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Chelsea Flower Show 2014: the healing properties of gardening

The Help for Heroes garden won the coveted ‘People’s Choice Award’ at this year’s Chelsea Flower Show, clearly capturing the imagination of the public. It was a beautiful, peaceful space that got me thinking about the healing properties of gardening and whether we GPs should be recommending it to our patients.

The garden takes you on a journey past rough granite blocks towards a smoother, more organised endpoint, representing the complex and progressive path of recovery experienced by wounded and sick military personnel and their families.1 Rather than being dismantled in the customary end of show ‘sell off’, the Help for Heroes garden has a more treasured destination: a recovery centre for injured service personnel in Colchester where it will offer a serene place to contemplate and support the challenging road to recovery. However, it is not just having access to beautiful spaces that is therapeutic to returning troops, but working in the gardens forms part of their rehabilitation process.

Using horticulture as therapy is an ancient practice, with 14th-century Irish monks treating ‘troubled fellows’ using spells of gardening and it remained a common practice in institutions and hospitals until the 1960–1970s.2

More recently, horticultural therapy (HT) projects have been identified in a number of countries, involving participation by a variety of vulnerable groups such as those with mental illness, learning difficulties, chronic disease, and those recovering from severe injuries.3–5

Benefits of HT may include increased self-esteem and self-confidence, development of new skills, increased well-being, the opportunity for social interaction, and the development of independence.6

Participants frequently report benefits from being outdoors and evidence supports that those with mental illness experience greater benefits from exercising outdoors compared with indoors.7

The use of HT as a resource for primary care is available in some parts of the country, in south-east London, Sydenham Garden is one such example, and was established in 2002 to promote the physical and mental wellbeing of local residents by: ‘... facilitating meaningful creative activities ... to deliver therapeutic benefits’.8

Users of the service mostly have a history of mental health problems and can be referred by their GP and other professional or voluntary agencies. A study published in 2012 reported that participants felt that the project improved their wellbeing by providing purposeful activity, an escape from their problems, and improved mood and self-perception.9

When I next see a patient with chronic disease learning to live with their condition, I will think about that garden at Chelsea with its metaphor of hope and transformation.

While patients’ experiences of illness are seldom straightforward, evidence suggests that HT may empower them to develop new skills and move forward with their lives with greater confidence and independence.

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