The Meaning of Gardens and Gardening in Daily Life: A Comparison between Gardeners with Serious Health Problems and Healthy Participants

A.M. Unruh Associate Professor School of Occupational Therapy Dalhousie University Halifax, Nova Scotia, B3H 3J5 Canada

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Abstract

The purpose of this study was to explore the meaning of gardens and gardening in daily life for people with serious health problems. A phenomenological method was used. Twenty-seven women and 15 men were interviewed about the meaning of gardens and gardening in their daily life. Eighteen participants were diagnosed with cancer. The majority of the participants were aged 45 to 65 years. Approximately 2/3 of the gardens were located in small towns or rural areas of Nova Scotia. The interviews were face-to-face and 1 to 3 hours in length. They were audiotaped and transcribed. The interview questions were semi-structured and used as conversational prompts to explore interest in gardening; relationships between gardening, health and well-being; and frustrations with gardening. Most participants were interviewed once in each season, that is, four times per year. Comparisons were drawn between the meaning of gardening for people with cancer and people without cancer. The data analysis used a constant comparative approach based on a construction of an emergent set of themes and sub-themes from the interview transcripts. The study revealed important benefits of gardening on physical, emotional, social, and spiritual well-being, and highlighted a key role of gardening as a coping strategy for living with stressful life experiences. The prospective nature of the study revealed the personal and subjective ways in which interest in gardening might change in response to the person's own situation and needs.

INTRODUCTION

Although there is a considerable body of descriptive literature that is concerned with horticultural therapy (Powell et al., 1979; McGinnis, 1989), the use of gardens in community designs (McIvor, 1993; Lawson and McNally, 1995), gardening to build communities (Bauman, 1996; Hynes, 1996; Umble, 1996), and the impact of gardens and gardening on physical and mental health (Wohlwill, 1983; Ulrich, 1984; Lewis, 1990; Ragush, 1991; Fellows, 1992; Ulrich and Parsons, 1992; Foque, 1995), there is surprisingly very little analytical research that has been concerned with the meaning of gardens and gardening in daily life. Nevertheless, the existent research demonstrates that gardening has restorative properties that may contribute to the enormous popularity of gardening as a leisure occupation. Indeed gardeners themselves, particularly gardeners who have experienced serious health crises, often write about the central importance of the garden and gardening to cope with such crises and to maintain meaning and purpose in life despite the crisis (Smith, 1991; Harris, 1995; Landsberg, 1997).

Landsberg was diagnosed with breast cancer in 1994. She wrote about her experience with cancer and the garden in this way:

"Fear is so physical: it's something I hadn't known before. It digs its claws into your brain and twist and turn as you may, you can't shake the agony. Your breath strangles in your throat, your heart races painfully ... Almost without

thinking, I lurched into the garden, and saw the first shoots of spring. I recognized my old friendly foe, garlic-mustard, its handsome green-red, crinkled leaves already unfolding. A small army of lily-of-the valley spears were poking up: fern fronds were brown nobs under the dead leaves: the crimson early shoots of the peonies! - caught my eye. My mind stopped racing: I felt a silvery calm happiness slowly rise in me like a cool water in a glass. I was in the world of it, entranced by it, and I had discovered the saving of my sanity. The garden would get me through. The garden would bring me back into the moment and help me to live with it." (Landsberg, 1996)

Later, Ms. Landsberg wrote:

".... I recognized that (the deep well spring of solitude offered by work in the garden - her words) as one of the most profound sources of strength for me when I was going through that summer of sickness and dread. The garden was the only place where I was both unthreatened – indeed, nurtured - and alone. Everywhere else, in the different rooms of the house, in the chemo waiting room, in the radiation waiting room, I needed to be accompanied (totally unusual for me) in order not to fall prey to fear. Only in the garden could I deal with myself inwardly and not be afraid."

(Landsberg, July 2, 1997, personal communication)

Landsberg's words were about finding a way to live with fear - the underlying message was that gardening had given her a way to be hopeful about life. Other people have also written about the importance of gardening as a meaningful coping strategy during stressful life experiences (Moch, 1990; Smith, 1991; Harris, 1995; Chudley, 1999).

Many factors influence the fear associated with a cancer diagnosis - the presentation of the initial diagnosis, information about prognosis and treatment, the actual experience of treatment, the quality of the relationships with health professionals, the extent of the available social support and so on. Even when all of these components are managed in the best possible way, and the person is surrounded by loving family and friends, the day-to-day emotional, physical and spiritual experience of cancer, along with the attending fear, is still lived alone. The nature of our day-to-day activities may be key to rebuilding perceptions of control and generating hopefulness alongside the fear that is associated with a cancer diagnosis.

To illustrate, Vrkljan and Miller-Polgar (2001) in a phenomenological study of 3 women with breast cancer, found that the diagnosis initially led to deconstruction of the self because the diagnosis disrupted previous occupational or activity routines. Women reconstructed their activities around treatment. In time, women reconstructed their sense of self by continued involvement in those activities which were most familiar and meaningful such as paid work, caring for their families, leisure occupations, walking and gardening. These activities reinforced their perceptions that they were healthy, normal, and capable, and that life would still go on despite the threatening nature of cancer. Similar outcomes were reported in a pilot study that we did with women who had breast cancer. Gardening also often provides an opportunity for introspection and reflection that draws out inner resources (Unruh, 1997). Nevertheless, little is known about gardening as a coping strategy during a serious health crisis.

There were four primary questions for the study on which this paper is based:

- 1) What meaning does the garden and gardening have in daily life?
- 2) How does the seasonal nature of the garden affect the role of gardening?
- 3) How is the meaning of the garden and gardening influenced by a serious life stressor such as the diagnosis of a life-threatening illness?
- 4) Are there differences in the meaning that women and men give to the garden and gardening?

In this paper, I will discuss primarily the findings in relationship to question three. **METHODS**

Participants

The participants for this study were recruited from the community using posters at venues associated with gardening as well as through media resources. Anyone with an interest in gardening was eligible to participate. The intended sample size was 40 participants, 20 with cancer and 20 participants without cancer with an equal number of women and men in each group.

Procedures

A qualitative, phenomenological approach was used in this study to elicit the meaning of the garden and gardening. The phenomenological method is used to elicit the lived experience of the phenomenon of interest and provides more opportunity for repeated intensive interviewing conducted over a period of time. Most participants were interviewed 4 times over a one year period at their own home. Five people were interviewed once. All interviews were conducted by the principal investigator.

The questions were semi-structured and used as conversational prompts to explore interest in gardening; relationships between gardening, health and well-being; and frustrations with gardening. All interviews were audiotaped and transcribed.

Data Analysis

The data analysis was based on constant comparative analysis to construct emergent sets of themes from the interview transcripts. A thematic framework was developed as the interviews progressed and revised in response to new information generated by additional interviews. The thematic framework was then further refined by application to a set of interviews selected on the basis of the greater complexity in the interview. Finally, inter-rater agreement of the thematic framework was determined. Fifteen interviews were randomly selected from the interviews. The research associate and a research assistant not previously involved in the data analysis for this study independently applied the thematic framework to the interviews. Inter-rater reliability was 77%. The interviews were then entered into Ethnograph, a software package for qualitative analysis to label interview segments and sort data.

FINDINGS AND DISCUSSION

The final sample included 42 participants, 27 women and 15 men. They ranged in aged from 32 to 80 years, with the majority of the participants aged 45 to 65 years. Eighteen of the participants had been diagnosed with cancer (13 women and 5 men). Their gardens were located throughout parts of mainland Nova Scotia, the majority in rural or small town locations, and one on an island. Two gardens had been featured in garden tours of their communities. Three gardeners generated some income from selling plants or produce from their garden. Three women in this study died during the period of data collection.

The themes and sub-themes from the interviews are given in Table 1. These themes were prevalent in the interviews of the gardeners from both groups of participants. It was not uncommon for the participants in the non-cancer group to have other health problems and/or other stressful life experiences such as the death of a partner. The physical, cognitive, emotional, restorative and spiritual dimensions of gardening were very important for participants who had health problems but they were often intensified for people for whom the health problem was active.

Gardening provided an outlet for fear and worry associated with health concerns. It was not uncommon for participants to plant new shrubs or flowers, build new beds, and/or add ponds or walkways in response to receiving information, particularly negative information about one's health. Strenuous and creative work provided an outlet for fear, anger and frustration.

Gardening was also a distraction from the worry about health and the side-effects of treatment. For example, Shelley took gardening books to cancer treatments. Alice had considerable discomfort in her feet that was reduced by walking barefoot in the grass. The garden was frequently perceived as a refuge, an escape from the fear and worry associated with cancer, a place that was safe. But not always. Diane and Joe, who had both been diagnosed with cancer, had strong religious values that they said provided them with the strength to live with the disease. The garden and gardening was simply an intensely enjoyable and familiar part of their lives. Much of their day was structured about the garden. The garden also provided participants with an opportunity to be involved with the life cycle in a way that was intimate and within their control. For some participants the garden was central to the struggle for life against cancer. For example, Helen drew her spiritual and emotional strength to withstand the cancer which had spread, from her garden. In the fall, when the garden became less accessible to her, she renovated her home to keep the garden visually present year round. The garden also provided a means by which other people were able to express their love and concern for the participants through giving plants, and by helping with the work of the garden.

The prospective nature of this study also provided illustrations of the way in which interest in gardening was responsive to the person's fear of cancer, particularly if fear inhibited the capacity to be hopeful about one's life. Alice expressed this fear of cancer

eloquently:

"And I have a deep, deep cancer fear that is so deep that I don't really ... It's either really deep or it's not there. It's kind of hard to know. So in my really darkest of darkest times, the deepest of deepest worry, I wonder about it - will it come back? Will I have bone cancer? Will I have liver cancer? And how will I deal with that then? I can't say I'm obsessed with it but there is always that little thought. You cannot just turn your back on it. You cannot just turn your back on it."

Living with fear may be one of the most difficult challenges associated with a cancer diagnosis. In some cases, it appeared to change the individual's capacity to enjoy a previous interest in gardening.

Barbara was in her early thirties, and had been in remission for two years when she was first interviewed. Barbara talked tentatively about gardening. Her garden had the look of someone who spent some time there but perhaps not too much. Her interest was uncertain. She wanted to do more in the garden but she was not quite ready to resume a before-cancer activity, not quite ready to enjoy gardening that way she had before. In response to a question about how important gardening was in her life, Barbara said:

"Not that important. It's almost haphazard ... Sometimes I have to make myself come out and do stuff ... But it's just ... I think because there 's still so much to sort out and so many decisions to make on how I'm going to design it, that it still feels like an effort, as opposed to the fun it used to be ... I don't know why it's so difficult to get interested, or to put the effort in to it to make that map work ... I'm still in worry mode I guess. And trying to get past that, maybe it's a little difficult looking too far into the future. It might be part of what's holding me back. I don't know. It could be. ... I can't push it, because I tried. But I do enjoy ... there's certain parts of the garden that I really do enjoy, so I try to focus on those."

Bob was in his early 50s. He was diagnosed with an extremely slow moving cancer detected at a very early stage. He had no symptoms and was in good health. He

¹Participants given fictional names to protect anonymity.

sought out information and was coping well in the initial six months. Unfortunately, during the time of his participation in this study, he developed new symptoms that raised questions about his diagnosis. The resultant uncertainty caused considerable anxiety and worry and seriously affected his capacity to experience enjoyment or even relief from stress through gardening or his other leisure pursuits. Bob said:

"And I am finding that the defensive mechanisms that I had to beat that back just don't seem to be there because of the doubt again. And doubt is a terrible thing because when you start doubting yourself, you start questioning everything. Last year I felt very comfortable in my garden. I knew it. I knew every rock. I knew every plant. I don't feel that anymore. It was almost like a bond there, and it's not there any more. ... Where last year, I loved my garden, now I just like it. It's just another thing that I have. Where it was really, really special, really up there above everything else that I did."

Bob's anxiety and self-doubt about himself, his future and the progression of his disease was palpable in this interview. His feelings of loss in his enjoyment of gardening were extremely painful for him and added to his anxiety.

Progression of the disease sometimes also changed the person's leisure interests in other ways. Karen had a reoccurrence of cancer, and was in active and aggressive treatment during the year in which she participated in the study. She died less than two months after her last interview. During the last four to five months of her life, Karen took up a new leisure activity - day trips in a mobile home. Karen continued to enjoy looking at her garden, but she seemed increasingly detached from it as her health deteriorated.

CONCLUSION

The possible meaning of gardening in daily life is diverse and dependent on individual interests, past gardening experiences, and current circumstances. Gardening contributes to the maintenance of physical and psychological health providing opportunities for reflection, reassessment and planning for future activities. Gardening may give considerable pleasure but it may also be a setting and occupation in which to grieve, to vent anger and rage at one's circumstances, to experience comfort and solace, and to test the limits of one's control. As a possible coping strategy for stressful life experiences, gardening has several important dimensions. The garden and the activities associated with gardening parallel the life process. The gardener has opportunities for control in the life process of the garden that in personal life may seem elusive. The seasonal nature of gardening recreates a life cycle of growth, maturation, and death. For these reasons, gardening, as contrasted with other leisure occupations such as music or art, may have particularly poignant meaning for people who are faced with serious health crises such as cancer. Nevertheless, the experience of gardening may also change if stress exceeds the capacity of the individual to find enjoyment in leisure activities, or if the person's interest or life circumstances change.

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Tables

Table 1. Themes and Sub-Themes.

Theme	Sub-Theme	Sub-Theme
1. Attraction to gardening	parents and grandparentschildhood memories	partnersfriends and neighbours
2. Enjoyment	 general seeing children interested in gardening positive appraisal from others fun 	hobbyrelaxationvalue of gardening in relation to other leisure occupations
3. Social	neighbours/friends who gardensharing produceexchanging plants	 garden clubs social comparison and neighbourhood standards setting out boundaries
4. Sensual	new growthcolours, scents, texture	 creativity/design/artistry being outdoors
5. Physical	 exercise work limitations	negative effects on healthpositive effects on health
6. Economic	 produce worthwhile productivity	• investing resources wisely
7. Relationship	 impact of relationships on the garden context for sharing reciprocity 	 gift giving receiving help asking for help
8. Cognitive	learningproblem/solving/"deep thinking"	challengeletting the mind wander
9. Emotional10. Restorative	 expression of grief, anger reconstruction of negative experiences exercise of control/ownership nurturance certainty/constancy satisfaction/accomplishment reflection immersion privacy/refuge/escape/personal space 	 looking ahead anticipation of success fear or/reconciliation with failure sadness depression excitement healing physical health coping with stress
11. Spiritual	hopeconnectedness to naturesense of self/identity	connectedness to othersconnectedness to a higher being, God
12. Gardening stresses	survival of plantsinsectsclimate, weather, landscape	incomelimited economic resourcestime