# Urban landscapes as therapeutic landscapes: the transforming conceptions of care environments

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Psychiatric hospitals are increasingly being built in urban landscapes, in contrast to many of the old hospitals which were located in peripheral areas close to nature. This indicates a change in the conception of therapeutic landscapes: rural natural landscapes have been replaced by a more relational and fluid understanding and practices where therapeutic environments are created in relation to society, communities, networks and everyday urban life. We examine how the conception of therapeutic landscapes was constituted in the planning process of the urban psychiatric hospital in Turku, Finland, by analyzing the arguments and discourses on therapeutic elements in the planning materials. The findings reveal how the shift from inpatient care towards outpatient care has redirected attention away from hospitals. Instead of relying on healing by natural elements in remote locations, everyday environments, artificial landscapes and multifunctional spaces are now expected to create therapeutic atmospheres.

Keywords: therapeutic landscapes, urban landscapes, psychiatric hospital, care environment

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## Introduction

The conception of therapeutic landscapes has changed drastically in the planning and design of psychiatric hospitals in Finland. When Niuvanniemi, the oldest psychiatric hospital still in operation in Finland, was planned in the 1880s, the selection of the hospital site was not only based on the possibility of land purchase, but also on the building site's location which was peaceful and had an impressive natural beauty (Malmivuori 1985). Similar kinds of reasons can be found behind the locations of other old urban psychiatric hospitals at spacious sites near to the sea, or areas close to lakes, parks and forests. In the 18th and 19th, centuries, the natural environment was understood to draw patients out of indolence as they could walk in attractive grounds in nature (Guha 2019). For instance, the Lapinlahti Hospital in Helsinki was located next to the sea and a park and was well-

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known as a sanctuary where patients could heal in tranquility and natural beauty. Lapinlahti was seen as a location with natural beauty and had a lot of space for walking routes (Rappe & Malin 2010). Today, the selection of the location is based on other types of criteria, as our research data from the Kupittaa Psychiatric Hospital shows.

These differences convey the transformation in hospital planning and denote the ways of thinking on therapeutic landscapes. Urban environments are becoming increasingly fundamental to the planning of therapeutic landscapes, as there is an ongoing trend to locate psychiatric hospitals in central places, within the proximity of somatic healthcare. A central location is considered to improve the possibilities for individual care compared to the old 'forest hospitals' with scattered locations. The current trend is connected with the shift from inpatient care towards outpatient care in mental healthcare services (e.g. Ala-Nikkola *et al*. 2016; Wahlbeck *et al*. 2018; Ahonen 2019). While previous research on therapeutic landscapes has included a great deal of research on the restorative elements of the natural environment and on nature's role in stress relief and health (Ulrich *et al*. 1991; Taheri & Shabani 2016; Duzenli *et al*. 2017; Dushkova & Ignatieva 2020), there still remains a lack of comprehension regarding current trends and the role of urban environments in the design of therapeutic landscapes; including how these changing designs reflect the conceptions of more-than-therapeutic landscapes (Emmerson 2019) or therapeutic networks (Edwards 2022) that have been introduced in recent research literature.

As we will argue in this article, the urbanization of mental healthcare fosters the relational understanding of therapeutic landscapes. Therapeutic experiences are not expected to only take place within the hospital, but they extend to the outside and occur in relationships, networks and imaginations. The changing hospital designs reflect the concepts of more-than-therapeutic landscapes that emphasize friendship and homemaking (Emmerson 2019), networks of people, places and events (Conradson 2005; Doughty 2018; Edwards 2022), and the increasing use of digitally produced artificial landscapes (Thompson 2021). The current hospital design not only diversifies the conceptions of healing places and practices, but it represents a means of constructing cost-effective buildings and commodifying psychiatric care.

To analyze how the current concept of therapeutic landscapes is changing and increasingly evolving within urban settings, we examine the planning process of the new Kupittaa Psychiatric Hospital in the City of Turku in Finland. In Finland, over ten new psychiatric hospitals are undergoing a planning process or being constructed or have recently been taken into use. The forthcoming Kupittaa Psychiatric Hospital has a central location next to a larger hospital area, the university campus, a business hub, and a train station. In the planners' vision, the hospital will become a part of everyday urban life and serve as meaningful public space that diminishes the stigma linked to psychiatric hospitals and their patients (VSSHP 2019). While writing this paper in 2023, Kupittaa Hospital is still under construction and its realization has undergone several changes due to a reduction in both the budget and the permitted size of the building.

The first part of the article discusses the previous research on and transformations regarding the concept of therapeutic landscapes. The second section sheds light on the planning process of the Kupittaa Psychiatric Hospital, elaborating the ways in which a therapeutic landscape is constituted in urban planning and architectural design. The third part argues that the Kupittaa case represents a relational understanding of therapeutic landscapes which is based less on actual places and landscapes, and more on intangible aspects, such as networks and technological solutions. The fourth section ties together the theoretical part and the findings and argues for the need to expand and critically evaluate the new interpretations and realizations of therapeutic landscapes.

## Therapeutic landscapes

The concept 'therapeutic landscape' has been widely examined following Gesler's (1992) essay where he presents the idea of therapeutic landscape as a metaphor to understand the meaning of space and place in a healing process. The views have been varied and they have received critique (Kearns & Milligan 2020), illustrating how the conceptions of therapeutic landscapes are dynamic and dependent on the dominant views regarding the construction of illnesses and their causes

(Wood *et al*. 2015). The use of the concept of therapeutic landscapes has emphasized the needs of vulnerable people, and how more places are needed for healing (Williams 2017).

Therapeutic landscapes do not replace therapy and other medical services (Belcáková *et al*. 2018), nevertheless they are understood as necessary for well-being and recovery. The early research on therapeutic landscapes focused on extraordinary landscapes such as traditional therapeutic places, spiritual sites or natural parks. Hospital buildings were considered a part of the healing process, and they endeavored to provide peacefulness, fresh air and light (Marques *et al*. 2021). Working and spending time in sanatoriums, pavilion-style hospitals and healing gardens were regarded as being able to produce well-being, stress reduction, and relief from trauma (Dushkova & Ignatieva 2020). They offered a "temporary movement away from an everyday, domestic location" (Conradson 2005, 341) as the healing process in a respite care center freed a patient from the responsibilities and problems of everyday life (Edwards 2022) and provided a possibility to "think and feel differently about themselves and their wider life situation" (Conradson 2005, 345).

The old asylums were not considered therapeutic landscapes *per se*, but rather as representations of the ideal of a sanctuary located in a new environment (Moon *et al*. 2006). Some of the literature notes how these hospitals created rootedness or a sense of attachment that advanced the therapeutic effects of landscape (Gesler 1992). Although some people reacted positively to the rural setting, some others felt isolation or separation, and found the landscape dull and unsettling (Conradson 2005). An isolated hospital presented the perception that patients needed to be moved out of sight and out of mind (Parr *et al*. 2003) so that "society can continue relatively undisturbed" (Gesler 1992, 738). This increased the stigmatization of psychiatric patients (Wood *et al*. 2013). Furthermore, some studies have argued that a too pleasant and homely psychiatric hospital could prolong patients' stay and hinder their return to normal life – if they started to prefer the hospital to a home that they associated with illness (Curtis *et al*. 2009).

Material and physical landscapes only have a certain amount of importance in the patients' experiences of therapeutic landscapes. Equally important are community-based activities, social relations and the connections between people, places and events (Conradson 2005; Doughty 2018; Edwards 2022). Emmerson (2019) writes about the need for a more-than-therapeutic approach that would acknowledge how, for instance, homemaking activities, friendship, or even rivalries can provide new insights into the investigation of places for healing. In the experiences gained in a therapeutic landscape, of equal importance are experiences of stigmatization, trauma, feelings of loss, nostalgic feelings, or sensual and imaginative engagement with the landscape (Wood *et al*. 2015).

Our understanding of landscape is not merely based on physical and material realities, but we consider landscape a way of seeing as it is constructed through visual symbols and representations with individuals' memories and perceptions (Cosgrove 1984; Wylie 2007). Conradson (2005, 340–341) suggests that the idea of the "relational conception of self" could help understand the significance of landscape in a personal healing process as an individual reflects on their life situations through the landscape. Along with personal preferences, cultural and social factors shape the concept of therapeutic landscapes (Gillespie 2002), as they impact which types of social or power relations are 'read' from the landscape (Mitchell 2003).

The conceptualization of therapeutic landscapes has transformed from a place-based thinking (where healing happens in certain sites and institutions) to both non-physical (symbolic, social, cultural) dimensions (Taheri *et al*. 2021) and a process-based understanding where therapeutic landscapes are regarded as relational constructs (Conradson 2005; Smyth 2005; Foley 2015; Gorman 2017; Edwards 2022). The concept of a therapeutic landscape has, thus, moved towards being between the categories of nature and culture (Gesler 1992), stressful and restorative, or urban and natural (Besson 2020), reflecting the problematic nature of such dichotomies in the first place. Regardless of being urban or rural, a view from a window (Ulrich 1984), natural light, garden spaces (Curtis *et al*. 2007), or landmarks (Karmanov & Hamel 2008) are appreciated in psychiatric hospital designs. As a counterargument to the assumption of the healing power of the rural (Conradson 2005), Karmanov and Hamel (2008, 122) argue that a "well-designed and attractive urban environment may have a stress-reducing and mood-enhancing power equal to that of an attractive natural environment". Furthermore, Ulrich (1984, 421) notes that "to a chronically under stimulated patient,

a built view such as a lively city street might be more stimulating and hence more therapeutic than many natural views."

In addition to the micro-level therapeutic setting of a hospital or a home, the healing process can occur at a macro-level, within the scale of a city and related to its services, actions, or people's sense of place in the city (Smyth 2005). Easily accessible everyday spaces can be therapeutic (Pitt 2014; Dushkova & Ignatieva 2020; Edwards 2022) – as well as everyday sites such as yoga studios (Hoeyz 2007), parks, gardens (Finlay *et al*. 2015) or libraries (Brewster 2014). Therapeutic effects can be obtained by moving between indoor and outdoor spaces, between urban and rural environments (Mossabir *et al*. 2021), or between 'real' and artificial spaces. However, when care increasingly becomes dislocated, deinstitutionalized and commodified, the patients become more dependent on the availability of multiple services, which can create 'landscapes of despair' if facing difficulties in receiving care or services (Dear & Wolch 1987; Moot *et al*. 2006; DeVerteuil & Evans 2009).

## The new psychiatric hospital in Kupittaa

We examined the constitution of therapeutic landscapes by investigating the planning documents of the new Kupittaa Psychiatric Hospital in Turku. The documents are useful in determining how the planners depicted the therapeutic landscapes during the first stages of the hospital planning. The hospital project was carried out by the Intermunicipal Hospital District of Southwest Finland (VSSHP), and our primary research material consists of the Needs Assessment (TYKS 2019), the Project Plan (TYKS 2020) and the Operation Plan (TYKS Psykiatria 2020). In addition to the official planning documents, the data includes official statements by the VSSHP that discuss the urban location of the hospital and its therapeutic or restorative influence. This data was chosen as it indicates the shift in understanding therapeutic landscapes and provides important knowledge on the planner's reasoning. The data is limited in the sense that the documents have been created to validate the need for the new hospital. However, at the same time, the data reveals those aspects that are considered to advance the formation of good and therapeutic hospital environments.

The data was analyzed with critical discourse analysis to reveal the arguments and ways of speaking included in the planning process. The main purpose of the analysis was to understand and critically examine how the concept of a therapeutic landscape was discussed during the envisioning and promotion of the new hospital. The analysis was carried out, firstly, by reading the documents to obtain an overall understanding of the case, and secondly, by focusing on the arguments and comments on the elements that were considered to make the building therapeutic and suitable for psychiatric care. The found discourses were guided by the theoretical debate although the focus was on finding the arguments of the planners. The plans regarding specific treatments were not included in the analysis as they are beyond the scope of this article.

In our analysis, we follow Gesler's (1992) thoughts on how mental healthcare is shaped by ideologies that lead to a metaphoric language that is influenced by the moral-aesthetic norms of dominant groups. For instance, maintaining the formerly dominant discourse of restorative nature and stress-inducing urban landscapes may uphold the ideology that mentally ill patients ought to be separated from society in isolated locations. Thus, the purpose of the analysis is to investigate how the discourses on therapeutic landscapes have transformed or diversified along with the new trends of outpatient care and centralized urban hospitals.

## Therapeutic landscapes in an urban psychiatric hospital

### *Therapeutic landscape in outpatient care*

The documents describe how the previous locations of psychiatric care in Southwest Finland were mainly built circa a hundred years ago and were distributed throughout the district (TYKS 2020). The psychiatric wards had rural locations and they provided recovery in natural environments (TYKS Psykiatria 2020). Halikko hospital, for instance, formed a self-sufficient community where agriculture was practiced (*ibid*.).

The old hospitals are not optimal today as there is a need to respond to the increased demand for psychiatric care, and to the increasing outpatient, non-institutional care (TYKS 2020). In the plans of the new Kupittaa Hospital, therapeutic landscapes are constructed through a combination of the features and functions of the building, and the possibilities that an urban environment can provide for the creation of therapeutic and restorative spaces (including the nearby possibilities for exercising or experiencing nature). The documents imply that the significance of the hospital is diminishing, as psychiatric care is becoming increasingly based on outpatient care and remote services:

> During the past forty years, the emphasis on outpatient care has strongly diminished the need for institutionalized care. [...] The need for hospital care is strongly decreasing, which means that, in the future, there needs to be inpatient care at one location only.[1] (TYKS Psykiatria 2020, 3)[2]

As a result of outpatient care, round-the-clock care will be reduced (TYKS 2020), and therapeutic landscapes will not be limited to the location of the hospital (TYKS Psykiatria 2020). This reflects a new, wider understanding of therapeutic landscapes that does not just consist of the surrounding views, but rather refers to a more comprehensive experience that is not restricted to a certain location (Bell *et al*. 2018).

Patients are no longer expected to recover in isolation, but through the connections between hospital care and society (TYKS Psykiatria 2020). Psychiatric outpatient care is a part of everyday life rather than a separate function in a distant location (Parr *et al*. 2003). The emphasis on outpatient care can be seen as a mean to avoid constructing expensive hospitals. When care takes place at home, the hospital becomes a place to drop by or to stay for short periods of time. This implies that the spatial planning of therapeutic landscapes has become a somewhat secondary issue.

### *Location and stigmatization*

The therapeutic landscape of Kupittaa Hospital is linked with its central location, which is considered to make the hospital open and accessible. The documents indicate that the patients in psychiatric care require public transport services, which makes having good traffic connections important (TYKS Psykiatria 2020). The location, which is within walking distance of the city center and close to the public transport network, was seen to improve equality as well as to advance the availability and timeliness of the services (TYKS 2020). However, since the waiting time for outpatient psychiatric care can be several months (YLE 2021a; Linnaranta 2022), the concept of a hospital where a patient can drop by easily, seems to be far from reality.

The location in the center of a busy urban structure is considered the best way to integrate psychiatric care into society and to modernize psychiatric care services. The location would connect the hospital to "a wide range of public functions" such as healthcare services, education, businesses and housing (TYKS Psykiatria 2020, 44). The incorporation of psychiatric care into the hospital's emergency services and different wards is considered important for therapeutic efficiency as it diminishes a patient's need to travel between various health service units (TYKS 2019; TYKS Psykiatria 2020). This transformation follows the guidelines which have led to the centralization of hospitals in several hospital districts of Finland (TYKS 2020). The possibilities of obtaining more physical exercise could diversify the functions of psychiatric care, and various businesses and services could be utilized in exposure therapy (*ibid*.). It is seen as important that "the psychiatric hospital is not hidden but is a part of society" (TYKS 2020, 31) and could be developed alongside the society's social infrastructure. The care workers could, for example, easily visit places where people normally spend their time, such as homes, schools, day care centers or places of work (TYKS Psykiatria 2020). This follows the argument of Moon and others (2006, 145) on how in a modern asylum, care is provided in "a combination of state planning and medical progress".

Stigmatization would be reduced by locating some other functions in the entrance hall of the hospital so that it would be used by other members of society. The ground floor would be allocated for education, associations and businesses to lower the threshold necessary to enter the hospital (TYKS 2020). Providing psychiatric care among other functions was expected to increase the publics' awareness of mental health services, decrease the stigmatization of the patients, fight against society's

prejudice towards mental health problems, and create encounters (TYKS Psykiatria 2020). The hospital's desire is to implement care together with both the patients and their relatives, whose organizations would be located on the ground floor. To diminish stigma, these spaces "need to be convertible and open" (TYKS 2020, 17), and there should be "living room spaces" not visible to everyone but easy to find (TYKS Psykiatria 2020, 77). Stigmatization would be prevented by promoting encounters and by distributing correct information about how common mental disorders are (TYKS 2020; TYKS Psykiatria 2020).

### *Spatial infrastructure, natural elements and outdoors*

The hospital spaces have been planned to enhance functionality, safety, health and pleasantness (TYKS Psykiatria 2020). Spaces would be multi-functional and connect to different parts of the hospital (*ibid*.). To ensure safety, there would be visual contact between different spaces (*ibid*.). These spatial solutions have been planned to be subtle so that they seem natural and imperceptible without making the hospital seem like a prison (TYKS 2020; TYKS Psykiatria 2020). It is hoped that spatial solutions will help to control patients without the need to use force or coercive methods (TYKS 2020), which is regarded as one of the signs of the quality of psychiatric wards (TYKS Psykiatria 2020).

The transformation of the conception of therapeutic landscapes emerges when the plans note how inadequate the previous wards were for modern psychiatric care. The wards are described as being reminiscent of the prison areas of traditional police departments where noises and shouts could be heard from the rooms and corridors (TYKS Psykiatria 2020). Due to the current emphasis on outpatient care, hospitals are becoming more like office buildings rather than residential places for restoration (TYKS 2019). Another way of pursuing improvement in contrast to the old hospitals is to design clear inner spaces so that the patients can easily find their way from one place to another (TYKS 2020; TYKS Psykiatria 2020). The new waiting rooms are separated from other spaces to ensure privacy and to reduce the anxiety of patients when arriving at the reception. Moreover, privacy will be increased by providing single patient bedrooms which will enhance relations with relatives and other visitors (TYKS Psykiatria 2020).

Although the connection with nature is regarded as important (TYKS 2020), the plans do not present it as a priority. Therapeutic landscapes do not consist of the natural elements of the hospital surroundings but are rather comprehensive therapeutic experiences that are created in collaboration with society and the urban environment. It is, thus, essential to examine therapeutic landscapes as a diverse ensemble of various materialities and atmospheres that create a therapeutic network (Smyth 2005).

The plans highlight access to outdoor spaces (TYKS 2020) and suggest maximizing natural light, outdoor spaces, a connection to nature, and indoor plants (TYKS Psykiatria 2020). Since it is not safe for all patients to go outside, it is acknowledged that the building needs to have balconies with high ceilings and large windows with wide views that can take thoughts away from the hospital (TYKS 2020). The plans include a rooftop terrace and inner courtyards to ensure safe outdoor activities (*ibid*.). Inner yards are peaceful alternatives for the busy urban life, and they are presented as a requirement for good institutional psychiatric care (TYKS Psykiatria 2020). Furthermore, they are seen to create therapeutic landscapes that reduce stress and violent situations (*ibid*.). These plans follow the original ideas of therapeutic landscapes, noting how patients need to have access to balconies or courtyards for outdoor exercise, and to have natural elements in outdoor spaces (TYKS 2019; TYKS 2020; TYKS Psykiatria 2020). Small, spatially limited outdoor spaces – such as balconies – can become central aspects in a recovery process although Curtis and others (2007) have noted that if the outdoor spaces are too small, they are insufficient for restoration.

### *Digital therapeutic landscape*

Recent literature on therapeutic landscapes discusses the use of technology in therapeutic settings. Digital health technologies have created new spaces of health and have formed new therapeutic landscapes in the interplay between health, the physical, and the representational (Thompson 2021). Some scholars have regarded these kinds of imaginary encounters with landscapes as beneficial for well-being and health (e.g. Rose 2012).

The project plans for Kupittaa psychiatric hospital repeatedly present the possibility of using technological solutions in the creation of therapeutic landscapes, such as smart walls, relaxing but neutral soundscapes, virtual reality monitors, or changing lighting and colorscapes of the rooms (e.g. TYKS 2020; TYKS Psykiatria 2020). Technology is regarded as an important asset, which can "open new approaches to advancing mental health regardless of the age group", and thanks to which "the patient does not need to adapt to the needs of the care, but the care adapts to the patient's needs" (TYKS 2020, 18). It is mentioned that taking all the senses into consideration can help to ensure both calming spaces and stimulating experiences (TYKS Psykiatria 2020). Technological systems can help to create personal environments by simulating "almost any environment safely and resource effectively" (TYKS Psykiatria 2020, 81–82). Moreover, digital solutions could be utilized in general communication and in cases of emergency (TYKS Psykiatria 2020).

The use of technology appears to challenge the prior understanding of therapeutic landscapes. Digital technologies can both produce and disrupt therapeutic landscapes (Thompson 2021), and they can blur the line between public and private spheres since the technologies are designed by private companies. Digital health technologies can create successful healthcare encounters, but they might also fail if connections are disrupted or data safety causes concerns.

## Transforming therapeutic landscapes

Our analysis of the planning process of Kupittaa Psychiatric Hospital confirms Edwards's (2022) notion that therapeutic landscapes are not simply physical landscapes that can be viewed, but rather relational constructs that become constituted through various processes. The case of Kupittaa Hospital shows how the constitution of therapeutic landscapes has changed compared to earlier hospital design that relied on healing gardens, restorative and calming physical landscapes, and isolation from overstimulating mundane life. Compared to these ideals, three significant changes have occurred. Firstly, the benefits of urban locations have been acknowledged, such as the accessibility of centrally located hospitals. The location makes it easier to develop psychiatric care as a part of the social infrastructure of the city, and in collaboration with society, relatives and patient associations. A central location and multifunctional spaces are expected to decrease the stigma related to psychiatric patients and mental health disorders, as care can be obtained by 'dropping in' to a familiar building in an everyday urban environment instead of being isolated in the peripheries (Wood *et al*. 2013).

Secondly, the increase in outpatient care has influenced the hospital design and how much effort is put into therapeutic landscapes. The emphasis on outpatient care diminishes the significance of the hospital building as care mostly takes place outside of the hospital. Hospitals are no longer built with the purpose of creating long-term psychiatric recovery and care but are rather designed as places that enhance therapeutic networks in patients' everyday lives (see Edwards 2022). Subsequently, therapeutic elements are expected to be found in everyday landscapes rather than being provided by the hospital and its surroundings. The focus is on therapeutic networks that are formed by multiple human and non-human actors and are expected to shape and enhance the recovery and well-being of the patients.

Thirdly, the absence of healing gardens in the new hospital building and their replacement with artificial ones indicates the changes that have taken place in the constructing and understanding of therapeutic landscapes. The urban landscapes next to the hospital are not considered therapeutic, which is understandable given that the building site is small and at a crossroads between many busy streets. Nor have architectural solutions been utilized to create replacements for healing environments inside the building. Perhaps more than being linked with better care, artificial therapeutic landscapes seem to be connected with the restricted funding and the effort to adjust to the trend that emphasizes outpatient care.

Kupittaa hospital will be a public hospital, but the plans affirm the findings of Moon and others (2006) regarding how modern asylums can commodify care. The psychiatric hospital is conceived not only as a place for treatment, but as one of many services provided in the innovation hub of Kupittaa. Centralized psychiatric services, increasing outpatient care, cost-effective architectural solutions and

the lack of therapeutic landscapes are aspects of the current transformation that are justified with positive effects – such as, a decrease in stigmatization, the accessibility of care, and the adaptability of therapeutic landscapes according to the patient's preferences.

There is, however, a gap between the justifications and how the plans are realized. During the time this research was conducted, the plans and the budget for the hospital were reduced, and the latest update estimates that there will not be enough room for all the patients in the hospital. The plans to allocate the ground floor to semi-public everyday spaces with the functions being available for everybody have been removed. This made the arguments for the openness and everydayness of the new hospital questionable. Another argument that is now doubtful is the proposition that people could just stop by and use the services easily as a part of their mundane everyday lives. Since the lines to mental healthcare are long and services are not available for many, the new hospital design cannot advance the everydayness of mental health services as claimed. Furthermore, artificial therapeutic landscapes as well as the emphasis on outpatient care are cost-effective choices whose effects on the patients are still unknown.

In the new Kupittaa psychiatric hospital, therapeutic landscapes will not be limited to the hospital area, nor will they offer an escape from the patient's mundane life (Conradson 2005). Healing will not occur through therapeutic taskscapes (Smith 2021), healing gardens (Stigsdotter & Grahn 2003), green and blue spaces (Finlay *et al*. 2015), out-of-sight asylums in natural landscapes (Parr *et al*. 2003), or urban greeneries (Dushkova & Ignatieva 2020). The therapeutic landscape will rather work as a metaphor for a wide network of different therapeutic attributes that aim to create a restorative atmosphere from various elements. Therapeutic landscapes will be built in a relationship with society and the social infrastructure of the city, and with the help of the hospital design, small outdoor and nature contacts, and technological solutions. When therapeutic landscapes are pursued in this way, as a complexity of various aspects of the hospital building and society, the effects on the healing process remains to be seen when the realities of the project are attained.

## Notes

[1] The quotes from the data are translated by authors.

[2] Although being out of the scope of this article, it is noteworthy that the lack of inpatient care has increasingly been criticized as outpatient care has not been sufficient for many (e.g. YLE 2021b; YLE 2022).

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