimming 'spots', promenade) Green spaces (parks, walking trails) Woodlands and Edgelands Wildscape Public libraries Neighbours/ neighbourhoods (urban and rural) communal gardening, Men's Shed Local heritage group Walking groups

Stage 4: Charting the data

The first author RM charted certain data using a Microsoft Excel spreadsheet. The recorded information included named authors, year and type of study, research aim, target population, setting and methodology (Table 2). The main findings in each study were then thematically analysed by RM to provide detailed narrative accounts of how the settings, populations, key (physical, social, symbolic) dimensions of therapeutic landscapes and the relational processes through which such experiences occur, were described.

Stage 5: Collating, summarizing and reporting the data

The review findings are presented in several ways: First, information regarding study aims, design, population and setting are presented within a table (Table 2). Second, a descriptive summary of setting and participant characteristics as well as methodological approaches used within the studies is provided. Third, a critical examination of the literature is presented through focusing on the mechanisms and experiences of therapeutic landscapes found within the studies.

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Author, Date, Type	Aim	Population	Setting	Methods
Agyekum and Newbold, 2016 Qualitative study	To explore whether immigrant places of worship are therapeutic places.	24 African immigrants- Ghanaian Christians and Somali Muslims (22-54 years old)	Churches and mosques in Hamilton Canada	24 in-depth interviews (as part of a larger mixed methods project)
Alaazi et al, 2015 Case study	To explore experiences of the AHCS project’s indigenous participants- their sense of home and health and wellbeing.	14 First Nation mentally ill clients of a housing project (30-60 years old). 6 Project staff and investigators of the project.	Accommodation for homeless people provided by AHCS project in Winnipeg. Canada	14 in-depth interviews with housed participants
Bell et al, 2015 Qualitative study	To explore diverse coastal experiences which promote and preserve health and wellbeing	33 adult residents (25-85 years old)	4 neighbourhoods in 2 Coastal towns in Cornwall United Kingdom	33 Geo-narrative interviews involving activity maps produced using GPS. 9 Go-along interviews with subset of sample
Bell et al, 2017 3 stage Interpretive geo-narrative study	To explore diverse temporalities of TL: different processes through which green and blue spaces become therapeutic or otherwise	33 adult residents (25-85yers old)	4 neighbourhoods in two coastal towns with Green and blue spaces in Cornwall United Kingdom	33 Geo-narrative interviews involving activity maps produced using GPS. 9 Go-along interviews with subset of sample
Biglin, 2020 Sensory and embodied ethnographic study	To explore refugees’ subjective sensory and embodied encounters with an allotment project.	8 participants (7 gardeners and 1 volunteer)	An urban allotment in the North West of England. United Kingdom	Observations of 8 participants 4 semi-structured interviews
Bornioli et al, 2018 Qualitative study	To identify psychological wellbeing experiences of urban walking	14 adult employees and students in the city (18-53 years old)	Urban environment- Bristol United Kingdom	14 Photo-elicited interviews

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Brewster, 2014 Qualitative study	To outline the role of the public library as a therapeutic landscape.	16 participants with mental health problems (mid 20's- mid 70's)	10 Public Libraries in Sheffield United Kingdom	16 Life course interviews as part of a larger project involving interviews, participant observations and use of secondary data sets.
Cattell et al, 2008 Ethnographic study	To explore interconnections between public open spaces, social relations, and people's sense of well-being	42 Local residents and community activists of East London	Everyday public spaces in East London borough of Newham. United Kingdom	A scoping exercise, 7 discussion groups, 24 in-depth interviews.
Chakrabarti, 2010 Qualitative study	To elucidate link between place and participant's use of social networks in effort to live a healthy pregnancy.	40 Pregnant Bengali immigrant women (22-45 years old)	Local and transnational networks of participants in New York. USA	40 In-depth interviews
Cheesebrough et al, 2019 Case study	To explore the perceived health and well-being effects for adults visiting Natural Area Parks.	33 local residents (29-87 years old)	5 natural area parks in Edmonton Canada	33 modified photo voice interviews
Coleman and Kearns, 2015 Phenomenological interpretive study	To investigate the impact of island life on experience of place and ageing.	28 participants (65-94 years old)	Blue spaces of Waiheke Island, New Zealand	28 In-depth interviews 11 participatory photo-elicitation
Cox et al. 2019 Community Participatory Research	To investigate how a cohort of older Aboriginal men consider the benefits of engaging in their local Shed.	10 men (39-70 years old)	Men's shed- rural community in Tasmania Australia	10 Semi- structured interviews

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Doughty, 2013 Ethnographic case study	To explore the affective potency of shared movement for producing therapeutic landscapes	40 Group walkers (early 20's to late 70's)	5 walking groups in Hampshire, United Kingdom	40 Mobile interviews- Talking to walkers whilst walking
English et al, 2008 Qualitative study	To explore importance of place for shaping health and healing among breast cancer survivors.	14 Female breast cancer survivors	Daily geographies of participants living in Greater Toronto Area, Ontario. Canada	14 In-depth interviews
Finlay et al, 2015 Qualitative study	To understand therapeutic qualities of everyday contact with nature for older participants.	27 Older adults (65-86yrs old)	Green and blue spaces in Vancouver, Canada	27 Sit-down interviews followed by walking interviews.
Finlay, 2018 Qualitative study	To characterize white space impacts on the perceived well-being of older adults.	Community residents (phase 1 participants 55-92 years old; phase 2 participants 66-78 years old)	3 case study areas of Minneapolis metropolitan area USA	Phase 1: 125 semi-structured interviews Phase 2: 12 months of participant observation with 6 participants.
Foley, 2015 Qualitative study	To explore swimming as a healthy body-water encounter	20 Swimmers	Outdoor swimming spots: 40 Foot in Dublin and Guillemene in Country Waterford, Ireland. United Kingdom	20 Interviews Participant observations
Fullagar and O'Brien, 2018 Qualitative study	To offer a relational understanding of how recovery from depression is produced through rural and gendered emplacement	16 Women (self identified as recovering from depression)	Rural areas in 2 Eastern states of Australia Australia	16 Semi-structured interviews

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Gastaldo et al, 2004 Qualitative narrative study	To concentrate on our own experience of migration and on how we, as immigrants, evoke places in everyday living.	4 Immigrants to Canada	Experiences of immigrating and integrating into the host community of Toronto. Canada	Personal narratives
Houghton and Houghton, 2015 Qualitative study	To explore Edge lands as micro-therapeutic landscapes.	Richard Mabey's (2010) book The Unofficial Countryside (originally published in 1973)	London's Edge lands United Kingdom	Thematic analysis of the literature
Ireland et al, 2019 Mixed methods study	To consider the supportive and therapeutic benefits of walking groups to the wellbeing and recovery of women with breast cancer.	35 walkers and 13 walk leaders (with experience of breast cancer)	Best Foot Forward Intervention United Kingdom	Postal questionnaire (all participants) 13 telephone interviews 19 walking interviews
Lane, 2019 Qualitative study	To highlight how undocumented Latina immigrants cultivated health and well-being in an insecure environment.	56 Latina immigrant women	Atlanta, Georgia USA	56 in-depth semi-structured interviews
Laws, 2009 Case study- Ethnographic study	To explore how the unconventional spaces of the group are not mere products of marginality but a serious aspect of mobilising the dissident and 'anti-psychiatric' recovery.	17 Members of an 'alternative' psychiatric survivor (self-help) group.	City park, north of England United Kingdom	Participant observations 20 unstructured interviews (in small groups and 1-to-1)
Liamputtong and Kurban, 2018 Qualitative study	To explore how young Middle-Eastern refugee individuals perceive their health and wellbeing and address barriers in their new homeland	10 young refugees (18-30 years old)	Melbourne Australia	10 In-depth interviews and mapping exercises.

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Liamputtong and Suwankhong, 2015	To explore the lived experience of breast cancer among women	20 women diagnosed with breast cancer (from below 49 years to 70+ years old)	Southern Thai community Thailand	20 Interviews including drawing exercise (an image of personal meaning and experience of breast cancer)
Qualitative study				
Macpherson, 2017	To explore the experiences of members of specialist blind and visually impaired walking groups.	6 volunteer sighted guides 19 visually impaired walkers (22-80 years old)	Peak District walking group Lake district walking holiday group UK	Sit- down interviews Walking interviews Video Photographs
Ethnographic study				
Marsh et al, 2017	To investigate if and how a community garden (largely run by volunteers) might play a useful and sustainable role in palliative and grief support	Attendees of 3 community events (23. 19, 36) 5 Project participants 9 Project team members	Information evening, 4 weaving-conversation sessions and 1 day workshop in Tasmania. Australia.	Creative consultations, Participant observations 5 semi-structured interviews 1 Focus group
Qualitative Participatory Action Research				
Masuda and Crabtree, 2010	To challenge the deficit-orientation of DTES by reporting the results of a research process in which DTES residents chronicled their impressions of the neighbourhood.	9 Residents	Down Town East Side neighbourhood, Canada	Group discussions and photography activities in the neighbourhood- to articulate suppressed therapeutic discourses
Community based- Participatory research				
Meijering et al, 2016	To explore how a therapeutic engagement with the rural landscape may change over time for individual stroke survivors.	19 stroke survivors (40-71 years old)	Northern rural communities Netherland	In-depth interviews Phase 1: interviews with 13 participants Phase 2: 2 interviews each with 6 participants
Qualitative study				
Milligan and Bingley, 2007	To examine the extent to which childhood experiences of play in wooded landscapes may influence how woodland can become a life-long resource for health and wellbeing.	16 Young people (16-21 years old)	Woodlands in Cumbria and North Lancashire, England United Kingdom	Interviews Group discussions Art workshops- (expression of memories and multisensory perception of landscape) Follow-up interviews
Qualitative study				

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Milligan et al, 2004 Ethnographic study	To examine how communal gardening activity on allotments might contribute to the maintenance of health and well being amongst older people.	19 men and women (65+ years old)	Community gardening projects in Carlisle, north of England United Kingdom.	Pre and post project: Focus groups Interviews Participant diaries Participant Observations
Milligan et al, 2015 Qualitative study	Drawing on research with ‘Men in Sheds’ pilot programme, this paper seeks to illustrate how everyday spaces within local communities might be designed to both promote and maintain the health and wellbeing of older men.	62 Male shed participants and Shed coordinators (52-86 years old).	Three men in Shed projects in the United Kingdom	Project monitoring information 24 semi-structured interviews with members Focus groups with 27 members Semi-structured interviews with project coordinators.
Piat et al, 2017 Qualitative study	To demonstrate how recovery is ‘emplaced’ (or materially and symbolically situated in time and space), and how places factor into the ‘everyday work of recovery’	17 Tenants with serious mental illness (mean age 44 years).	5 Supported housing projects in 4 cities Canada	Respondent photographs (How does independent living affect recovery and community connections?) Respond controlled photo-elicitation interviews
Pitt, 2014 Sensory ethnographic study	To develop the concept of therapeutic place experiences by considering the role of activity in community gardening	32 Visitors, volunteers and staff (19-60 years old).	3 Community gardens in Wales, United Kingdom	Participant observations 32 semi-structured interviews
Plane and Klodawsky, 2013 Qualitative study	To explore links between access to nearby urban green space, feelings of well-being, and having a sense of belonging to the broader community for formerly homeless women living in supportive housing.	9 women living in supportive housing development	Neighbourhood spaces in Ottawa, Ontario Canada	Photo voice (photographs of healthy and unhealthy aspects of the neighbourhood) Interviews Participant Observations
Power and Smyth, 2016 Mixed methods study	This paper examines the personal motivations and impacts associated with people’s growing interest in local heritage groups	18 members of 32 HLF groups (aged from 30’s to 70’s)	East Anglia, United Kingdom	Questionnaires Interviews (one to one or group) Conceptual mapping of routes

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Sampson and Gifford, 2010 Qualitative data from a larger mixed methods study	To explore the relationship between place-making, well-being and settlement among recently arrived youth with refugee backgrounds	120 refugee youth (11-19 years) in their first year of arrival	Melbourne, Australia	Photo-novellas Neighbourhood maps/ drawings
Sanchez and Liamputtong, 2017 Qualitative study	To explore and discuss the health-related benefits of rural community gardens.	10 participants of a community garden project (aged 50-82 years)	Rural community garden in South Gippsland, Victoria, Australia	10 Semi-structured interviews Observation
Satariano, 2019 Qualitative Study	To explore how local residents experience their interaction with the coast and the sea in diverse ways and how this impacts on their health and wellbeing.	10 families in each study area (parents, grandparents and children)	3 deprived coastal towns. Malta	In-depth interviews conducted as part of a wider study on impact of deprived neighbourhoods on health and wellbeing of inhabitants of Malta.
Thomas, 2015 Qualitative study	To examine how experiences in different types of green and blue space provide important health and wellbeing benefits for women in Copenhagen	Women residents (18-60 years old) Policy makers	Copenhagen, Denmark	25 Semi-structured interviews 4 Focus groups
Vaeztavakoli et al, 2018 Case report study	To explore the physical, mental, and social benefits of urban water canals for local residents.	200 people from residential neighbourhoods	Blue and green space- Niasarm Canal, Isfahan Iran	200 Survey interviews
Volker and Kistemann, 2013 Mixed methods study	To explore the beneficial health outcomes and wellbeing created by urban blue, using an innovative application of the concept of therapeutic landscapes.	42 participants (16-80 years old)	Promenades in Cologne and Dusseldorf, Germany	Pedestrian counting Field mapping Systematic non-standardised participant observation 42 Qualitative questionnaires

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Volker and Kistemann, 2015	To explore which differences in wellbeing occur when visiting urban green and blue spaces in high-density areas of the inner city	113 visitors to green/ blue spaces (17-91 years old)	Dusseldorf and Cologne, Germany	Face to face questionnaires 113 Semi-structured interviews
Qualitative methods				
Wakefield and McMullen, 2005	To explore the processes by which ordinary places are characterised as healthy or unhealthy and investigates how health-affirming and health denying places exist together in everyday life	36 -suburban residents 21-industrial area residents 20 municipal actors	Suburban and industrial parts of Hamilton, Ontario Canada	77 In-depth interviews Newspapers and other reports Authors' own experiences as residents.
Case study				
Wilson, 2003	To broaden the analysis of TL by exploring their culturally specific dimensions in the context of everyday lives of 'Anishinabek' and thus contribute to a better understanding of First Nations peoples	15 Anishinabek community members 2 staff at the community health centre	An isolated First Nation's reserve, Ontario Canada	17 in-depth interviews
Qualitative study				

3. FINDINGS

The 45 articles included in this review are based on 43 primary studies. They were all published between 2003 and 2020, with a majority of these articles (n=34) published since 2010. Sixteen of the studies are conducted in the UK, 11 in Canada, 6 in Australia, 3 in the USA and one each in Germany, Netherlands, Thailand, New Zealand, Denmark, Malta and Iran.

3.1 Overview of Studies

3.1.1. *Research Settings and Activities*

A large proportion of the reviewed articles (n=19) are based on everyday experiences of living within a specific neighbourhood or cultural community, taking into account the participants' engagement with a wide range of local amenities, recreational spaces, cultural resources and social networks. A majority (n=15) of these neighbourhoods and communities of interest are within urban cities or suburban areas. Two of these studies are based in rural landscapes (Fullagar and O'Brien, 2018; Meijering et al, 2016) and a further two on an island/ coastal community (Coleman and Kearns, 2015; Satariano, 2019). Articles focusing specifically on health and wellbeing impacts of nature (n=14) cover local green, blue and wild spaces including natural area parks (Cheesebrough et al, 2019), woodlands (Milligan and Bingley, 2007) and edgelands (Houghton and Houghton, 2015). With the exception of Bell et al's study of the coast (2015; 2017), all the natural settings, such as swimming spots, canals, parks, and white spaces created through snowfall are situated within urban environments (Finley, 2018; Foley, 2015; Thomas, 2015; Vaeztavakoli et al, 2018; Volker and Kistemann, 2013; 2015). Settings with a specific purpose, such as public libraries (Brewster, 2014) and places of worship (Agyekum and Newbold, 2016) are of interest in two studies, whilst a further 11 studies focus on emplaced activities, such as community gardening (n=5), walking groups (n=3), shed projects (n=2) and a local heritage group (n=1).

3.1.2. *Research Participants*

The number of participants in each study vary between 1 and 200, with about half these studies involving 20 or less participants. Only two articles specifically engage with younger participants; 11 to 19 year olds (Sampson and Giffors, 2010) and 16 to 21 year olds (Millgan and Bingley, 2007). Satariano (2019) engages with different generations of family members, including parents

1 grandparents and children. Three articles describe everyday experiences of older people (65 years
2 and over) in their locales (Coleman and Kearns, 2015; Finlay et al 2015, Finlay 2018), whilst another
3 is based on a community gardening project targeting people aged 65 years and over (Milligan et al,
4 2004). There are a further two articles involving a relatively older population aged between 50 and 86
5 years (Sanchez and Liamputtong, 2017; Milligan et al, 2015). The two studies examining experiences
6 of the men's shed include only male participants whilst seven further studies only include female
7 participants. Particular migrant or refugee/ asylum seeker communities are a focus in six articles,
8 with three additional articles involving participants from First Nation communities (Alaazi et al, 2015;
9 Wilson, 2003) and those of Aboriginal background (Cox et al, 2019). Participants with specific health
10 conditions that have been of interest are people with mental illness (n=5), breast cancer survivors
11 (n=3), stroke survivors (n=1) and people with visual impairment (1).
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22 **3.1.3. Research Methods**

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25 Almost all of the studies adopt qualitative methodologies, with most following a case study design.
26 Some studies further align themselves with a specific qualitative approach, such as
27 phenomenological interpretivism (n=2), ethnography (n=6), sensory and embodied ethnography
28 (n=1) or community-based participatory research (n=3). Semi-structured interviews is the most
29 commonly used data collection method, although Gastaldo et al (2004) and Houghton and Houghton
30 (2015) present the authors' own written narratives of therapeutic landscape experiences. Some
31 studies (n=4) conduct life course interviews and explore life histories, linking participants' past
32 experiences to present day perceptions and use of specific landscapes. Mapping exercises,
33 producing a visual representation of places and activities people engage with, are used in four
34 studies, with Bell et al (2015; 2017) utilising GPS to track and map participants' movements in and
35 around local green and blue spaces. Seven of the studies include photo-elicitation, also described as
36 photo-novellas and photo-voice. Researchers have spent extended periods within the research
37 setting and with participants as either participant or non- participant observers in 12 of the studies.
38 Mobile interviewing, variously referred to as 'go along interviews' (Macpherson, 2017), 'walking
39 interviews' (Bell et al, 2015; 2017; Finlay et al, 2015; Ireland et al, 2019), 'walking-whilst-talking'
40 (Doughty, 2013), or 'accompanied outings' (Finlay, 2018; Plane and Klodawsky, 2013), is also
41 commonly employed in studies concerned with large settings, involving movement of people.
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3.2. Critical Thematic Summaries

A thematic analysis of the settings, populations and dimensions (social, physical and symbolic) of therapeutic landscapes, including how participants engage with and benefit from the landscapes, provided the basis for a critical examination of the literature. valuable insight to the diverse and complex nature of everyday therapeutic landscapes. Given the relational nature of therapeutic landscapes, discussions relating to settings, populations, dimensions and experiences of therapeutic landscapes appear across the following themes in a fluid way.

3.2.1. Question of scale and boundaries

Therapeutic landscape experiences in the context of everyday geography are variously referred to as 'everyday wellbeing' (Bell et al, 2015), or experiences of wellbeing in 'ordinary everyday spaces' (Cattell et al, 2008), 'everyday lives' (English et al, 2008), 'mundane everyday contact' (Finlay et al, 2015) and 'ordinary everyday assemblages' (Bell et al, 2017) amongst other similar descriptions within the reviewed studies. Whilst a number of these studies attempt to predefine their setting of interest in terms of its location or environmental characteristics, others remain open to a range of everyday settings and activities important to the wellbeing of the population of interest. There are also those studies which focus on experiences of place through specific activities such as walking or gardening. Therapeutic landscapes of everyday geography across these studies are in this way diverse, in regards to their scale, characteristics, functions and the way in which they are engaged with by the participants.

The spatial scale of everyday therapeutic landscapes vary from country yard fountains (Finlay et al, 2015) and historic buildings (Bornioli et al, 2018), to woodlands (Milligan and Bingley, 2007) and open countryside (Bell et al, 2017; Finlay et al, 2015). The extensive range of environmental features, buildings and landscapes found across the literature, despite their ordinary and everyday disposition, are incomparable in terms of their size. The spatial scale and boundaries of green and blue spaces are most elusive, encompassing such spaces from 'small garden pots, potted plants in the patio to vast urban parks, forests and the ocean' (Finlay et al, 2015, p99). Similarly, studies mapping everyday places of wellbeing for such participants as women with breast cancer include varied proportions of everyday landscapes, from the intimate space of the individual body to

1 collective spaces of cultural and religious sites (Liamputtong and Suwankhong, 2015). Further, non-
2 physical 'imagined landscapes' (Gastaldo et al, 2004) and 'transnational links' (Chakrabarti, 2010),
3 describing participants' emotional connection to distant places through their everyday interactions
4 and practices, further defy the idea of defining therapeutic landscapes in terms of their scale and
5 boundaries. Although some studies provide a locational or geographical profile of their setting of
6 interest whether it is Vancouver's Downtown Eastside (Masuda and Crabtree, 2010) or East London
7 (Cattell et al, 2008), it is often much smaller aspects of these settings such as street markets or a
8 secluded spot on a housing estate, which are directly linked to the therapeutic experiences of the
9 participants. There are numerous examples of spaces within spaces or micro scale features of
10 landscapes that are important to participants' everyday wellbeing as opposed to the more abstract
11 space of their locale. However, it is also evident that for many, their experiences of pride, resilience
12 and security stems from their sense of place attachment and identities linked to the history, culture
13 and imagery of the wider space of the island, city or neighbourhood (Bornioli et al, 2018; Finlay,
14 2018). In some cases, both 'perceptions of the totality of space and ... of particular elements' as
15 illustrated by Volker and Kistemann (2015, p.199) in their study of urban blue spaces, contribute to
16 therapeutic experiences.
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31 ***3.2.2. Diverse and dichotomous characteristics of place***

32 A key distinction made between landscapes and their functionality within the literature relate to
33 their urban/natural characteristics. There are studies that explore everyday therapeutic landscape
34 experiences within either a primarily urban context (Bornioli et al, 2018; Lane, 2019; Masuda and
35 Crabtree, 2010) or a specifically natural environment (Macpherson, 2017; Meijering et al, 2016).
36 There is also a growing body of research examining the use and benefit of natural features within
37 urban settings. Many urban green, blue and wild spaces, owing to their resounding presence of
38 nature against the urban background are found to offer a temporary 'escape' from the pressures of
39 people's everyday life. Canals and parks are 'easily incorporated within time pressured contexts of
40 people's daily routines' (Bell et al, 2017, p.98), therefore making them a valuable resource for
41 physical exercise and mental restoration for urban dwellers. The socio-spatial relationality between
42 urban environments in which people live and work and the natural realms they temporarily escape
43 to within their everyday geography is particularly evident within this literature (Cheesebrough et al,
44 2019; Ireland et al, 2019; Vaeztavakoli et al, 2018; Volker and Kistemann, 2013, 2015). These natural
45 enclaves which allow participants to easily and often experience 'being in a different world'
46 (Cheesebrough et al, 2019, p.45), suggest experiences of something extraordinary within their
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1 broader urban, everyday contexts. This is also true of everyday sites of cultural and spiritual
2 practices that are 'often indistinguishable from spaces of inhabitation' (Alaazi et al, 2015, p.35),
3 particularly for certain cultural groups and participants undergoing traumatic life events (English et
4 al, 2008; Liamputtong and Suwankhong, 2015). It is thus evident that elements of extraordinary
5 landscapes are integral components of participants' everyday geographies, suggesting that the
6 'every day' is not necessarily always 'ordinary' and 'mundane'.
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11 The therapeutic potential of open public settings, such as green and blue spaces, are associated with
12 the range of physically and mentally rejuvenating activities which they encourage, meeting a
13 diversity of needs and preferences of people who engage with them (Bell et al, 2015). Some studies
14 also specifically highlight the therapeutic value of non-prescriptive spaces, found in both urban and
15 natural landscapes that allow 'freedom to tarry... where they can enter and remain in a place
16 without a specific purpose' (Cattell et al, 2008, p.554). This is in contrast to the more tailored nature
17 of community gardens and allotments which enable participants to engage with nature through a
18 specific activity within a contained environment. Communal gardens and walking groups, providing
19 a safe and supportive social environment for particular groups, encourage therapeutic engagement
20 with natural landscapes through the shared activities and social practices involved in group walking
21 and gardening. However Power and Smyth (2016) exploring therapeutic experiences of heritage
22 conservation highlight experiences of anxiety and frustration caused by demanding tasks and the
23 need to work collaboratively. As Marsh et al (2017, p.113) find in their study, service providers of
24 community groups and activities do recognise the need to 'step back and allow people to garden
25 with freedom, to take risks, to talk or not talk as they felt'. For some, a space where they can avoid
26 judgement and in which they can 'switch off' is important (Bell et al, 2015; Brewster, 2014). But
27 while many studies associate everyday therapeutic landscape experiences with a sense of solace and
28 safety (Milligan et al, 2004), there is also evidence of the therapeutic potential of opportunities to
29 take risks and experience a sense of achievement within the everyday context (Macpherson, 2017;
30 Power and Smyth, 2016).
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50 **3.2.3. Proximal, distal and non-physical connections**

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52 The literature presents a range of ways in which the participants construct everyday therapeutic
53 landscapes. Non-physical engagement with places, through transnational connections and
54 memories, are important for migrant participants to navigate and make place meaningful in their
55 new surroundings. This body of literature nonetheless highlights examples of everyday community
56 based activities of sharing food and herbal remedies connected to their homeland. However,
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1 physical proximity to the environment is generally considered key to everyday therapeutic landscape
2 experiences. Engagement with the physical environment can take the form of a specific activity such
3 as walking, weeding and digging or passive mental absorption. Attention is drawn to people's
4 multisensory and embodied restorative interactions with aspects of the natural environment such as
5 the fresh air, water, trees, wildlife, plants, clouds, sunset and scenic views. The slow temporal
6 rhythms of quiet, open spaces allow 'slowing of the mind' (Ireland et al, 2019, p.44) and 'transport
7 the mind to... a calmer place in that moment' (Biglin, 2020, p.5). While it is often natural landscapes
8 that are portrayed as being pleasant to the senses and offering 'passive fascination, urban
9 environments... stimulate wellbeing in terms of active engagement, interest and curiosity' according
10 to Bornioli et al (2018, p.21). Examples of active engagement and place-making in urban
11 neighbourhoods range from participants making personal and socio-cultural connections to specific
12 sites to creating 'street art, guerrilla gardens and informal meeting places' as a way of affirming their
13 place attachment and identity (Masuda and Crabtree, 2010, p.663).

14 The role of activity in the creation of socially supportive landscapes is emphasised by both Doughty
15 (2013) and Ireland et al (2019) as they suggest walking enables informal interactions and discussions
16 of sensitive topics between participants, thereby contributing to the supportive sociality of walking
17 groups. Biglin (2020) similarly discusses how the physical proximity of bodies working at the
18 allotment allows for particular types of embodied sociability which are reassuring yet unobtrusive
19 for the participants. Although meaningful social interactions within group settings are valuable,
20 there is also evidence of the benefits of more distant contact in everyday public places. Fleeting
21 encounters between people at the beach, riverside or street markets are found to contribute to
22 'perceptions of inclusion and a sense of community' (Cattell et al, 2008, p.547). The presence of
23 others socialising or 'a positive social ambience' (Bell et al, 2015, p.62) of certain places are similarly
24 effective in invoking a sense of safety and connection. The nature and extent of engagement with
25 the social dimension of place can thus vary, just as both active and passive physical engagement, or
26 in some cases non-physical connections, support therapeutic landscape experiences; both proximal
27 and distal sociality can be therapeutic in different everyday contexts.

28 **3.2.4. Everyday 'refuge', 'anchors' and resonances**

29 The work of Bell et al (2017), illustrate how people's engagement with different green and blue
30 spaces is reflective of their life circumstances and wellbeing priorities, which change and shift over
31 time. A number of the reviewed studies further exemplify shifting health and wellbeing needs and
32 priorities caused by ageing, geographical upheaval and illness, altering where and how the

1 participants construct everyday therapeutic landscapes. Just as communal gardens and men's sheds
2 become key for tackling increased social isolation experienced by older participants, building new
3 connections to their place of settlement is essential for regaining a sense of 'ontological security'
4 and belonging for displaced migrants, refugees, asylum seekers and former homeless people. The
5 church, mosque, community centre and community allotments are therefore experienced as places
6 of 'refuge' and sources of social collectiveness by these participants (Biglin, 2020; Liamputtong and
7 Kurban, 2018). Everyday experiences of therapeutic landscapes for participants recovering from
8 breast cancer, depression and psychiatric conditions, are similarly associated with landscapes
9 facilitating activities and social connections that enable a renewed sense of confidence and ability to
10 deal with the challenges they face.

11 For many participants, their use of everyday landscapes provides a way of reimagining and making
12 sense of their existential and transitional situation. Biglin (2020) highlights refugee participants'
13 tendency to anthropomorphise plants as a way of expressing their own experiences of displacement,
14 in the same way that older participants in Coleman and Kearns' (2015) study imagine their body as
15 an island to disconnect from the bodily pain and discomfort they feel. Whilst these older participants
16 contemplate ideas of journeying and exile connected to island life to express their acceptance of
17 reaching the end stage of their life, women in Ireland et al's study (2019) experience the 'loss of
18 landscape' as they walk from urban into natural spaces as a way of momentarily leaving behind their
19 experience of cancer. Resuming gardening for women living with depression similarly represents
20 their recovery journey from once being too 'emotionally depleted and unmotivated' to attend to
21 their gardens to now being able to 'expand the boundaries' of responsibilities they are able to take
22 and deal with (Fullagar and O'Brien, 2018, p.16). Also, Laws (2009, p.1830) describes 'a symbolic
23 reclamation of the park from a discourse of unhealthiness to a symbolic landscape of recovery',
24 referring to how the psychiatric survivor group's use of the dilapidated setting is intertwined with
25 their dissident identity and discourse of survivorship, providing them with a sense of resilience.

26 In the case of older adults, everyday therapeutic experiences within particular landscapes are
27 retained through adapting how they use and engage with them, such as utilising local green spaces
28 promoting 'lower-impact walking and gardening' (Finlay et al, 2015, p.100). Although, Meijering et al
29 (2016) draw attention to how particular landscapes can become a source of frustration when
30 participants, affected by physical ailment following stroke, can no longer enjoy and engage with
31 them in a meaningful way. Migrants, asylum seekers and refugees are also found to adapt how they
32 engage with everyday landscapes for therapeutic benefits. Pursuing opportunities for new and
33 meaningful socio-spatial connections alongside places enriched with nostalgia, a continual

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‘experience of oscillating between the ‘here’ with the ‘there’ (Gastaldo et al, 2004, p.165) shape their experiences of health and wellbeing. Everyday ‘anchors’ (Agyekum and Newbold, 2016) in the form of familiar food, music, language, cultural practices, religious sites, art, memories of places and events as well as collective activities are important means of constructing therapeutic landscape experiences in their new surroundings. This is similar to the feeling of ‘being at home’ (Coleman and Kearns, 2018), of ‘rootedness’ (Bell et al, 2015) and strong emotional connections to the local landscape that are found to be important for positive experiences of ageing.

3.2.5. Broader context of everyday therapeutic landscapes

A number of studies set out to explicate the role of gender, culture, migration status, disability and mental health in participants’ day to day socio-spatial interactions. Thus research involving people from First Nation, Aboriginal and Thai communities emphasise the cultural specificity of everyday therapeutic landscape experiences. Alongside examples of cultural beliefs and practices that allow people to enact a uniquely therapeutic relation with their everyday surroundings, they also highlight experiences of discrimination and isolation these communities face in the context of their everyday geography. Research on refugees (Liamputtong and Kurban, 2018) and undocumented Latino women (Lane, 2019) draw attention to social inequality and language barriers as determining their access to and experience of everyday places, whilst Fullagar and O’Brien (2018) demonstrate the influence of gender-place relations on women’s experiences of recovery from depression. Socio-economic emplacement is also varyingly acknowledged across some studies as framing participants’ everyday geography and in turn where and how they construct therapeutic landscape experiences (Thomas, 2015). Issues of affordability can influence participants’ access to everyday restorative sites (Finlay et al, 2015; Satariano, 2019). However, grim deprivation and social and political stigmatization of neighbourhoods can also provide impetus for local residents to construct and engage with their socio-spatial surroundings in ways that positively impact their sense of wellbeing (Masuda and Crabtree, 2010; Wakefield and McMullen, 2005).

Normative values inherent within everyday places are found to contribute to the alienation and disempowerment of certain participants and groups, leading them to seek therapeutic landscape experiences in particular, and sometimes unlikely, sites. Laws (2009), contrasts the general perception of a city park as dangerous and decrepit with the psychiatric survivor group’s ‘dissident connectedness’ to its transgressive qualities, appreciating its ‘non-technical’ and non-institutional environment. Both Laws (2009) and Fullagar and O’Brien (2018), thus emphasise the use and therapeutic benefits of retreating to ‘off the map’ sites that took participants away from the usual

1 spaces and practices of care and recovery. Likewise, Masuda and Crabtree (2010, p.663) find that
2 efforts to make an unsightly park more pleasant and appealing by the authority, took away from the
3 local residents 'a communal gathering space that is welcoming to marginalized people', whilst the
4 greenery of the park was of little importance to them. Similarly, for former homeless participants in
5 Alaazi et al's (2015, p.34) study, 'returning to the street where they felt more welcome, appeared to
6 be a rational trade off', as they valued the supportive social networks they had on the streets over
7 the comfort and benefits offered by the housing initiative. Cox et al (2019) in concluding their
8 analysis of Aboriginal men's experience of the shed therefore suggest that their engagement and
9 experience of landscapes 'may reflect just how welcoming, inclusive and culturally safe these male
10 oriented community spaces actually are' (p. 11).

11 By attending to both negative and positive aspects and experiences of participants' everyday
12 geographies, these studies also emphasise the notion that navigating fear, risks and inequalities is
13 often part of the process of creating and maintaining everyday therapeutic landscapes (Lane, 2019).
14 Experiences of the coast in Malta is thus examined from the view point of residents in deprived
15 coastal neighbourhoods, for whom the sea and fresh air compensates for traffic, pollution and
16 shrinking green environment as they also negotiate fears relating to the impact of climate change on
17 their coastal environment (Satariano, 2019). Similarly both Milligan et al (2004) and Meijering
18 (2016), bring attention to the impact of physical ailments, causing people to grapple with feelings of
19 loss and frustration in places they once experienced a sense of mastery. Increased susceptibility to
20 snowy and icy weather conditions can also lead to seasonal experiences of heightened risk and
21 socio-spatial isolation for frail people as illustrated by Finlay (2018). By exploring a combination of
22 personal and external factors contributing to the construct of everyday therapeutic landscape
23 experiences, many of the reviewed studies therefore go some way in revealing the complexity of
24 therapeutic landscape experiences, including its temporality. In so doing they also call attention to
25 instances when certain everyday landscapes can have a negative impact on health and wellbeing.

48 **4. DISCUSSION**

49 This review outlines the use and experiences of a wide range of everyday places associated with
50 therapeutic landscape experiences. The observational and self-reported data from the research
51 allude to a broad range of health and wellbeing benefits. The research suggest physical and mental
52 restoration, greater connection to others and surroundings as well as a positive sense of self and
53 confidence that emerge in complex ways within participants' everyday contexts. Health and
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1 wellbeing, in its broadest sense, is in this case considered to be intimately linked to people's socio-
2 spatial interactions of daily life.

3
4 The literature on everyday therapeutic landscapes is vastly heterogeneous, covering an array of
5 settings and activities pertinent to the everyday geography of different populations. This further
6 exemplifies the longstanding criticism of the scholarship that it fails to define the scales of
7 landscapes in which therapeutic experiences occur (Milligan et al, 2004; Wilson, 2003). But as the
8 review illustrates the physical, social and symbolic processes that are involved in the construction of
9 therapeutic landscape experiences within a given place and time, often work on multiple scales,
10 making therapeutic landscapes difficult to define in terms of their spatial size and boundaries.
11 Multisensory and embodied experiences of the micro scale occur alongside personal and cultural
12 symbolisms associated with the macro scale. Moreover, the construction of therapeutic landscapes
13 in the movement between indoor and outdoor spaces or between built and rural environments
14 suggests a more fluid and relational conception of everyday therapeutic landscapes.

15
16 Much of the literature focusing on the therapeutic qualities of urban green, blue and wild spaces
17 illustrates the permeability of the binary division between urban and natural landscapes in everyday
18 context. They also describe therapeutic experiences within these landscapes in terms of the potency
19 of water, wilderness and nature commonly associated with healing places. This brings into focus the
20 existence of extraordinary spaces and experiences in people's everyday urban geographies, which
21 are also evident in the form of everyday religious and spiritual sites. Collectively the studies
22 demonstrate the versatile utility and appeal of urban-natural spaces to people of different ages and
23 abilities and in diverse life circumstances. In identifying the therapeutic potential of various natural
24 spaces that are somewhat convenient and accessible in urban landscapes, the literature supports
25 calls for the conservation of natural spaces in urban neighbourhoods and for enabling and
26 promoting the use of these spaces for health and wellbeing (Dobson et al, 2021). But, whilst
27 synonymising therapeutic experiences with nature (Kearns and Milligan, 2020), the existing
28 literature does not address concerns about difference in access to and quality of natural settings for
29 different populations (Brooke and Williams, 2020) or whether similarly therapeutic experiences are
30 constructed in alternative built environments. Additionally, given that pets are often linked to
31 improvements in health and wellbeing, and animals are posited as an essential non-human element
32 of the therapeutic assemblage of such places as care farms (Gorman, 2017), the literature on
33 everyday therapeutic landscapes may also benefit from considering the role of pets in people's
34 health and wellbeing experiences in the wider community.

1 The diversity of settings and activities considered across the literature include public spaces which
2 are multifunctional allowing a range of physical and social activities. As noted earlier, natural
3 landscapes are appreciated for facilitating opportunities for physical exercise as well as mental and
4 sensory immersion. Public spaces such as beaches, parks, and street markets are also ideal for both
5 proximate and distal sociality; whilst some people value spending time with family and friends
6 others benefit from serendipitous encounters and the social milieu of such spaces. Settings in which
7 people can spend time in without engaging in a specific activity are considered important to those
8 seeking to escape their daily pressures and judgments of others. The relationality of everyday
9 therapeutic landscapes is however emphasised by studies focusing on the influence of personal
10 experiences and cultural beliefs on how individuals engage with and benefit from their surroundings,
11 including natural landscapes. There is also evidence that changes in people's health and capacity can
12 lead to contested perceptions and experiences of what were once therapeutic landscapes. Although
13 the impact of changes in physical abilities on everyday therapeutic landscapes has been highlighted,
14 the impact of cognitive difficulties that may result from such conditions as dementia on every day
15 socio-spatial interaction is not acknowledged within the literature (Bronssoen et al, 2011). The
16 relationship between people living with dementia and their everyday surroundings are found to be
17 fluid which may present further complexities to experiences of therapeutic and contested spaces
18 than that so far captured in these studies (Clark et al, 2020; Keady et al, 2012).

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32 Tailored settings and activities of community gardens and allotments, men's sheds and walking
33 groups are designed to alleviate the pressures of daily life and enhance experiences of the everyday
34 for specific groups. They provide people with opportunities to socialise, share experiences and
35 participate in collective activities with others with similar interests or needs. Subjective meanings
36 people associate with the socio-spatial context of these places are not built over time as found with
37 places in people's locales, they instead relate to the collective identity and individual journeys of
38 recovery and reconciliation facilitated by these places. Whilst providing a safe environment, such
39 places can also promote opportunities for people to challenge themselves, take risks and experience
40 a sense of accomplishment. These are important aspects of health and wellbeing, particularly for
41 older people and people living with dementia who may struggle to retain a sense of purpose in their
42 life (Bailey et al, 2013; Marsh et al, 2018). Nonetheless, the exclusive nature of many community
43 based groups that are important to ensuring a supportive social environment, can also act to further
44 segregate the participants from wider society, which is not fully explored within the relevant studies.
45 Further, given that many of these activities are scheduled, the literature pays little attention to how
46 people's frequency of engagement within these therapeutic assemblages may affect the extent to
47 which they are therapeutic or whether the therapeutic impact continues between each contact,
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1 especially for those who otherwise experience social disconnectedness and isolation in their daily
2 lives. Consideration of how therapeutic experiences occurring within specific landscapes affect
3 perceptions and experiences of wellbeing beyond these landscapes is in fact missing across the
4 entire literature. However, since therapeutic landscapes are essentially relational assemblages, and
5 a range of confounding factors outside of these landscapes may influence people's sense of health
6 and wellbeing, determining the longer term impact of therapeutic landscapes would be difficult.
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11 Studies of marginal groups and communities raise concerns about inconsistencies between what is
12 considered as positive for health and wellbeing by those commissioning and designing particular
13 landscapes and those who engage with them. Certain places can inadvertently have the effect of
14 further marginalising and disempowering people they are designed to support. Social, political and
15 economic contexts within which experiences of therapeutic landscapes of women, older people,
16 migrants, residents of deprived neighbourhoods and people recovering from mental health are
17 constructed are varyingly highlighted within the literature. Studies focusing on the rehabilitative
18 potential of everyday geographies, in supporting people to adjust to changing circumstances caused
19 by geographical upheaval, illness and ageing also allude to unique ways in which people in particular
20 circumstances relate to and experience their surroundings. These findings confirm the need to
21 empower and engage specific groups of people in the design and development of places who's
22 health and wellbeing they are intended to improve (Austin et al, 2020; Tuckett et al, 2018).
23 Moreover, the biographical diversity among certain populations, such as older people, and how
24 these differences reflect people's perceptions, use and experiences of places in the wider
25 community are not consistently addressed across the literature. There is therefore a need for further
26 examination of how people make choices about the places they engage with, as has already been
27 raised by previous researchers in the field (Bell et al, 2014; Thomas, 2015).
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45 **5. CONCLUSION**

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47 This review has drawn on the qualitative findings of 45 studies on everyday therapeutic landscapes,
48 providing valuable insight to how different settings and activities pertinent to people's everyday
49 geographies relate to their experiences of health and wellbeing. It outlines the varied scales,
50 characteristics and functions of settings, the different populations and a range of socio-spatial
51 interactions and mediating factors considered within this body of literature. Although the empirical
52 basis of the literature considered is somewhat diverse, there are a number of common findings
53 relating to everyday socio-spatial interactions and their experiences that can further inform place-
54 based health and wellbeing policies and initiatives.
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Everyday landscapes found to promote health and wellbeing include vast and micro-scale features of public spaces as well as the more tailored settings and activities of places targeting particular groups. Public spaces which are multi-functional facilitating a range of activities are inclusive of people in different life circumstances who may have varied physical and mental health needs and value different forms of sociality. Urban green and blue landscapes support people with reduced physical capacity to remain active through meaningful lower impact activities, whilst symbolic conceptions of nature and their sensorial qualities deem these natural spaces particularly conducive to passive restoration. They are ideal locations for family and multigenerational activities, where people can also experience a sense of inclusion by simply being present within its social milieu. The reviewed literature therefore suggests the need to improve the availability and quality of a range of local urban natural spaces that are safe and accessible to people of all ages and abilities. Communal gardening and walking groups are positive examples of initiative that successfully combine therapeutic engagement with nature with social activities that promote social networking and sharing of experiences for those affected by social isolation, functional decline and life limiting conditions.

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In the context of urban built environments, non-prescriptive spaces such as a quiet area on a housing estate or the local library are important for escaping regulating aspects of daily life, especially for those who may feel judged by others or lack self-efficacy. Moreover, place attachment and identity, where people feel a personal or cultural connection to specific places within their neighbourhood is a key therapeutic quality of certain built environments. It is therefore important that urban planners and policy makers engage with local residents to agree regeneration programmes which protect places that are meaningful to the different groups and communities within neighbourhoods. Community based resources are likely to be therapeutic for a wider population when they reflect the varied motivations and lifestyle choices of people who can potentially engage with and benefit from them.

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Further research is needed on everyday therapeutic landscapes, to better inform the development of community based settings and activities that are inclusive and supportive of the health and wellbeing of a wide range of people. Research providing nuanced insight to how socio-cultural factors influence perceptions and experiences nature; how older people experience therapeutic, or contested, landscapes in built environments and how people living with cognitive conditions construct therapeutic landscape experiences in their daily socio-spatial interactions, would be valuable.

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Therapeutic Landscape experiences of everyday geographies within the wider community: A scoping review

Abstract

As community dwelling populations of older people and those living with chronic and life limiting conditions continue to grow, the role of everyday geographies, particularly of community based settings and activities, in supporting health and wellbeing has become a focus in both research and policy development. The therapeutic landscape scholarship provides a holistic view of how place promotes health and wellbeing, and has in recent years expanded its focus from reputable places of healing to everyday geographies. Based on a scoping review of 45 studies on everyday community based therapeutic landscapes, this paper identifies and critically examines the settings, populations and mechanisms of therapeutic experiences. It presents critical summaries of the scales and boundaries of landscapes; the diverse and dichotomous characteristics of places; the therapeutic benefits of proximal and distal socio-spatial interactions; the role of everyday settings and activities as sources of refuge, anchor and resonance and finally the broader social, cultural, political and economic contexts in which everyday therapeutic landscapes are embedded. In so doing the paper highlights the complex nature of everyday therapeutic landscape experiences and how this research can further inform the development of community based settings and activities that promote health and wellbeing. It also identifies areas for future research on everyday therapeutic landscapes.

Key words: Therapeutic landscapes, dementia friendly, health and wellbeing, everyday geography, scoping review

1. INTRODUCTION

The concept of therapeutic landscapes was first introduced in 1992 by William Gesler, a cultural geographer concerned with the processes through which 'individual, environmental and societal factors interact to bring about healing in specific places' (1992, p. 7935). As a theoretical and analytic framework, it endorses a multi-faceted notion of place, drawing attention to the ways in which the physical, social and symbolic dimensions work together to promote physical, social, psychological and emotional healing within particular settings (Kearns, 1993). Following Williams' (1998, 1999) suggestion that therapeutic landscapes do not have to heal or assist recovery from illness but can also maintain health and wellbeing, researchers began to consider a much broader range of settings.

1 Similarly, the focus on transactional relationships between people and their surroundings allowed
2 for the relationality of experiences to become a defining feature in later work (Conradson, 2005;
3 Kearns and Milligan, 2020). One of the earliest reviews of the therapeutic landscapes literature
4 highlights its focus on three areas of research: (1) physical spaces with a reputation for healing, (2)
5 created spaces of formal health care and (3) settings that have been negotiated by, and specific to,
6 marginalised populations (Williams, 2010). A more recent scoping review by Bell et al (2018)
7 illustrates emerging nuances in terms of the creation of therapeutic landscapes, the prevalence of
8 'therapeutic encounters', the spatio-temporal nature of experiences, the liminality of certain
9 therapeutic spaces, and a more holistic notion of healing in spiritual sites. It also reveals an
10 increased focus on therapeutic materialities of both macro-scale and micro-scale environments.
11 These trends suggest a growing diversity in terms of the settings in which the concept of therapeutic
12 landscapes is applied and the ways in which landscapes are seen to contribute to health and
13 wellbeing. A growing and varied body of research on therapeutic experiences within people's
14 everyday geographies is also evident from these reviews. However, no review to date has specifically
15 examined the settings, populations, practices and health and wellbeing impact associated with
16 therapeutic landscape experiences within such an everyday context.

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19 A person's everyday geography describes the socio-spatial context of their everyday life, including
20 the places in which they live and the spaces through which they move on a regular basis (Eyles,
21 1989). The home, place of work and wider community, all of which are constitutive of a person's
22 everyday geography are often linked to experiences of health and wellbeing (Abraham et al, 2010;
23 Green et al, 2005; Larson et al, 2009; Lopez and Hynes, 2006). There has been an emphasis on the
24 health and wellbeing impact of people's everyday geographies with the gradual shift from
25 institutional care, for people with disabilities, mental health problems and older people, to
26 community based support (Aspinal et al, 2016; Lestari et al, 2020; Verdonschot et al, 2009).
27 Experiences within the wider community in which people live and how supportive they are to the
28 health and wellbeing needs of particular populations have been of specific concern, giving rise to
29 such ideas as age friendly and dementia friendly communities (Buckner et al, 2019; Buffell, 2018; DH,
30 2012; Mitchell and Burton, 2010). Access to local amenities, along with availability of recreational
31 facilities and social opportunities in the community, are particularly important for older people to
32 combat social isolation and functional decline (Ballinger et al, 2009; Wiles et al, 2012). This is also
33 true for people living with dementia, as engaging with the wider community is associated with
34 opportunities for physical exercise, social interaction as well as psychological and emotional
35 recuperation (Duggan et al, 2008; Keady et al, 2012; Olsson et al, 2013). The wider community,
36 comprising a range of people, settings, activities and practices, is in this case a multifaceted resource

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for health and wellbeing. However, whilst the wider community is often considered on the scale of a large geographical area, such as the neighbourhood, in which a group of people live, there are also smaller communities of interest that may exist within and across geographical communities. Community based settings and activities associated with a person's everyday geography may not always be restricted within the geographical boundaries of a specific neighbourhood, but nonetheless important to their place-making experience. An examination of studies exploring therapeutic landscape experiences across a range of community related settings and activities as part of people's everyday geographies would therefore provide nuanced insight to their varied nature and contribution to experiences of health and wellbeing.

The aim of this paper is to identify and describe studies that have explored therapeutic landscape experiences of community related settings and activities pertinent to people's everyday geographies. In doing so, it will critically examine the settings, populations and mechanisms of therapeutic landscape experiences that have been considered within this body of literature. Discussions around place-based policies aimed at supporting health and wellbeing, can potentially benefit from an examination of the therapeutic landscape literature linking people's experiences in the wider community as part of their everyday geography to their health and wellbeing.

2. METHODS

A scoping review allows an exploratory approach to identifying and synthesising current knowledge on a broadly defined topic such as therapeutic landscapes (Peters et al, 2015). The five-stage methodological framework for conducting a scoping review, by Arksey and O'Malley (2005) was therefore followed.

Stage 1: Defining the research question

For the purpose of this review settings and activities within the wider community are considered to be constitutive of a person's everyday geography, when the person engages with them on a regular basis. These settings and activities may exist within or beyond a person's locale, since it is not their geographical location that is of interest to this review, but the extent to which they are a part of the person's everyday geography. Community based settings that are relevant to this review are distinct from a person's home/ residential environment, their place of work or a community facility where they may receive regular health care or medical treatment. Similarly it is emplaced experiences through mundane activities of everyday life or community participation (including hobbies) that are important to the focus of this review, as opposed to experiences relating to specific therapy sessions

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in which a familiar or a community environment may play an important role. Engaging with studies focusing on therapeutic landscape experiences of community related settings and activities within people’s everyday geography, the review addresses the question: What are the characteristics of settings, populations and mechanisms of therapeutic landscape experiences considered within the literature and to what extent are they useful for informing wider place-based policies for improving health and wellbeing.

Stage 2. Developing a search strategy

Articles were searched and identified using the following databases: Scopus, ProQuest, Pub Med and Web of Science. The search term “therapeutic landscape” was used to search for articles which included this term within their title, abstract or key words. Further articles were identified from reference lists of found articles, including relevant theses and review papers, as well as from hand searching two key journals known for publication of literature in this field: Social Science and Medicine and Health and Place. The internet search engine Google Scholar was also used to identify any further literature on the topic. All articles published since 1992, (the date of the initial introduction of the concept of therapeutic landscapes by Gesler) were searched. Only peer reviewed journal articles on therapeutic landscapes within the health and social sciences were identified and included in the review. In medical science the term ‘therapeutic landscapes’ is used to denote pharmaceutical interventions; this body of literature is not relevant to the subject of this review and so results from biomedicine or related fields were excluded during the search process. The initial search was conducted between February and March 2016, then updated in February 2018 and again in March 2020, to ensure inclusion of all recent articles for the present review.

Stage 3: Selecting studies

A total of 6168 articles were identified for initial screening of titles and abstracts. At the end of the initial screening process, full texts of 108 articles, which use therapeutic landscapes as a primary concept within their theoretical discussions or presentation of primary research, were retrieved. Collectively, the empirical studies espoused experiences of health and wellbeing in a wide range of places (Table 1). The following inclusion and exclusion criteria were therefore used to identify studies relevant to the review question.

Inclusion:

- Setting- neighbourhood, public spaces/ building, community facility/ group
- Activity- community participation, hobbies/ interests, ordinary everyday activity

- Engagement- routine/ regular
- Experiences of people living in the community

Exclusion:

- Experiences of people living in residential/ nursing homes
- Place of work
- Home/ residential setting
- Holiday destination/ tourist experience
- Therapy focused environment/ activity

For the purpose of this review, only the 45 articles meeting the inclusion criteria, after discussions between the authors regarding their eligibility, were included.

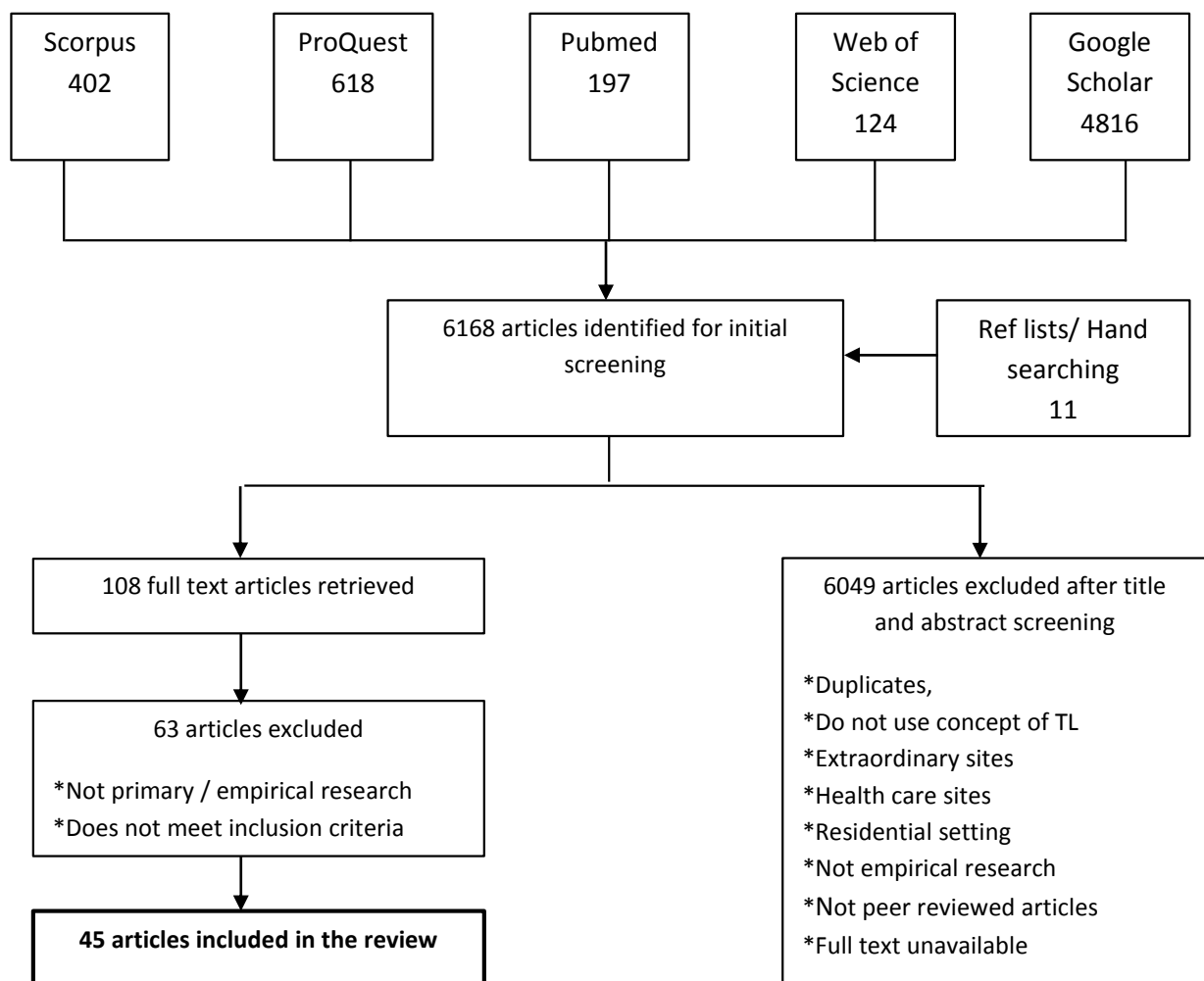


Figure 1: Search and selection of studies

Table 1: Study settings

Settings		
Clinical and care settings	Spiritual/ healing or retreat sites	Everyday community-based
Psychiatric unit	Epidaurus, Greece	Neighbourhood
Traditional healers	Lourdes, France	Churches and Mosques
Residential care for vulnerable adults/ older people.	Wells, Ireland	Supported housing
Hospice	Roman-Irish Baths, Ireland	Blue spaces (coast, island life, swimming 'spots', promenade)
Youth Camp	St Anne de Beaupre, Canada	Green spaces (parks, walking trails)
Rural respite care centre	Healing gardens, China	Woodlands and Edgelands
Drug and Alcohol recovery programmes	Healing village of Bama, China	Wildscape
Art therapy	Yoga and massage retreat	Public libraries
Maggie's	Holiday destinations/ tourist experience	Neighbours/ neighbourhoods (urban and rural)
Gilda's club, Toronto		communal gardening,
Green spaces within care settings		Men's Shed
		Local heritage group
		Walking groups

Stage 4: Charting the data

The first author RM charted certain data using a Microsoft Excel spreadsheet. The recorded information included named authors, year and type of study, research aim, target population, setting and methodology (Table 2). The main findings in each study were then thematically analysed by RM to provide detailed narrative accounts of how the settings, populations, key (physical, social, symbolic) dimensions of therapeutic landscapes and the relational processes through which such experiences occur, were described.

Stage 5: Collating, summarizing and reporting the data

The review findings are presented in several ways: First, information regarding study aims, design, population and setting are presented within a table (Table 2). Second, a descriptive summary of setting and participant characteristics as well as methodological approaches used within the studies is provided. Third, a critical examination of the literature is presented through focusing on the mechanisms and experiences of therapeutic landscapes found within the studies.

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Author, Date, Type	Aim	Population	Setting	Methods
Agyekum and Newbold, 2016 Qualitative study	To explore whether immigrant places of worship are therapeutic places.	24 African immigrants- Ghanaian Christians and Somali Muslims (22-54 years old)	Churches and mosques in Hamilton Canada	24 in-depth interviews (as part of a larger mixed methods project)
Alaazi et al, 2015 Case study	To explore experiences of the AHCS project’s indigenous participants- their sense of home and health and wellbeing.	14 First Nation mentally ill clients of a housing project (30-60 years old). 6 Project staff and investigators of the project.	Accommodation for homeless people provided by AHCS project in Winnipeg. Canada	14 in-depth interviews with housed participants
Bell et al, 2015 Qualitative study	To explore diverse coastal experiences which promote and preserve health and wellbeing	33 adult residents (25-85 years old)	4 neighbourhoods in 2 Coastal towns in Cornwall United Kingdom	33 Geo-narrative interviews involving activity maps produced using GPS. 9 Go-along interviews with subset of sample
Bell et al, 2017 3 stage Interpretive geo-narrative study	To explore diverse temporalities of TL: different processes through which green and blue spaces become therapeutic or otherwise	33 adult residents (25-85yers old)	4 neighbourhoods in two coastal towns with Green and blue spaces in Cornwall United Kingdom	33 Geo-narrative interviews involving activity maps produced using GPS. 9 Go-along interviews with subset of sample
Biglin, 2020 Sensory and embodied ethnographic study	To explore refugees’ subjective sensory and embodied encounters with an allotment project.	8 participants (7 gardeners and 1 volunteer)	An urban allotment in the North West of England. United Kingdom	Observations of 8 participants 4 semi-structured interviews
Bornioli et al, 2018 Qualitative study	To identify psychological wellbeing experiences of urban walking	14 adult employees and students in the city (18-53 years old)	Urban environment- Bristol United Kingdom	14 Photo-elicited interviews

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Brewster, 2014 Qualitative study	To outline the role of the public library as a therapeutic landscape.	16 participants with mental health problems (mid 20's- mid 70's)	10 Public Libraries in Sheffield United Kingdom	16 Life course interviews as part of a larger project involving interviews, participant observations and use of secondary data sets.
Cattell et al, 2008 Ethnographic study	To explore interconnections between public open spaces, social relations, and people's sense of well-being	42 Local residents and community activists of East London	Everyday public spaces in East London borough of Newham. United Kingdom	A scoping exercise, 7 discussion groups, 24 in-depth interviews.
Chakrabarti, 2010 Qualitative study	To elucidate link between place and participant's use of social networks in effort to live a healthy pregnancy.	40 Pregnant Bengali immigrant women (22-45 years old)	Local and transnational networks of participants in New York. USA	40 In-depth interviews
Cheesebrough et al, 2019 Case study	To explore the perceived health and well-being effects for adults visiting Natural Area Parks.	33 local residents (29-87 years old)	5 natural area parks in Edmonton Canada	33 modified photo voice interviews
Coleman and Kearns, 2015 Phenomenological interpretive study	To investigate the impact of island life on experience of place and ageing.	28 participants (65-94 years old)	Blue spaces of Waiheke Island, New Zealand	28 In-depth interviews 11 participatory photo-elicitation
Cox et al. 2019 Community Participatory Research	To investigate how a cohort of older Aboriginal men consider the benefits of engaging in their local Shed.	10 men (39-70 years old)	Men's shed- rural community in Tasmania Australia	10 Semi- structured interviews

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Doughty, 2013 Ethnographic case study	To explore the affective potency of shared movement for producing therapeutic landscapes	40 Group walkers (early 20's to late 70's)	5 walking groups in Hampshire, United Kingdom	40 Mobile interviews- Talking to walkers whilst walking
English et al, 2008 Qualitative study	To explore importance of place for shaping health and healing among breast cancer survivors.	14 Female breast cancer survivors	Daily geographies of participants living in Greater Toronto Area, Ontario. Canada	14 In-depth interviews
Finlay et al, 2015 Qualitative study	To understand therapeutic qualities of everyday contact with nature for older participants.	27 Older adults (65-86yrs old)	Green and blue spaces in Vancouver, Canada	27 Sit-down interviews followed by walking interviews.
Finlay, 2018 Qualitative study	To characterize white space impacts on the perceived well-being of older adults.	Community residents (phase 1 participants 55-92 years old; phase 2 participants 66-78 years old)	3 case study areas of Minneapolis metropolitan area USA	Phase 1: 125 semi-structured interviews Phase 2: 12 months of participant observation with 6 participants.
Foley, 2015 Qualitative study	To explore swimming as a healthy body-water encounter	20 Swimmers	Outdoor swimming spots: 40 Foot in Dublin and Guillemene in Country Waterford, Ireland. United Kingdom	20 Interviews Participant observations
Fullagar and O'Brien, 2018 Qualitative study	To offer a relational understanding of how recovery from depression is produced through rural and gendered emplacement	16 Women (self identified as recovering from depression)	Rural areas in 2 Eastern states of Australia Australia	16 Semi-structured interviews

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Gastaldo et al, 2004 Qualitative narrative study	To concentrate on our own experience of migration and on how we, as immigrants, evoke places in everyday living.	4 Immigrants to Canada	Experiences of immigrating and integrating into the host community of Toronto. Canada	Personal narratives
Houghton and Houghton, 2015 Qualitative study	To explore Edge lands as micro-therapeutic landscapes.	Richard Mabey's (2010) book The Unofficial Countryside (originally published in 1973)	London's Edge lands United Kingdom	Thematic analysis of the literature
Ireland et al, 2019 Mixed methods study	To consider the supportive and therapeutic benefits of walking groups to the wellbeing and recovery of women with breast cancer.	35 walkers and 13 walk leaders (with experience of breast cancer)	Best Foot Forward Intervention United Kingdom	Postal questionnaire (all participants) 13 telephone interviews 19 walking interviews
Lane, 2019 Qualitative study	To highlight how undocumented Latina immigrants cultivated health and well-being in an insecure environment.	56 Latina immigrant women	Atlanta, Georgia USA	56 in-depth semi-structured interviews
Laws, 2009 Case study- Ethnographic study	To explore how the unconventional spaces of the group are not mere products of marginality but a serious aspect of mobilising the dissident and 'anti-psychiatric' recovery.	17 Members of an 'alternative' psychiatric survivor (self-help) group.	City park, north of England United Kingdom	Participant observations 20 unstructured interviews (in small groups and 1-to-1)
Liamputtong and Kurban, 2018 Qualitative study	To explore how young Middle-Eastern refugee individuals perceive their health and wellbeing and address barriers in their new homeland	10 young refugees (18-30 years old)	Melbourne Australia	10 In-depth interviews and mapping exercises.

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Liamputtong and Suwankhong, 2015	To explore the lived experience of breast cancer among women	20 women diagnosed with breast cancer (from below 49 years to 70+ years old)	Southern Thai community Thailand	20 Interviews including drawing exercise (an image of personal meaning and experience of breast cancer)
Qualitative study				
Macpherson, 2017	To explore the experiences of members of specialist blind and visually impaired walking groups.	6 volunteer sighted guides 19 visually impaired walkers (22-80 years old)	Peak District walking group Lake district walking holiday group UK	Sit- down interviews Walking interviews Video Photographs
Ethnographic study				
Marsh et al, 2017	To investigate if and how a community garden (largely run by volunteers) might play a useful and sustainable role in palliative and grief support	Attendees of 3 community events (23. 19, 36) 5 Project participants 9 Project team members	Information evening, 4 weaving-conversation sessions and 1 day workshop in Tasmania. Australia.	Creative consultations, Participant observations 5 semi-structured interviews 1 Focus group
Qualitative Participatory Action Research				
Masuda and Crabtree, 2010	To challenge the deficit-orientation of DTES by reporting the results of a research process in which DTES residents chronicled their impressions of the neighbourhood.	9 Residents	Down Town East Side neighbourhood, Canada	Group discussions and photography activities in the neighbourhood- to articulate suppressed therapeutic discourses
Community based- Participatory research				
Meijering et al, 2016	To explore how a therapeutic engagement with the rural landscape may change over time for individual stroke survivors.	19 stroke survivors (40-71 years old)	Northern rural communities Netherland	In-depth interviews Phase 1: interviews with 13 participants Phase 2: 2 interviews each with 6 participants
Qualitative study				
Milligan and Bingley, 2007	To examine the extent to which childhood experiences of play in wooded landscapes may influence how woodland can become a life-long resource for health and wellbeing.	16 Young people (16-21 years old)	Woodlands in Cumbria and North Lancashire, England United Kingdom	Interviews Group discussions Art workshops- (expression of memories and multisensory perception of landscape) Follow-up interviews
Qualitative study				

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Milligan et al, 2004 Ethnographic study	To examine how communal gardening activity on allotments might contribute to the maintenance of health and well being amongst older people.	19 men and women (65+ years old)	Community gardening projects in Carlisle, north of England United Kingdom.	Pre and post project: Focus groups Interviews Participant diaries Participant Observations
Milligan et al, 2015 Qualitative study	Drawing on research with ‘Men in Sheds’ pilot programme, this paper seeks to illustrate how everyday spaces within local communities might be designed to both promote and maintain the health and wellbeing of older men.	62 Male shed participants and Shed coordinators (52-86 years old).	Three men in Shed projects in the United Kingdom	Project monitoring information 24 semi-structured interviews with members Focus groups with 27 members Semi-structured interviews with project coordinators.
Piat et al, 2017 Qualitative study	To demonstrate how recovery is ‘emplaced’ (or materially and symbolically situated in time and space), and how places factor into the ‘everyday work of recovery’	17 Tenants with serious mental illness (mean age 44 years).	5 Supported housing projects in 4 cities Canada	Respondent photographs (How does independent living affect recovery and community connections?) Respond controlled photo-elicitation interviews
Pitt, 2014 Sensory ethnographic study	To develop the concept of therapeutic place experiences by considering the role of activity in community gardening	32 Visitors, volunteers and staff (19-60 years old).	3 Community gardens in Wales, United Kingdom	Participant observations 32 semi-structured interviews
Plane and Klodawsky, 2013 Qualitative study	To explore links between access to nearby urban green space, feelings of well-being, and having a sense of belonging to the broader community for formerly homeless women living in supportive housing.	9 women living in supportive housing development	Neighbourhood spaces in Ottawa, Ontario Canada	Photo voice (photographs of healthy and unhealthy aspects of the neighbourhood) Interviews Participant Observations
Power and Smyth, 2016 Mixed methods study	This paper examines the personal motivations and impacts associated with people’s growing interest in local heritage groups	18 members of 32 HLF groups (aged from 30’s to 70’s)	East Anglia, United Kingdom	Questionnaires Interviews (one to one or group) Conceptual mapping of routes

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Sampson and Gifford, 2010 Qualitative data from a larger mixed methods study	To explore the relationship between place-making, well-being and settlement among recently arrived youth with refugee backgrounds	120 refugee youth (11-19 years) in their first year of arrival	Melbourne, Australia	Photo-novellas Neighbourhood maps/ drawings
Sanchez and Liamputtong, 2017 Qualitative study	To explore and discuss the health-related benefits of rural community gardens.	10 participants of a community garden project (aged 50-82 years)	Rural community garden in South Gippsland, Victoria, Australia	10 Semi-structured interviews Observation
Satariano, 2019 Qualitative Study	To explore how local residents experience their interaction with the coast and the sea in diverse ways and how this impacts on their health and wellbeing.	10 families in each study area (parents, grandparents and children)	3 deprived coastal towns. Malta	In-depth interviews conducted as part of a wider study on impact of deprived neighbourhoods on health and wellbeing of inhabitants of Malta.
Thomas, 2015 Qualitative study	To examine how experiences in different types of green and blue space provide important health and wellbeing benefits for women in Copenhagen	Women residents (18-60 years old) Policy makers	Copenhagen, Denmark	25 Semi-structured interviews 4 Focus groups
Vaeztavakoli et al, 2018 Case report study	To explore the physical, mental, and social benefits of urban water canals for local residents.	200 people from residential neighbourhoods	Blue and green space- Niasarm Canal, Isfahan Iran	200 Survey interviews
Volker and Kistemann, 2013 Mixed methods study	To explore the beneficial health outcomes and wellbeing created by urban blue, using an innovative application of the concept of therapeutic landscapes.	42 participants (16-80 years old)	Promenades in Cologne and Dusseldorf, Germany	Pedestrian counting Field mapping Systematic non-standardised participant observation 42 Qualitative questionnaires

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Volker and Kistemann, 2015	To explore which differences in wellbeing occur when visiting urban green and blue spaces in high-density areas of the inner city	113 visitors to green/ blue spaces (17-91 years old)	Dusseldorf and Cologne, Germany	Face to face questionnaires 113 Semi-structured interviews
Qualitative methods				
Wakefield and McMullen, 2005	To explore the processes by which ordinary places are characterised as healthy or unhealthy and investigates how health-affirming and health denying places exist together in everyday life	36 -suburban residents 21-industrial area residents 20 municipal actors	Suburban and industrial parts of Hamilton, Ontario Canada	77 In-depth interviews Newspapers and other reports Authors' own experiences as residents.
Case study				
Wilson, 2003	To broaden the analysis of TL by exploring their culturally specific dimensions in the context of everyday lives of 'Anishinabek' and thus contribute to a better understanding of First Nations peoples	15 Anishinabek community members 2 staff at the community health centre	An isolated First Nation's reserve, Ontario Canada	17 in-depth interviews
Qualitative study				

3. FINDINGS

The 45 articles included in this review are based on 43 primary studies. They were all published between 2003 and 2020, with a majority of these articles (n=34) published since 2010. Sixteen of the studies are conducted in the UK, 11 in Canada, 6 in Australia, 3 in the USA and one each in Germany, Netherlands, Thailand, New Zealand, Denmark, Malta and Iran.

3.1 Overview of Studies

3.1.1. *Research Settings and Activities*

A large proportion of the reviewed articles (n=19) are based on everyday experiences of living within a specific neighbourhood or cultural community, taking into account the participants' engagement with a wide range of local amenities, recreational spaces, cultural resources and social networks. A majority (n=15) of these neighbourhoods and communities of interest are within urban cities or suburban areas. Two of these studies are based in rural landscapes (Fullagar and O'Brien, 2018; Meijering et al, 2016) and a further two on an island/ coastal community (Coleman and Kearns, 2015; Satariano, 2019). Articles focusing specifically on health and wellbeing impacts of nature (n=14) cover local green, blue and wild spaces including natural area parks (Cheesebrough et al, 2019), woodlands (Milligan and Bingley, 2007) and edgelands (Houghton and Houghton, 2015). With the exception of Bell et al's study of the coast (2015; 2017), all the natural settings, such as swimming spots, canals, parks, and white spaces created through snowfall are situated within urban environments (Finley, 2018; Foley, 2015; Thomas, 2015; Vaeztavakoli et al, 2018; Volker and Kistemann, 2013; 2015). Settings with a specific purpose, such as public libraries (Brewster, 2014) and places of worship (Agyekum and Newbold, 2016) are of interest in two studies, whilst a further 11 studies focus on emplaced activities, such as community gardening (n=5), walking groups (n=3), shed projects (n=2) and a local heritage group (n=1).

3.1.2. *Research Participants*

The number of participants in each study vary between 1 and 200, with about half these studies involving 20 or less participants. Only two articles specifically engage with younger participants; 11 to 19 year olds (Sampson and Giffors, 2010) and 16 to 21 year olds (Millgan and Bingley, 2007). Satariano (2019) engages with different generations of family members, including parents

1 grandparents and children. Three articles describe everyday experiences of older people (65 years
2 and over) in their locales (Coleman and Kearns, 2015; Finlay et al 2015, Finlay 2018), whilst another
3 is based on a community gardening project targeting people aged 65 years and over (Milligan et al,
4 2004). There are a further two articles involving a relatively older population aged between 50 and 86
5 years (Sanchez and Liamputtong, 2017; Milligan et al, 2015). The two studies examining experiences
6 of the men's shed include only male participants whilst seven further studies only include female
7 participants. Particular migrant or refugee/ asylum seeker communities are a focus in six articles,
8 with three additional articles involving participants from First Nation communities (Alaazi et al, 2015;
9 Wilson, 2003) and those of Aboriginal background (Cox et al, 2019). Participants with specific health
10 conditions that have been of interest are people with mental illness (n=5), breast cancer survivors
11 (n=3), stroke survivors (n=1) and people with visual impairment (1).

22 **3.1.3. Research Methods**

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25 Almost all of the studies adopt qualitative methodologies, with most following a case study design.
26 Some studies further align themselves with a specific qualitative approach, such as
27 phenomenological interpretivism (n=2), ethnography (n=6), sensory and embodied ethnography
28 (n=1) or community-based participatory research (n=3). Semi-structured interviews is the most
29 commonly used data collection method, although Gastaldo et al (2004) and Houghton and Houghton
30 (2015) present the authors' own written narratives of therapeutic landscape experiences. Some
31 studies (n=4) conduct life course interviews and explore life histories, linking participants' past
32 experiences to present day perceptions and use of specific landscapes. Mapping exercises,
33 producing a visual representation of places and activities people engage with, are used in four
34 studies, with Bell et al (2015; 2017) utilising GPS to track and map participants' movements in and
35 around local green and blue spaces. Seven of the studies include photo-elicitation, also described as
36 photo-novellas and photo-voice. Researchers have spent extended periods within the research
37 setting and with participants as either participant or non- participant observers in 12 of the studies.
38 Mobile interviewing, variously referred to as 'go along interviews' (Macpherson, 2017), 'walking
39 interviews' (Bell et al, 2015; 2017; Finlay et al, 2015; Ireland et al, 2019), 'walking-whilst-talking'
40 (Doughty, 2013), or 'accompanied outings' (Finlay, 2018; Plane and Klodawsky, 2013), is also
41 commonly employed in studies concerned with large settings, involving movement of people.
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3.2. Critical Thematic Summaries

A thematic analysis of the settings, populations and dimensions (social, physical and symbolic) of therapeutic landscapes, including how participants engage with and benefit from the landscapes, provided the basis for a critical examination of the literature. valuable insight to the diverse and complex nature of everyday therapeutic landscapes. Given the relational nature of therapeutic landscapes, discussions relating to settings, populations, dimensions and experiences of therapeutic landscapes appear across the following themes in a fluid way.

3.2.1. Question of scale and boundaries

Therapeutic landscape experiences in the context of everyday geography are variously referred to as 'everyday wellbeing' (Bell et al, 2015), or experiences of wellbeing in 'ordinary everyday spaces' (Cattell et al, 2008), 'everyday lives' (English et al, 2008), 'mundane everyday contact' (Finlay et al, 2015) and 'ordinary everyday assemblages' (Bell et al, 2017) amongst other similar descriptions within the reviewed studies. Whilst a number of these studies attempt to predefine their setting of interest in terms of its location or environmental characteristics, others remain open to a range of everyday settings and activities important to the wellbeing of the population of interest. There are also those studies which focus on experiences of place through specific activities such as walking or gardening. Therapeutic landscapes of everyday geography across these studies are in this way diverse, in regards to their scale, characteristics, functions and the way in which they are engaged with by the participants.

The spatial scale of everyday therapeutic landscapes vary from country yard fountains (Finlay et al, 2015) and historic buildings (Bornioli et al, 2018), to woodlands (Milligan and Bingley, 2007) and open countryside (Bell et al, 2017; Finlay et al, 2015). The extensive range of environmental features, buildings and landscapes found across the literature, despite their ordinary and everyday disposition, are incomparable in terms of their size. The spatial scale and boundaries of green and blue spaces are most elusive, encompassing such spaces from 'small garden pots, potted plants in the patio to vast urban parks, forests and the ocean' (Finlay et al, 2015, p99). Similarly, studies mapping everyday places of wellbeing for such participants as women with breast cancer include varied proportions of everyday landscapes, from the intimate space of the individual body to

1 collective spaces of cultural and religious sites (Liamputtong and Suwankhong, 2015). Further, non-
2 physical 'imagined landscapes' (Gastaldo et al, 2004) and 'transnational links' (Chakrabarti, 2010),
3 describing participants' emotional connection to distant places through their everyday interactions
4 and practices, further defy the idea of defining therapeutic landscapes in terms of their scale and
5 boundaries. Although some studies provide a locational or geographical profile of their setting of
6 interest whether it is Vancouver's Downtown Eastside (Masuda and Crabtree, 2010) or East London
7 (Cattell et al, 2008), it is often much smaller aspects of these settings such as street markets or a
8 secluded spot on a housing estate, which are directly linked to the therapeutic experiences of the
9 participants. There are numerous examples of spaces within spaces or micro scale features of
10 landscapes that are important to participants' everyday wellbeing as opposed to the more abstract
11 space of their locale. However, it is also evident that for many, their experiences of pride, resilience
12 and security stems from their sense of place attachment and identities linked to the history, culture
13 and imagery of the wider space of the island, city or neighbourhood (Bornioli et al, 2018; Finlay,
14 2018). In some cases, both 'perceptions of the totality of space and ... of particular elements' as
15 illustrated by Volker and Kistemann (2015, p.199) in their study of urban blue spaces, contribute to
16 therapeutic experiences.
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31 ***3.2.2. Diverse and dichotomous characteristics of place***

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34 A key distinction made between landscapes and their functionality within the literature relate to
35 their urban/natural characteristics. There are studies that explore everyday therapeutic landscape
36 experiences within either a primarily urban context (Bornioli et al, 2018; Lane, 2019; Masuda and
37 Crabtree, 2010) or a specifically natural environment (Macpherson, 2017; Meijering et al, 2016).
38 There is also a growing body of research examining the use and benefit of natural features within
39 urban settings. Many urban green, blue and wild spaces, owing to their resounding presence of
40 nature against the urban background are found to offer a temporary 'escape' from the pressures of
41 people's everyday life. Canals and parks are 'easily incorporated within time pressured contexts of
42 people's daily routines' (Bell et al, 2017, p.98), therefore making them a valuable resource for
43 physical exercise and mental restoration for urban dwellers. The socio-spatial relationality between
44 urban environments in which people live and work and the natural realms they temporarily escape
45 to within their everyday geography is particularly evident within this literature (Cheesebrough et al,
46 2019; Ireland et al, 2019; Vaeztavakoli et al, 2018; Volker and Kistemann, 2013, 2015). These natural
47 enclaves which allow participants to easily and often experience 'being in a different world'
48 (Cheesebrough et al, 2019, p.45), suggest experiences of something extraordinary within their
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1 broader urban, everyday contexts. This is also true of everyday sites of cultural and spiritual
2 practices that are 'often indistinguishable from spaces of inhabitation' (Alaazi et al, 2015, p.35),
3 particularly for certain cultural groups and participants undergoing traumatic life events (English et
4 al, 2008; Liamputtong and Suwankhong, 2015). It is thus evident that elements of extraordinary
5 landscapes are integral components of participants' everyday geographies, suggesting that the
6 'every day' is not necessarily always 'ordinary' and 'mundane'.
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11 The therapeutic potential of open public settings, such as green and blue spaces, are associated with
12 the range of physically and mentally rejuvenating activities which they encourage, meeting a
13 diversity of needs and preferences of people who engage with them (Bell et al, 2015). Some studies
14 also specifically highlight the therapeutic value of non-prescriptive spaces, found in both urban and
15 natural landscapes that allow 'freedom to tarry... where they can enter and remain in a place
16 without a specific purpose' (Cattell et al, 2008, p.554). This is in contrast to the more tailored nature
17 of community gardens and allotments which enable participants to engage with nature through a
18 specific activity within a contained environment. Communal gardens and walking groups, providing
19 a safe and supportive social environment for particular groups, encourage therapeutic engagement
20 with natural landscapes through the shared activities and social practices involved in group walking
21 and gardening. However Power and Smyth (2016) exploring therapeutic experiences of heritage
22 conservation highlight experiences of anxiety and frustration caused by demanding tasks and the
23 need to work collaboratively. As Marsh et al (2017, p.113) find in their study, service providers of
24 community groups and activities do recognise the need to 'step back and allow people to garden
25 with freedom, to take risks, to talk or not talk as they felt'. For some, a space where they can avoid
26 judgement and in which they can 'switch off' is important (Bell et al, 2015; Brewster, 2014). But
27 while many studies associate everyday therapeutic landscape experiences with a sense of solace and
28 safety (Milligan et al, 2004), there is also evidence of the therapeutic potential of opportunities to
29 take risks and experience a sense of achievement within the everyday context (Macpherson, 2017;
30 Power and Smyth, 2016).
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50 **3.2.3. Proximal, distal and non-physical connections**

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52 The literature presents a range of ways in which the participants construct everyday therapeutic
53 landscapes. Non-physical engagement with places, through transnational connections and
54 memories, are important for migrant participants to navigate and make place meaningful in their
55 new surroundings. This body of literature nonetheless highlights examples of everyday community
56 based activities of sharing food and herbal remedies connected to their homeland. However,
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1 physical proximity to the environment is generally considered key to everyday therapeutic landscape
2 experiences. Engagement with the physical environment can take the form of a specific activity such
3 as walking, weeding and digging or passive mental absorption. Attention is drawn to people's
4 multisensory and embodied restorative interactions with aspects of the natural environment such as
5 the fresh air, water, trees, wildlife, plants, clouds, sunset and scenic views. The slow temporal
6 rhythms of quiet, open spaces allow 'slowing of the mind' (Ireland et al, 2019, p.44) and 'transport
7 the mind to... a calmer place in that moment' (Biglin, 2020, p.5). While it is often natural landscapes
8 that are portrayed as being pleasant to the senses and offering 'passive fascination, urban
9 environments... stimulate wellbeing in terms of active engagement, interest and curiosity' according
10 to Bornioli et al (2018, p.21). Examples of active engagement and place-making in urban
11 neighbourhoods range from participants making personal and socio-cultural connections to specific
12 sites to creating 'street art, guerrilla gardens and informal meeting places' as a way of affirming their
13 place attachment and identity (Masuda and Crabtree, 2010, p.663).

14 The role of activity in the creation of socially supportive landscapes is emphasised by both Doughty
15 (2013) and Ireland et al (2019) as they suggest walking enables informal interactions and discussions
16 of sensitive topics between participants, thereby contributing to the supportive sociality of walking
17 groups. Biglin (2020) similarly discusses how the physical proximity of bodies working at the
18 allotment allows for particular types of embodied sociability which are reassuring yet unobtrusive
19 for the participants. Although meaningful social interactions within group settings are valuable,
20 there is also evidence of the benefits of more distant contact in everyday public places. Fleeting
21 encounters between people at the beach, riverside or street markets are found to contribute to
22 'perceptions of inclusion and a sense of community' (Cattell et al, 2008, p.547). The presence of
23 others socialising or 'a positive social ambience' (Bell et al, 2015, p.62) of certain places are similarly
24 effective in invoking a sense of safety and connection. The nature and extent of engagement with
25 the social dimension of place can thus vary, just as both active and passive physical engagement, or
26 in some cases non-physical connections, support therapeutic landscape experiences; both proximal
27 and distal sociality can be therapeutic in different everyday contexts.

28 **3.2.4. Everyday 'refuge', 'anchors' and resonances**

29 The work of Bell et al (2017), illustrate how people's engagement with different green and blue
30 spaces is reflective of their life circumstances and wellbeing priorities, which change and shift over
31 time. A number of the reviewed studies further exemplify shifting health and wellbeing needs and
32 priorities caused by ageing, geographical upheaval and illness, altering where and how the

1 participants construct everyday therapeutic landscapes. Just as communal gardens and men's sheds
2 become key for tackling increased social isolation experienced by older participants, building new
3 connections to their place of settlement is essential for regaining a sense of 'ontological security'
4 and belonging for displaced migrants, refugees, asylum seekers and former homeless people. The
5 church, mosque, community centre and community allotments are therefore experienced as places
6 of 'refuge' and sources of social collectiveness by these participants (Biglin, 2020; Liamputtong and
7 Kurban, 2018). Everyday experiences of therapeutic landscapes for participants recovering from
8 breast cancer, depression and psychiatric conditions, are similarly associated with landscapes
9 facilitating activities and social connections that enable a renewed sense of confidence and ability to
10 deal with the challenges they face.

11 For many participants, their use of everyday landscapes provides a way of reimagining and making
12 sense of their existential and transitional situation. Biglin (2020) highlights refugee participants'
13 tendency to anthropomorphise plants as a way of expressing their own experiences of displacement,
14 in the same way that older participants in Coleman and Kearns' (2015) study imagine their body as
15 an island to disconnect from the bodily pain and discomfort they feel. Whilst these older participants
16 contemplate ideas of journeying and exile connected to island life to express their acceptance of
17 reaching the end stage of their life, women in Ireland et al's study (2019) experience the 'loss of
18 landscape' as they walk from urban into natural spaces as a way of momentarily leaving behind their
19 experience of cancer. Resuming gardening for women living with depression similarly represents
20 their recovery journey from once being too 'emotionally depleted and unmotivated' to attend to
21 their gardens to now being able to 'expand the boundaries' of responsibilities they are able to take
22 and deal with (Fullagar and O'Brien, 2018, p.16). Also, Laws (2009, p.1830) describes 'a symbolic
23 reclamation of the park from a discourse of unhealthiness to a symbolic landscape of recovery',
24 referring to how the psychiatric survivor group's use of the dilapidated setting is intertwined with
25 their dissident identity and discourse of survivorship, providing them with a sense of resilience.

26 In the case of older adults, everyday therapeutic experiences within particular landscapes are
27 retained through adapting how they use and engage with them, such as utilising local green spaces
28 promoting 'lower-impact walking and gardening' (Finlay et al, 2015, p.100). Although, Meijering et al
29 (2016) draw attention to how particular landscapes can become a source of frustration when
30 participants, affected by physical ailment following stroke, can no longer enjoy and engage with
31 them in a meaningful way. Migrants, asylum seekers and refugees are also found to adapt how they
32 engage with everyday landscapes for therapeutic benefits. Pursuing opportunities for new and
33 meaningful socio-spatial connections alongside places enriched with nostalgia, a continual

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‘experience of oscillating between the ‘here’ with the ‘there’ (Gastaldo et al, 2004, p.165) shape their experiences of health and wellbeing. Everyday ‘anchors’ (Agyekum and Newbold, 2016) in the form of familiar food, music, language, cultural practices, religious sites, art, memories of places and events as well as collective activities are important means of constructing therapeutic landscape experiences in their new surroundings. This is similar to the feeling of ‘being at home’ (Coleman and Kearns, 2018), of ‘rootedness’ (Bell et al, 2015) and strong emotional connections to the local landscape that are found to be important for positive experiences of ageing.

3.2.5. Broader context of everyday therapeutic landscapes

A number of studies set out to explicate the role of gender, culture, migration status, disability and mental health in participants’ day to day socio-spatial interactions. Thus research involving people from First Nation, Aboriginal and Thai communities emphasise the cultural specificity of everyday therapeutic landscape experiences. Alongside examples of cultural beliefs and practices that allow people to enact a uniquely therapeutic relation with their everyday surroundings, they also highlight experiences of discrimination and isolation these communities face in the context of their everyday geography. Research on refugees (Liamputtong and Kurban, 2018) and undocumented Latino women (Lane, 2019) draw attention to social inequality and language barriers as determining their access to and experience of everyday places, whilst Fullagar and O’Brien (2018) demonstrate the influence of gender-place relations on women’s experiences of recovery from depression. Socio-economic emplacement is also varyingly acknowledged across some studies as framing participants’ everyday geography and in turn where and how they construct therapeutic landscape experiences (Thomas, 2015). Issues of affordability can influence participants’ access to everyday restorative sites (Finlay et al, 2015; Satariano, 2019). However, grim deprivation and social and political stigmatization of neighbourhoods can also provide impetus for local residents to construct and engage with their socio-spatial surroundings in ways that positively impact their sense of wellbeing (Masuda and Crabtree, 2010; Wakefield and McMullen, 2005).

Normative values inherent within everyday places are found to contribute to the alienation and disempowerment of certain participants and groups, leading them to seek therapeutic landscape experiences in particular, and sometimes unlikely, sites. Laws (2009), contrasts the general perception of a city park as dangerous and decrepit with the psychiatric survivor group’s ‘dissident connectedness’ to its transgressive qualities, appreciating its ‘non-technical’ and non-institutional environment. Both Laws (2009) and Fullagar and O’Brien (2018), thus emphasise the use and therapeutic benefits of retreating to ‘off the map’ sites that took participants away from the usual

1 spaces and practices of care and recovery. Likewise, Masuda and Crabtree (2010, p.663) find that
2 efforts to make an unsightly park more pleasant and appealing by the authority, took away from the
3 local residents 'a communal gathering space that is welcoming to marginalized people', whilst the
4 greenery of the park was of little importance to them. Similarly, for former homeless participants in
5 Alaazi et al's (2015, p.34) study, 'returning to the street where they felt more welcome, appeared to
6 be a rational trade off', as they valued the supportive social networks they had on the streets over
7 the comfort and benefits offered by the housing initiative. Cox et al (2019) in concluding their
8 analysis of Aboriginal men's experience of the shed therefore suggest that their engagement and
9 experience of landscapes 'may reflect just how welcoming, inclusive and culturally safe these male
10 oriented community spaces actually are' (p. 11).

11 By attending to both negative and positive aspects and experiences of participants' everyday
12 geographies, these studies also emphasise the notion that navigating fear, risks and inequalities is
13 often part of the process of creating and maintaining everyday therapeutic landscapes (Lane, 2019).
14 Experiences of the coast in Malta is thus examined from the view point of residents in deprived
15 coastal neighbourhoods, for whom the sea and fresh air compensates for traffic, pollution and
16 shrinking green environment as they also negotiate fears relating to the impact of climate change on
17 their coastal environment (Satariano, 2019). Similarly both Milligan et al (2004) and Meijering
18 (2016), bring attention to the impact of physical ailments, causing people to grapple with feelings of
19 loss and frustration in places they once experienced a sense of mastery. Increased susceptibility to
20 snowy and icy weather conditions can also lead to seasonal experiences of heightened risk and
21 socio-spatial isolation for frail people as illustrated by Finlay (2018). By exploring a combination of
22 personal and external factors contributing to the construct of everyday therapeutic landscape
23 experiences, many of the reviewed studies therefore go some way in revealing the complexity of
24 therapeutic landscape experiences, including its temporality. In so doing they also call attention to
25 instances when certain everyday landscapes can have a negative impact on health and wellbeing.

48 **4. DISCUSSION**

49 This review outlines the use and experiences of a wide range of everyday places associated with
50 therapeutic landscape experiences. The observational and self-reported data from the research
51 allude to a broad range of health and wellbeing benefits. The research suggest physical and mental
52 restoration, greater connection to others and surroundings as well as a positive sense of self and
53 confidence that emerge in complex ways within participants' everyday contexts. Health and
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1 wellbeing, in its broadest sense, is in this case considered to be intimately linked to people's socio-
2 spatial interactions of daily life.

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4 The literature on everyday therapeutic landscapes is vastly heterogeneous, covering an array of
5 settings and activities pertinent to the everyday geography of different populations. This further
6 exemplifies the longstanding criticism of the scholarship that it fails to define the scales of
7 landscapes in which therapeutic experiences occur (Milligan et al, 2004; Wilson, 2003). But as the
8 review illustrates the physical, social and symbolic processes that are involved in the construction of
9 therapeutic landscape experiences within a given place and time, often work on multiple scales,
10 making therapeutic landscapes difficult to define in terms of their spatial size and boundaries.
11 Multisensory and embodied experiences of the micro scale occur alongside personal and cultural
12 symbolisms associated with the macro scale. Moreover, the construction of therapeutic landscapes
13 in the movement between indoor and outdoor spaces or between built and rural environments
14 suggests a more fluid and relational conception of everyday therapeutic landscapes.
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25 Much of the literature focusing on the therapeutic qualities of urban green, blue and wild spaces
26 illustrates the permeability of the binary division between urban and natural landscapes in everyday
27 context. They also describe therapeutic experiences within these landscapes in terms of the potency
28 of water, wilderness and nature commonly associated with healing places. This brings into focus the
29 existence of extraordinary spaces and experiences in people's everyday urban geographies, which
30 are also evident in the form of everyday religious and spiritual sites. Collectively the studies
31 demonstrate the versatile utility and appeal of urban-natural spaces to people of different ages and
32 abilities and in diverse life circumstances. In identifying the therapeutic potential of various natural
33 spaces that are somewhat convenient and accessible in urban landscapes, the literature supports
34 calls for the conservation of natural spaces in urban neighbourhoods and for enabling and
35 promoting the use of these spaces for health and wellbeing (Dobson et al, 2021). But, whilst
36 synonymising therapeutic experiences with nature (Kearns and Milligan, 2020), the existing
37 literature does not address concerns about difference in access to and quality of natural settings for
38 different populations (Brooke and Williams, 2020) or whether similarly therapeutic experiences are
39 constructed in alternative built environments. Additionally, given that pets are often linked to
40 improvements in health and wellbeing, and animals are posited as an essential non-human element
41 of the therapeutic assemblage of such places as care farms (Gorman, 2017), the literature on
42 everyday therapeutic landscapes may also benefit from considering the role of pets in people's
43 health and wellbeing experiences in the wider community.
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1 The diversity of settings and activities considered across the literature include public spaces which
2 are multifunctional allowing a range of physical and social activities. As noted earlier, natural
3 landscapes are appreciated for facilitating opportunities for physical exercise as well as mental and
4 sensory immersion. Public spaces such as beaches, parks, and street markets are also ideal for both
5 proximate and distal sociality; whilst some people value spending time with family and friends
6 others benefit from serendipitous encounters and the social milieu of such spaces. Settings in which
7 people can spend time in without engaging in a specific activity are considered important to those
8 seeking to escape their daily pressures and judgments of others. The relationality of everyday
9 therapeutic landscapes is however emphasised by studies focusing on the influence of personal
10 experiences and cultural beliefs on how individuals engage with and benefit from their surroundings,
11 including natural landscapes. There is also evidence that changes in people's health and capacity can
12 lead to contested perceptions and experiences of what were once therapeutic landscapes. Although
13 the impact of changes in physical abilities on everyday therapeutic landscapes has been highlighted,
14 the impact of cognitive difficulties that may result from such conditions as dementia on every day
15 socio-spatial interaction is not acknowledged within the literature (Bronssoen et al, 2011). The
16 relationship between people living with dementia and their everyday surroundings are found to be
17 fluid which may present further complexities to experiences of therapeutic and contested spaces
18 than that so far captured in these studies (Clark et al, 2020; Keady et al, 2012).

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32 Tailored settings and activities of community gardens and allotments, men's sheds and walking
33 groups are designed to alleviate the pressures of daily life and enhance experiences of the everyday
34 for specific groups. They provide people with opportunities to socialise, share experiences and
35 participate in collective activities with others with similar interests or needs. Subjective meanings
36 people associate with the socio-spatial context of these places are not built over time as found with
37 places in people's locales, they instead relate to the collective identity and individual journeys of
38 recovery and reconciliation facilitated by these places. Whilst providing a safe environment, such
39 places can also promote opportunities for people to challenge themselves, take risks and experience
40 a sense of accomplishment. These are important aspects of health and wellbeing, particularly for
41 older people and people living with dementia who may struggle to retain a sense of purpose in their
42 life (Bailey et al, 2013; Marsh et al, 2018). Nonetheless, the exclusive nature of many community
43 based groups that are important to ensuring a supportive social environment, can also act to further
44 segregate the participants from wider society, which is not fully explored within the relevant studies.
45 Further, given that many of these activities are scheduled, the literature pays little attention to how
46 people's frequency of engagement within these therapeutic assemblages may affect the extent to
47 which they are therapeutic or whether the therapeutic impact continues between each contact,
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1 especially for those who otherwise experience social disconnectedness and isolation in their daily
2 lives. Consideration of how therapeutic experiences occurring within specific landscapes affect
3 perceptions and experiences of wellbeing beyond these landscapes is in fact missing across the
4 entire literature. However, since therapeutic landscapes are essentially relational assemblages, and
5 a range of confounding factors outside of these landscapes may influence people's sense of health
6 and wellbeing, determining the longer term impact of therapeutic landscapes would be difficult.
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11 Studies of marginal groups and communities raise concerns about inconsistencies between what is
12 considered as positive for health and wellbeing by those commissioning and designing particular
13 landscapes and those who engage with them. Certain places can inadvertently have the effect of
14 further marginalising and disempowering people they are designed to support. Social, political and
15 economic contexts within which experiences of therapeutic landscapes of women, older people,
16 migrants, residents of deprived neighbourhoods and people recovering from mental health are
17 constructed are varyingly highlighted within the literature. Studies focusing on the rehabilitative
18 potential of everyday geographies, in supporting people to adjust to changing circumstances caused
19 by geographical upheaval, illness and ageing also allude to unique ways in which people in particular
20 circumstances relate to and experience their surroundings. These findings confirm the need to
21 empower and engage specific groups of people in the design and development of places who's
22 health and wellbeing they are intended to improve (Austin et al, 2020; Tuckett et al, 2018).
23 Moreover, the biographical diversity among certain populations, such as older people, and how
24 these differences reflect people's perceptions, use and experiences of places in the wider
25 community are not consistently addressed across the literature. There is therefore a need for further
26 examination of how people make choices about the places they engage with, as has already been
27 raised by previous researchers in the field (Bell et al, 2014; Thomas, 2015).
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45 **5. CONCLUSION**

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47 This review has drawn on the qualitative findings of 45 studies on everyday therapeutic landscapes,
48 providing valuable insight to how different settings and activities pertinent to people's everyday
49 geographies relate to their experiences of health and wellbeing. It outlines the varied scales,
50 characteristics and functions of settings, the different populations and a range of socio-spatial
51 interactions and mediating factors considered within this body of literature. Although the empirical
52 basis of the literature considered is somewhat diverse, there are a number of common findings
53 relating to everyday socio-spatial interactions and their experiences that can further inform place-
54 based health and wellbeing policies and initiatives.
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Everyday landscapes found to promote health and wellbeing include vast and micro-scale features of public spaces as well as the more tailored settings and activities of places targeting particular groups. Public spaces which are multi-functional facilitating a range of activities are inclusive of people in different life circumstances who may have varied physical and mental health needs and value different forms of sociality. Urban green and blue landscapes support people with reduced physical capacity to remain active through meaningful lower impact activities, whilst symbolic conceptions of nature and their sensorial qualities deem these natural spaces particularly conducive to passive restoration. They are ideal locations for family and multigenerational activities, where people can also experience a sense of inclusion by simply being present within its social milieu. The reviewed literature therefore suggests the need to improve the availability and quality of a range of local urban natural spaces that are safe and accessible to people of all ages and abilities. Communal gardening and walking groups are positive examples of initiative that successfully combine therapeutic engagement with nature with social activities that promote social networking and sharing of experiences for those affected by social isolation, functional decline and life limiting conditions.

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In the context of urban built environments, non-prescriptive spaces such as a quiet area on a housing estate or the local library are important for escaping regulating aspects of daily life, especially for those who may feel judged by others or lack self-efficacy. Moreover, place attachment and identity, where people feel a personal or cultural connection to specific places within their neighbourhood is a key therapeutic quality of certain built environments. It is therefore important that urban planners and policy makers engage with local residents to agree regeneration programmes which protect places that are meaningful to the different groups and communities within neighbourhoods. Community based resources are likely to be therapeutic for a wider population when they reflect the varied motivations and lifestyle choices of people who can potentially engage with and benefit from them.

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Further research is needed on everyday therapeutic landscapes, to better inform the development of community based settings and activities that are inclusive and supportive of the health and wellbeing of a wide range of people. Research providing nuanced insight to how socio-cultural factors influence perceptions and experiences nature; how older people experience therapeutic, or contested, landscapes in built environments and how people living with cognitive conditions construct therapeutic landscape experiences in their daily socio-spatial interactions, would be valuable.

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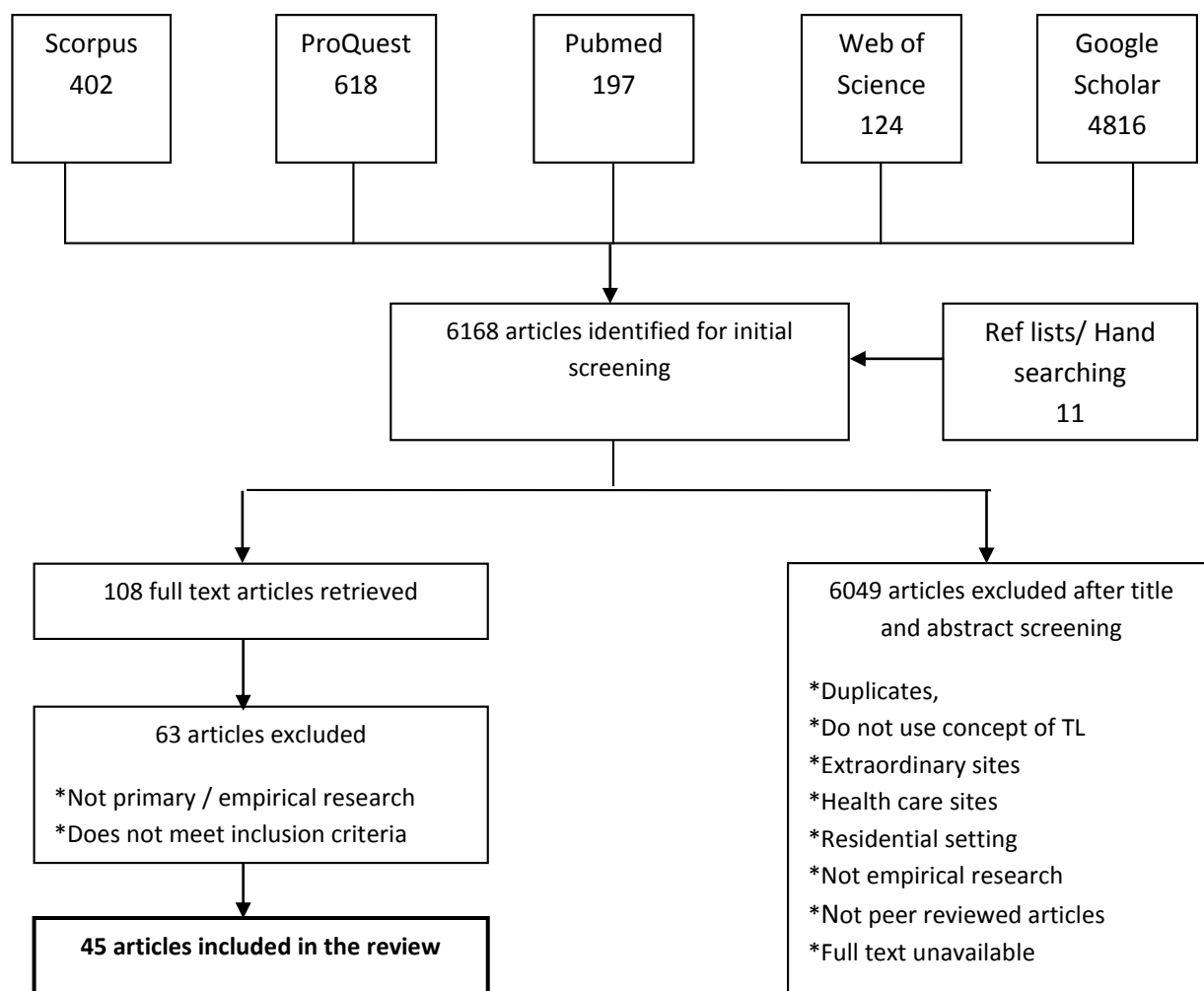


Figure 1: Search and selection of studies

Table 1: Study settings

Settings		
Clinical and care settings	Spiritual/ healing or retreat sites	Everyday community-based
Psychiatric unit Traditional healers Residential care for vulnerable adults/ older people. Hospice Youth Camp Rural respite care centre Drug and Alcohol recovery programmes Art therapy Maggie's Gilda's club, Toronto Green spaces within care settings	Epidaurus, Greece Lourdes, France Wells, Ireland Roman-Irish Baths, Ireland St Anne de Beaupre, Canada Healing gardens, China Healing village of Bama, China Yoga and massage retreat Holiday destinations/ tourist experience	<i>Neighbourhood</i> Churches and Mosques Supported housing Blue spaces (coast, island life, swimming 'spots', promenade) Green spaces (parks, walking trails) Woodlands and Edgelands Wildscape Public libraries Neighbours/ neighbourhoods (urban and rural) communal gardening, Men's Shed Local heritage group Walking groups

Author, Date, Type	Aim	Population	Setting	Methods
Agyekum and Newbold, 2016 Qualitative study	To explore whether immigrant places of worship are therapeutic places.	24 African immigrants- Ghanaian Christians and Somali Muslims (22-54 years old)	Churches and mosques in Hamilton Canada	24 in-depth interviews (as part of a larger mixed methods project)
Alaazi et al, 2015 Case study	To explore experiences of the AHCS project's indigenous participants- their sense of home and health and wellbeing.	14 First Nation mentally ill clients of a housing project (30-60 years old). 6 Project staff and investigators of the project.	Accommodation for homeless people provided by AHCS project in Winnipeg. Canada	14 in-depth interviews with housed participants
Bell et al, 2015 Qualitative study	To explore diverse coastal experiences which promote and preserve health and wellbeing	33 adult residents (25-85 years old)	4 neighbourhoods in 2 Coastal towns in Cornwall United Kingdom	33 Geo-narrative interviews involving activity maps produced using GPS. 9 Go-along interviews with subset of sample
Bell et al, 2017 3 stage Interpretive geonarrative study	To explore diverse temporalities of TL: different processes through which green and blue spaces become therapeutic or otherwise	33 adult residents (25-85yers old)	4 neighbourhoods in two coastal towns with Green and blue spaces in Cornwall United Kingdom	33 Geo-narrative interviews involving activity maps produced using GPS. 9 Go-along interviews with subset of sample
Biglin, 2020 Sensory and embodied ethnographic study	To explore refugees' subjective sensory and embodied encounters with an allotment project.	8 participants (7 gardeners and 1 volunteer)	An urban allotment in the North West of England. United Kingdom	Observations of 8 participants 4 semi-structured interviews
Bornioli et al, 2018 Qualitative study	To identify psychological wellbeing experiences of urban walking	14 adult employees and students in the city (18-53 years old)	Urban environment- Bristol United Kingdom	14 Photo-elicited interviews

Brewster, 2014 Qualitative study	To outline the role of the public library as a therapeutic landscape.	16 participants with mental health problems (mid 20's- mid 70's)	10 Public Libraries in Sheffield United Kingdom	16 Life course interviews as part of a larger project involving interviews, participant observations and use of secondary data sets.
Cattell et al, 2008 Ethnographic study	To explore interconnections between public open spaces, social relations, and people's sense of well-being	42 Local residents and community activists of East London	Everyday public spaces in East London borough of Newham. United Kingdom	A scoping exercise, 7 discussion groups, 24 in-depth interviews.
Chakrabarti, 2010 Qualitative study	To elucidate link between place and participant's use of social networks in effort to live a healthy pregnancy.	40 Pregnant Bengali immigrant women (22-45 years old)	Local and transnational networks of participants in New York. USA	40 In-depth interviews
Cheesebrough et al, 2019 Case study	To explore the perceived health and well-being effects for adults visiting Natural Area Parks.	33 local residents (29-87 years old)	5 natural area parks in Edmonton Canada	33 modified photo voice interviews
Coleman and Kearns, 2015 Phenomenological interpretive study	To investigate the impact of island life on experience of place and ageing.	28 participants (65-94 years old)	Blue spaces of Waiheke Island, New Zealand	28 In-depth interviews 11 participatory photo-elicitation
Cox et al. 2019 Community Participatory Research	To investigate how a cohort of older Aboriginal men consider the benefits of engaging in their local Shed.	10 men (39-70 years old)	Men's shed- rural community in Tasmania Australia	10 Semi- structured interviews

Doughty, 2013 Ethnographic case study	To explore the affective potency of shared movement for producing therapeutic landscapes	40 Group walkers (early 20's to late 70's)	5 walking groups in Hampshire, United Kingdom	40 Mobile interviews- Talking to walkers whilst walking
English et al, 2008 Qualitative study	To explore importance of place for shaping health and healing among breast cancer survivors.	14 Female breast cancer survivors	Daily geographies of participants living in Greater Toronto Area, Ontario. Canada	14 In-depth interviews
Finlay et al, 2015 Qualitative study	To understand therapeutic qualities of everyday contact with nature for older participants.	27 Older adults (65-86yrs old)	Green and blue spaces in Vancouver, Canada	27 Sit-down interviews followed by walking interviews.
Finlay, 2018 Qualitative study	To characterize white space impacts on the perceived well-being of older adults.	Community residents (phase 1 participants 55-92 years old; phase 2 participants 66-78 years old)	3 case study areas of Minneapolis metropolitan area USA	Phase 1: 125 semi-structured interviews Phase 2: 12 months of participant observation with 6 participants.
Foley, 2015 Qualitative study	To explore swimming as a healthy body-water encounter	20 Swimmers	Outdoor swimming spots: 40 Foot in Dublin and Guillemene in Country Waterford, Ireland. United Kingdom	20 Interviews Participant observations
Fullagar and O'Brien, 2018 Qualitative study	To offer a relational understanding of how recovery from depression is produced through rural and gendered emplacement	16 Women (self identified as recovering from depression)	Rural areas in 2 Eastern states of Australia Australia	16 Semi-structured interviews

Gastaldo et al, 2004 Qualitative narrative study	To concentrate on our own experience of migration and on how we, as immigrants, evoke places in everyday living.	4 Immigrants to Canada	Experiences of immigrating and integrating into the host community of Toronto. Canada	Personal narratives
Houghton and Houghton, 2015 Qualitative study	To explore Edge lands as micro-therapeutic landscapes.	Richard Mabey's (2010) book The Unofficial Countryside (originally published in 1973)	London's Edge lands United Kingdom	Thematic analysis of the literature
Ireland et al, 2019 Mixed methods study	To consider the supportive and therapeutic benefits of walking groups to the wellbeing and recovery of women with breast cancer.	35 walkers and 13 walk leaders (with experience of breast cancer)	Best Foot Forward Intervention United Kingdom	Postal questionnaire (all participants) 13 telephone interviews 19 walking interviews
Lane, 2019 Qualitative study	To highlight how undocumented Latina immigrants cultivated health and wellbeing in an insecure environment.	56 Latina immigrant women	Atlanta, Georgia USA	56 in-depth semi-structured interviews
Laws, 2009 Case study- Ethnographic study	To explore how the unconventional spaces of the group are not mere products of marginality but a serious aspect of mobilising the dissident and 'anti-psychiatric' recovery.	17 Members of an 'alternative' psychiatric survivor (self-help) group.	City park, north of England United Kingdom	Participant observations 20 unstructured interviews (in small groups and 1-to-1)
Liamputtong and Kurban, 2018 Qualitative study	To explore how young Middle-Eastern refugee individuals perceive their health and wellbeing and address barriers in their new homeland	10 young refugees (18-30 years old)	Melbourne Australia	10 In-depth interviews and mapping exercises.

Liamputtong and Suwankhong, 2015	To explore the lived experience of breast cancer among women	20 women diagnosed with breast cancer (from below 49 years to 70+ years old)	Southern Thai community Thailand	20 Interviews including drawing exercise (an image of personal meaning and experience of breast cancer)
Qualitative study				
Macpherson, 2017	To explore the experiences of members of specialist blind and visually impaired walking groups.	6 volunteer sighted guides 19 visually impaired walkers (22-80 years old)	Peak District walking group Lake district walking holiday group UK	Sit- down interviews Walking interviews Video Photographs
Ethnographic study				
Marsh et al, 2017	To investigate if and how a community garden (largely run by volunteers) might play a useful and sustainable role in palliative and grief support	Attendees of 3 community events (23, 19, 36) 5 Project participants 9 Project team members	Information evening, 4 weaving-conversation sessions and 1 day workshop in Tasmania. Australia.	Creative consultations, Participant observations 5 semi-structured interviews 1 Focus group
Qualitative Participatory Action Research				
Masuda and Crabtree, 2010	To challenge the deficit-orientation of DTES by reporting the results of a research process in which DTES residents chronicled their impressions of the neighbourhood.	9 Residents	Down Town East Side neighbourhood, Canada	Group discussions and photography activities in the neighbourhood- to articulate suppressed therapeutic discourses
Community based- Participatory research				
Meijering et al, 2016	To explore how a therapeutic engagement with the rural landscape may change over time for individual stroke survivors.	19 stroke survivors (40-71 years old)	Northern rural communities Netherland	In-depth interviews Phase 1: interviews with 13 participants Phase 2: 2 interviews each with 6 participants
Qualitative study				
Milligan and Bingley, 2007	To examine the extent to which childhood experiences of play in wooded landscapes may influence how woodland can become a life-long resource for health and wellbeing.	16 Young people (16-21 years old)	Woodlands in Cumbria and North Lancashire, England United Kingdom	Interviews Group discussions Art workshops- (expression of memories and multisensory perception of landscape) Follow-up interviews
Qualitative study				

Milligan et al, 2004 Ethnographic study	To examine how communal gardening activity on allotments might contribute to the maintenance of health and well being amongst older people.	19 men and women (65+ years old)	Community gardening projects in Carlisle, north of England United Kingdom.	Pre and post project: Focus groups Interviews Participant diaries Participant Observations
Milligan et al, 2015 Qualitative study	Drawing on research with ‘Men in Sheds’ pilot programme, this paper seeks to illustrate how everyday spaces within local communities might be designed to both promote and maintain the health and wellbeing of older men.	62 Male shed participants and Shed coordinators (52-86 years old).	Three men in Shed projects in the United Kingdom	Project monitoring information 24 semi-structured interviews with members Focus groups with 27 members Semi-structured interviews with project coordinators.
Piat et al, 2017 Qualitative study	To demonstrate how recovery is ‘emplaced’ (or materially and symbolically situated in time and space), and how places factor into the ‘everyday work of recovery’	17 Tenants with serious mental illness (mean age 44 years).	5 Supported housing projects in 4 cities Canada	Respondent photographs (How does independent living affect recovery and community connections?) Respond controlled photo-elicitation interviews
Pitt, 2014 Sensory ethnographic study	To develop the concept of therapeutic place experiences by considering the role of activity in community gardening	32 Visitors, volunteers and staff (19-60 years old).	3 Community gardens in Wales, United Kingdom	Participant observations 32 semi-structured interviews
Plane and Klodawsky, 2013 Qualitative study	To explore links between access to nearby urban green space, feelings of well-being, and having a sense of belonging to the broader community for formerly homeless women living in supportive housing.	9 women living in supportive housing development	Neighbourhood spaces in Ottawa, Ontario Canada	Photo voice (photographs of healthy and unhealthy aspects of the neighbourhood) Interviews Participant Observations
Power and Smyth, 2016 Mixed methods study	This paper examines the personal motivations and impacts associated with people’s growing interest in local heritage groups	18 members of 32 HLF groups (aged from 30’s to 70’s)	East Anglia, United Kingdom	Questionnaires Interviews (one to one or group) Conceptual mapping of routes

Sampson and Gifford, 2010 Qualitative data from a larger mixed methods study	To explore the relationship between place-making, well-being and settlement among recently arrived youth with refugee backgrounds	120 refugee youth (11-19 years) in their first year of arrival	Melbourne, Australia	Photo-novellas Neighbourhood maps/ drawings
Sanchez and Liamputtong, 2017 Qualitative study	To explore and discuss the health-related benefits of rural community gardens.	10 participants of a community garden project (aged 50-82 years)	Rural community garden in South Gippsland, Victoria, Australia	10 Semi-structured interviews Observation
Satariano, 2019 Qualitative Study	To explore how local residents experience their interaction with the coast and the sea in diverse ways and how this impacts on their health and wellbeing.	10 families in each study area (parents, grandparents and children)	3 deprived coastal towns. Malta	In-depth interviews conducted as part of a wider study on impact of deprived neighbourhoods on health and wellbeing of inhabitants of Malta.
Thomas, 2015 Qualitative study	To examine how experiences in different types of green and blue space provide important health and wellbeing benefits for women in Copenhagen	Women residents (18-60 years old) Policy makers	Copenhagen, Denmark	25 Semi-structured interviews 4 Focus groups
Vaeztavakoli et al, 2018 Case report study	To explore the physical, mental, and social benefits of urban water canals for local residents.	200 people from residential neighbourhoods	Blue and green space- Niasarm Canal, Isfahan Iran	200 Survey interviews
Volker and Kistemann, 2013 Mixed methods study	To explore the beneficial health outcomes and wellbeing created by urban blue, using an innovative application of the concept of therapeutic landscapes.	42 participants (16-80 years old)	Promenades in Cologne and Dusseldorf, Germany	Pedestrian counting Field mapping Systematic non-standardised participant observation 42 Qualitative questionnaires

<p>Volker and Kistemann, 2015 Qualitative methods</p>	<p>To explore which differences in wellbeing occur when visiting urban green and blue spaces in high-density areas of the inner city</p>	<p>113 visitors to green/ blue spaces (17-91 years old)</p>	<p>Dusseldorf and Cologne, Germany</p>	<p>Face to face questionnaires 113 Semi-structured interviews</p>
<p>Wakefield and McMullen, 2005 Case study</p>	<p>To explore the processes by which ordinary places are characterised as healthy or unhealthy and investigates how health-affirming and health denying places exist together in everyday life</p>	<p>36 -suburban residents 21-industrial area residents 20 municipal actors</p>	<p>Suburban and industrial parts of Hamilton, Ontario Canada</p>	<p>77 In-depth interviews Newspapers and other reports Authors' own experiences as residents.</p>
<p>Wilson, 2003 Qualitative study</p>	<p>To broaden the analysis of TL by exploring their culturally specific dimensions in the context of everyday lives of 'Anishinabek' and thus contribute to a better understanding of First Nations peoples</p>	<p>15 Anishinabek community members 2 staff at the community health centre</p>	<p>An isolated First Nation's reserve, Ontario Canada</p>	<p>17 in-depth interviews</p>