

PLANNING & DESIGN AS HEALING ARTS:
Towards a Framework for Sustainable Cities

by

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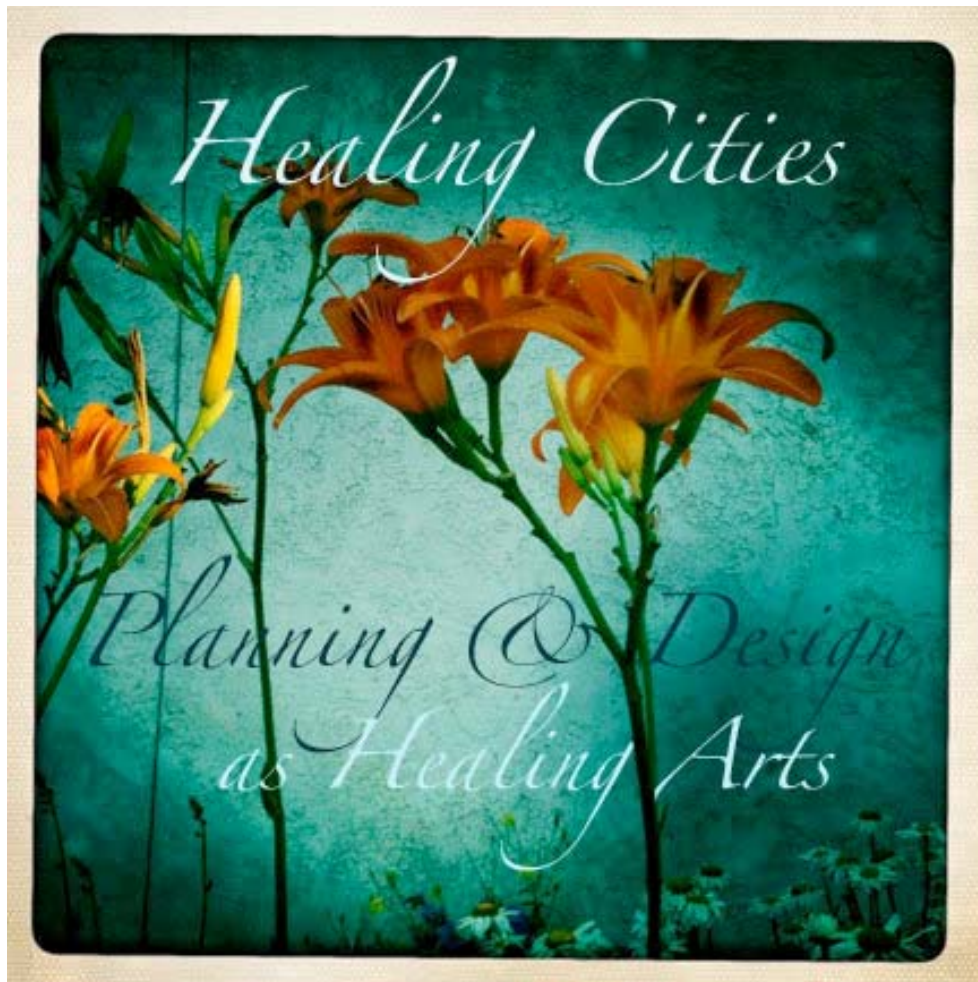
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**Towards a Framework for Sustainable Cities
Professional Project**

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August 2010

Table of Contents

1. Introduction: a race against time	4-5
2. Project Context, Aims and Approach: the broken heart metaphor.....	6-9
3. Literature review.....	9-29
a. Social Sustainability.....	9-12
b. Healthy City planning.....	12- 17
c. The Healthy City and Built Environment Design.....	18-21
d. Holistic Wellbeing in Sustainability Planning.....	21-29
4. Learning from experience: interviews with health and planning practitioners	30-44
a. From Healthy Cities to Healing Cities.....	31-32
b. Common Ground for Healing Cities.....	33-34
c. Integrated and Whole Health Planning.....	34-37
d. Spirituality and City Healing.....	38-41
5. Project Outcomes.....	44-47
a. Healing Cities Working Group.....	44-45
b. Conference Planning.....	45-47
6. Healing Cities Framework.....	48-55
7. Project Conclusions.....	55-56
8. Appendices	
a. Appendix 1- Meet the Interviewees.....	57-58
b. Appendix 2- Healing Cities Working Group.....	59-63
c. Appendix 3- Gaining Ground Conference Description.....	64-65
d. Appendix 4- Conference Marketing Materials.....	66
e. Appendix 5- Conference Program.....	67-69
9. Bibliography.....	70-74

Introduction: a race against time

On March 30th, 2003 I bid farewell to a shadow of my father in a sterile concrete hospital. He hardly looked like himself after all the cancer treatments and endless operations. The bones in his face still revealed his strong jaw line and his eyes held the story of his fierce determination to fight for his life and the opportunity to grow old with his family. There was so much more to experience at the age of 44, and to be taken away from it felt like robbery of a life yet lived.

Every day was a race against time to prevent the lymphoma from spreading any farther. After the bone marrow transplant, there was always a new stint to be put in, another operation, or a potential infection. After close to two million dollars worth of procedures, it became clear that the battle was over and it was time for us to accept the verdict. The cancer had won, and it was time to let go.

We spent our last Sunday with my father at the hospital while his body slowly shut down. My mother, my two younger brothers, my grandfather, and my boyfriend at the time held hands around the hospital bed as we tried to prepare ourselves for what was happening. My mother spoke to him softly as she caressed his hair for one last time. She whispered through tears, "Stewart, we are going to be fine. You can go." He briefly opened his eyes, and a single tear rolled down his cheek and he released into the peace of death.

We returned to the house. It was strangely empty, and we all stood around, not really knowing what to do with ourselves. The dog seemed agitated as it surveyed empty spaces, as if we were attended by unseen visitors. As the exhausting clouds of tears started to lift, a deep peace swept over all of us. It seemed like my father was there with us, giving us a big hug, reassuring us that all was not lost. That somehow, in someway, we were connected across time and space.

For months after my father's passing, I truly thought I would never be happy again. I felt that my world had been crushed and forever broken, but somehow discovered an inner strength that surprised even me. Now seven years later, the shock and sorrow of all that happened is slowly melting away. The belief that life can be rebuilt is kindling within my heart, and the resilience of the human soul is something I believe in now more than ever.

A friend once told me that a broken heart is one that lets light in. The sweet sadness of grieving and heartache can open us up to self-reflection and a heightened sense of clarity. Although the roots of loss run deep, good things can grow in new and unexpected places through experiencing deep sorrow. Loss crystallizes our own human fragility and cultivates an appreciation for the moments that are vibrant and alive; it serves as a reminder of the impermanence and resiliency of life.

I understand sustainability work much in the same way. It is an expression of grief for a wounded planet. There is a broken-heartedness we feel as we step back and survey the destruction we have inflicted on ecosystems and each other. It is from this place of sadness and despair that we create plans to save ourselves from an undesirable present and even worse future.

I wonder if working from a place of despair is truly where we want to be. In the depths of deep grieving, all that can truly be seen is that which is lost. The pain is too vivid and the loss too acute to understand how life can continue onwards. This realization brought me to a softer place of healing. When a broken heart starts to let light in, that is when the healing starts to occur, and a shift is initiated towards a new understanding. It is this place of potential that I propose we work from with sustainability planning.

This shift in thinking opened up a flood of questions for me. What would it look like if we were able to cultivate a more soulful form of sustainability planning? If people could be understood as “whole beings,” with mind, body, spirit dimensions, how would that change the way that we plan for cities? How would giving permission to talk about “whole beings” within planning and design open up new possibilities for considering the spiritual dimensions of people’s needs?

These questions inspired me to pursue the less traveled route, where spirituality enters into the conversation of planning for the health and well-being of people, communities, and cities. Bringing these concepts into the sustainability planning dialogue, especially that of spirituality, risks the backlash of people’s fears surrounding separation of church and state and not wanting to be confronted by religious concepts. I understand these sensitivities, and I have no desire to present a construct intended to encapsulate the whole of the universe’s mysteries within my own singular vision.

My goal for this project is see whether and how we can bring more of what is universally human and soulful into the planning dialogue about how to create sustainable cities for “whole beings.” This project seeks to open up the dialogue about how spirituality and holistic wellbeing could – and perhaps should - be a greater part of our sustainability planning discourse. If we were to pay greater attention to the needs of spirit, in addition to the mind and body, would we experience our cities differently? Would we want to plan and design them differently?

Project Context, Aims and Approach: the broken heart metaphor

*If you listen,
not to the pages or preachers
but to the smallest flower
growing from a crack
in your heart,
you will hear a great song
moving across a wide ocean
whose water is the music
connecting all the islands
of the universe together,
and touching all
you will feel it
touching you
around you. . .
embracing you with light.*

*It is in that light
that everything lives
and will always be alive.*

- John Squadra, This Ecstasy

This project aims to shed light on the deeply alive, human dimensions of sustainability work by proposing planning and design as healing arts. It calls for deeper inquiry into the relationships between healthy cities and the people that shape and live within the built environment. Drawing on current sustainability planning frameworks as well as a broad literature on health and wellness, this research seeks to deepen our understanding of what constitutes healing cities. It is my hope that taking into account what elements make people “whole” will bring new vibrancy and depth to the current conversation surrounding sustainable development. The result of this project is the Healing Cities Framework that incorporates mind, body, and spirit, dimensions into a holistic sustainability planning approach.

The research revolves around the primary question: might integrating holistic wellbeing elements (ie. mind, body, spirit) into sustainability planning provide a more comprehensive framework for health and wellbeing in cities? To explore this question, I searched the literature to understand the building blocks of sustainability planning and identified shortcomings in the social sustainability realm. I then explored how a more holistic approach could help to address social sustainability planning weaknesses. Next, I looked deeper into Healthy City planning because it is grounded in holistic approaches to

planning for “whole” communities, and provides insights for what a “Healing City” might look like. I reviewed the literature surrounding the design for the built environment, which pointed to the powerful influences of the built form on the health and wellbeing of communities. Finally, I examined holistic wellbeing -including mind, body, and spirit dimensions- and how developing this domain will provide new approaches to Healing Cities planning. The final section points to the importance of spirituality for deepening approaches to sustainability planning through offering avenues for healing.

For the sake of clarity and consistency throughout the remainder of the study, key definitions of terms are provided. Health, healing, holistic health and wellbeing, and spirituality are defined in order to provide a reference point for exploring Healing Cities. First, the World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946). There is increasing recognition within common definitions of health that getting well is not limited to a physical cure. Researchers explain that health includes putting the mind at rest, meeting spiritual and emotional needs, and maintaining healthy social relationships in order to be fully in a state of well-being. In other words, health is not a physical state, it is a “multidimensional process” incorporating needs of the mind, body, and spirit (Gesler, 2003 p. 3).

The concept of healing has a slightly different meaning than health. The word *heal* is derived from the Old English word *haelon*, which means wholeness (Benor, 2010). The concept of “holism” is related to healing through understanding that any entity is greater in its wholeness than in the sum of its parts. Holistic refers to the state of integration of a person, as a body and soul, with the spiritual self (Svihus, 1979 p. 478). If people could be understood as whole “bodymindspirits,” it would stand to reason that the process of healing and holistic health is facilitated by integrating physical, mental, spiritual, emotional, and social components of a person’s being such that each component affects the other (Gesler, 2003, p. 3; Svihus, 1979, p. 478). For the purposes of this study, holistic wellbeing will be defined as a balance among mind, body, and spirit components of a person.

Spirituality is more difficult to consistently define because of its diverse meanings and individual interpretations. Social scientists define spirituality in terms of relationships to the presence of a “Higher Power” that affects the way one operates in the world and inner motivations that are a response to a deep and mysterious yearning for self-transcendence (Armstrong, 1995; Benner 1989 as cited by Scott et al, 1999). Other interpretations from the field of nursing describe spirituality as an inherent component of being human; it is explained as subjective, intangible, and multidimensional (Tanyi, 2002). Hope, relatedness/connectedness, and beliefs/belief systems are also potential qualities that define spirituality in the context of some form of ‘God.’ Although the nature and interpretation of ‘God’ may take many forms depending on what an individual takes to be of highest value in his/her life (Dyson et al, 1997). Spirituality and religion were identified as two different concepts, despite their common interchangeable usage. Spirituality

involves “humans’ search for meaning in life, while religion involves an organized entity with rituals and practices about a higher power or God” (Tanyi, 2002, p. 500). Spirituality may be related to religion for certain individuals, but it should not be assumed that spirituality is either synonymous, or coterminous with religion (Dyson et al, 1997; Tanyi, 2002).

An urban planner, Michael Anhorn, writes of spirituality as “a way of being as well as a way of knowing, informed by certain values that then underpin ways of acting” (2006, p.71). Anhorn identified respect, caring, neighborliness; a concern with building connections between people, building a caring human community; and a notion of service to others as important values within spirituality (2006). Leonie Sandercock, a noted planner, also discerned three spiritual qualities that some planning practitioners have demonstrated in their work, including: a willingness to engage in a multitude of conversations with a mindful awareness; a sense of interdependence and compassion with an inclusive ‘we-philosophy;’ and finally, a “genuine sense of magic and sacredness, a sense that something special is going on and that bringing out the best in everyone requires celebration and rituals and art and play” (Sandercock, 2006, p.66). These definitions, specific to the planning context, are helpful guides throughout the remainder of this project because they point to important human dimensions of planning. Diverse representations of spirituality also raise awareness of the unseen dimensions of planning work that are incredibly powerful influences. With this exploration of spirituality, my aim is create a more heart-based approach that recognizes connectivity among people and other living and non-living things to open the doors for a new planning perspective that is more “whole”.

Given my ambitions, it is also important to address practical constraints. First as a professional project, this study does not delve into great depth as a traditional thesis would. Limitations of time and resources also established the brief scope of the project. The availability of planning literature specific to holistic health and sustainability planning also served as a challenge, requiring creative approaches to identify which fields might contribute to this study. As a result, much of the research focuses on medical fields and health planning because they are more established and can be referenced with some legitimacy. There is a small amount of literature surrounding spirituality in planning, which is insufficient for guiding an entire professional project framework. Thus, the proposed framework can only be viewed as an initial attempt to draw together the primary concepts identified by the literature and the practitioners interviewed across several fields of practice that are not exclusively related to planning. Another significant limitation associated with the Healing Cities Conference project outcome is that it will occur once the written project is already complete; I will neither have an opportunity to include an analysis of the success of the conference, nor will I be able to incorporate the ideas presented at the conference into the manuscript.

The following section of this project proceeds through a literature review that explores the primary research questions with a deeper inquiry into the methods practitioners across

sectors are using to approach what could be called city healing work. The literature review is followed by a series of interviews with health and planning professionals regarding how they interpret their personal and professional role in healing work. The interviews are followed by two practical outcomes for the project, being the formation of a Working Group and planning a Healing Cities Conference. Finally, building on the information gathered from the literature review and interviews, my final chapter synthesizes the primary lessons learned into a framework for sustainability planning and design as healing arts, entitled Healing Cities.

Literature Review

The following literature review explores the idea of urban planning and design as healing arts. It demonstrates that although health and wellness are often described as desirable attributes of cities, there are few existing planning approaches for sustainability that go beyond physical solutions to the relationship between holistic health and the built environment. There is a need for something more within the current framing of sustainability within this sector.

The overarching question for the review is: might integrating holistic wellbeing elements (ie. physical, mental, spiritual, emotional, and social) into sustainability planning provide a more comprehensive framework for health and wellbeing in cities? What follows is a four part exploration of this inquiry, with attention to each of the sub-questions that will be addressed in the following order:

- 1) How has social sustainability planning theory evolved and what are the gaps in practice?
- 2) What are the drivers behind healthy city planning and its primary components?
- 3) How does the application of healthy city design for the built environment influence the health and wellbeing of communities?
- 4) How could attention to spiritual wellbeing play a larger part in sustainability planning?

1. Social Sustainability

The interplay between sustainability planning and spirituality and holistic wellbeing are at the core of this study. But in order to explore this relationship, the groundwork must be in place for understanding what sustainability planning is, where it came from, and where the human dimensions of spirituality and wellbeing would come into the discussion of healing arts.

Sustainability is a concept intended to provide a broad and inclusive framework for addressing the ecological, social, and economic challenges of planning for the 21st century. It grew out of the historical notion of building lasting civilizations through collaboration and living in harmony with nature and each other (Mebratu, 1998). The

modern context of industrialization has intensified the focus on planning for a supported future because of rapid societal transformations (Meadows et al, 1992; Norgaard, 1988). Growing out of the environmental movement (Pezzoli, 1997), sustainable development entered the world stage in the 1970's as a unifying concept for social, environmental, and economic stability and long term planning with a focus on human needs for the present and future generations (Basiago, 1999; Pezzoli, 1997).

The social dimension of sustainability is important when considering planning and design as healing arts because it acknowledges the human dimensions of planning that are compartmentalized from the more obvious environmental and economic realms. There is an imbalance in most sustainability plans where the social dimension is awarded less attention than its environmental and economic counterparts. This is partly due to the common perception of sustainable development as an essentially environmental issue, concerning the integration of environmental concerns into economic decision-making. At the far end of the spectrum is the deep ecology model that has such a strong commitment to nature that it conceptualizes life on earth as more sustainable with fewer humans, and thus shows little interest in the social dimension of sustainability (Hancock, 1993b).

Despite the dominance of environmental and economic issues, the academic literature during the last decade has turned more towards the social dimension as the role of institutions, governance, and social capital are being explored in more depth. More thought is being given to how the three pillar model (ecological, economic, social) is constructed, and how it might be expanded to include other dimensions, such as cultural-aesthetic, religious-spiritual, and political-institutional pillars (Littig and Griebler, 2005).

As the concept of sustainable development matures, the human dimensions are gaining more attention. Timothy Beatley argues that social sustainability is critical for sustainability to be a viable paradigm, claiming that, "along with ecological issues, sustainable communities are equally concerned with social and human sustainability- about creating and supporting humane living environments, livable places, and communities that offer a high quality of life" (1995, p. 387). Social sustainability is described as a quality of societies that, if achieved, satisfies an extended set of human needs and preserves the normative claims of social justice, human dignity, and participation in society over a long period of time (Littig and Griebler, 2005, p. 72). Socially sustainable development is further described as the improvement of present and future generations' capabilities of wellbeing through the aspiration of equity through intra-generational distribution as well as the transmission of wellbeing across generations (Lehtonen, 2004).

Another aspect of social sustainability is the theories surrounding social capital. Social sustainability is perceived as an asset that allows a society to maintain coherence and overcome hardship (Basiago, 1999, p.152). Arnold (2000) argues that increasing the social sustainability of a society can reduce social vulnerability. This is defined as the exposure of groups or individuals to stress as a result of the impacts of environmental change. With changing physical environments, groups or individuals are forced to adapt to new

circumstances and the lack of income or resources can have a significant impact on the resilience of populations. In this sense, social sustainability is heralded as a way to build social capital and strengthen communities through transitional times (Arnold 2000).

Given the broad framing of social sustainability, it is also important to understand the gaps in practice. Lehtonen (2004) argues that the claim of equal ranking for the three dimensions of sustainability is misleading. In reality, the equal ranking of priorities is not supported by most political contexts, so there is an inherent imbalance of power among social, economic, and ecological dimensions; politics favor the economic dimensions and thus diminishes the attention given to social and ecological realms (Littig and Griebler, 2005; Omann and Spangenberg, 2002). Furthermore, most models give priority to the ecological dimension reasoning that ecological systems are the prerequisite for economic and social life (Lehtonen 2004).

Within some political contexts, there are signs that the widespread public adoption of sustainable development may hinge upon the ability to respond to persistent social problems that are a high priority (Lehtonen, 2004). In addition, ties are also drawn between social sustainability and the ability to maintain societal stability, arguing that countries with sustainable economies and a stable resource base will be more peaceful than those with unstable economies who liquidate their resources (Goodland, 1995).

Problems also arise with defining each of the realms. Economic arguments tend to speak an established language and are typically more convincing, ecological arguments are more easily identified, while social objectives are difficult to define consistently. The challenge that social sustainability faces is its inability to clearly differentiate between the analytical, normative, and political aspects it intends to include, and thus it is easy to prioritize one dimension over another (Littig and Griebler, 2005)

Finally, some academics argue that the social dimension cannot be analyzed within the same frameworks as ecological and economic dimensions because of the multidimensionality of the social issues at play and the difficulties in substantiating them with quantitative measures (Lehtonen, 2004). Social analyses must also recognize that humans have multiple motives for action, and that the outcomes of two seemingly similar actions may differ depending on the underlying motives. This concept has implications for the social conditions of institutional change towards environmentally sustainable development where social capital approaches must receive more attention (Lehtonen 2004).

Translating these theories of social sustainability into practice for urban planners becomes less clear. The mandate of organizing public education campaigns to develop a “culture of moderation” as a more respectable and sustainable way of life is no small task. While planners are urged to encourage a shift towards social sustainability by promoting lifestyle changes in communities (Basiago, 1999), little is available by means of direction or resources for how to actually do it. References exist for how to create livable built

environments and offer urban design features such as emphasis on pedestrian friendliness, mixed land use, and the unification of public spaces and buildings (Beatley, 1995). However, these design guidelines do not necessarily create social sustainability, and certainly do not get at the deeper challenge of creating a culture of moderation, even if they provide good infrastructure.

Thus, when we consider how social sustainability has evolved, the primary issue seems to be garnering a more equal footing with the ecological and economic dimensions (Lehtonen 2004; Littig and Griebler, 2005; Omann and Spangenberg, 2002). More thought is being given to the social dimensions and expanding the three pillars to be more inclusive of human needs (Littig and Griebler, 2005). The political landscape is also opening up to sustainable development as a mechanism for addressing longstanding social problems (Lehtonen, 2004). Social sustainability can contribute to social capital (Basiago, 1999) and help reduce social vulnerability (Arnold 2000). There is a wide range of indicators available for both qualitative and quantitative measures of social sustainability (Littig and Griebler, 2005; McKenzie, 2004), although the more concrete quantitative measures are difficult to track (Lehtonen, 2004). It is also difficult to consistently define social objectives (Littig and Griebler, 2005), especially when recognizing multiple motives for human decision-making (Lehtonen 2004).

For urban planning practitioners, the lack of clarity surrounding the definition of social sustainability (Littig and Griebler, 2005) and the absence of a broad mandate to develop a culture of moderation (Basiago, 1999) poses problems for practicing sustainability planning. Without the tools available to create change, beyond basic sustainability planning guidelines (Beatley, 1995), the pathway forward can be ambiguous and overwhelming. Strengthening the social sustainability realm requires both drawing on the strengths of established definitions, and perhaps expanding what is considered within the social dimension. Planning and design as healing arts can potentially offer solutions for clarifying and deepening the role of social sustainability. A definition of social sustainability as a healing art would include supporting humane living environments with a high quality of life (Beatley, 1995), as well as social justice and human dignity (Littig and Griebler, 2005). It would validate the idea that wellbeing has an important intra-generational dimension (Lehtonen, 2004), and also advocate a holistic perspective of wellbeing that brings emotional, spiritual, and mental health into the conversation, as well as encouraging less materialistic definitions of 'quality of life'.

2. Healthy City Planning

While social sustainability planning lacks depth in regards to accounting for holistic health and wellbeing, the Healthy City movement has specifically targeted approaches to planning for "whole" beings. Exploring the history and theoretical foundations for the Healthy City movement can potentially fill conceptual gaps in social sustainability planning and inform new approaches to planning and design as healing arts.

A “Healthy City” is a community that continually creates and improves physical and social environments and strengthens community resources. It enables people to mutually support each other in performing all the functions of life and achieving their maximum potential (Hancock, 1993a; Flynn, 1996). This definition of a healthy city shares many common goals with sustainable development, but draws from the established field of public health with a primary focus on social well-being. Hugh Barton claims that health and well-being are “the human face of sustainable development [where] health provides a core value which everyone intuitively understands and supports—much more so than the abstract concept of sustainable development” (Barton, 2010, p. 97). The Healthy City is defined in terms of process; it is not the end goal of an achieved level of health, but rather the consciousness of health and the striving to improve it that is at the core of Healthy Cities (Tsouros, 1995). By reviewing the evolution of healthy city planning, some clues may be provided for how to strengthen sustainable development approaches, particularly in the social realm.

In Canada, between 1914 and 1920, the healthy cities movement commenced as provincial and municipal town planning legislation started to acknowledge public health (Hancock, 1993a). However, it was over 60 years later when the movement of Healthy Cities truly launched in Canada in 1984 and in Europe in 1986 with the World Health Organization (WHO) European Healthy Cities Project. Both projects were crafted around the concepts of primary health care and health promotion. This included challenging communities to develop projects that reduced inequalities in health status and access to services, and to develop healthy public policies at the local level through a multi-sectoral approach and increased community participation in health decision-making (Flynn, 1996).

Much of the writing and research that builds the foundation for the Healthy Cities movement can be credited to the work done by The World Health Organization (WHO) Healthy Cities Project (HCP). As a long-term international development project, it sought to put health on the agenda of decision-makers in the cities of Europe and to build a strong lobby for public health at the local level. It aimed to enhance the physical, mental, social, and environmental wellbeing of people living and working in European cities (Tsouros, 1995). The Project developed over time into a major public health movement across Europe involving over 500 cities (Tsouros, 1995), and across the world in over 300 towns in Australia, Canada, the United States and some countries in the developing world (Kickbusch, 1989).

The Healthy Cities Project worked to facilitate inter-sectoral action and participation among individuals, communities, private and voluntary organizations and local governments throughout Europe as they conceptualized, understood and made decisions about health (Kickbusch, 1989; Tsouros, 1995). The Project developed strategies for reorienting public health endeavors at city level, and to make prevention and health promotion a highly visible and community-supported enterprise (Kickbusch, 1989). Major

activities were community assessment, communication and information exchange, and the development of city health plans. In addition, the Project involved policy issues such as promoting equity, altering lifestyles, improving political environment for a health agenda, and reorienting health services toward prevention and health promotion (Flynn, 1996).

The role of local government is central to the healthy city/community concept and is the core component that distinguishes Healthy Cities from other community-level health promotion programs. Health promotion activities were intended to build health into the decision-making processes of local governments, community organizations and businesses. The end result was the development of a broad range of strategies to address the social, environmental and economic determinants of health, and ultimately to change the corporate and community culture by incorporating health strategies (Hancock, 1993a). Healthy Cities plans would include: actively adopting position statements to advocate for city council resolutions; facilitating policy adoption on health issues; supporting the formulation and adoption of comprehensive city health plans; and advocating for assessments of the impact of city policies on health and the use of assessments by decision makers (Flynn, 1996).

Hancock and Duhl developed eleven parameters of a Healthy City, which are helpful in understanding the various dimensions of Healthy City planning (1986).

1. A clean, safe, high quality physical environment (including housing quality).
2. An ecosystem which is stable now and sustainable in the long term.
3. A strong, mutually-supportive and non-exploitative community.
4. A high degree of public participation in and control over the decisions affecting one's life, health and well-being.
5. The meeting of basic needs (food, water, shelter, income, safety, work) for all the city's people.
6. Access to a wide variety of experiences and resources with the possibility of multiple contacts, interaction and communication.
7. A diverse, vital and innovative city economy.
8. Encouragement of connectedness with the past, with the cultural and biological heritage and with other groups and individuals.
9. A city form that is compatible with and enhances the above parameters and behaviours.
10. An optimum level of appropriate public health and sick care services accessible to all.
11. High health status (both high positive health status and low disease status).

Despite the eleven pillars that specify what Healthy Cities should broadly include, the concept is subject to criticism that it does not have a firm theoretical foundation or well-defined research agenda (Stevenson, 1991). Academics critique it for not paying adequate attention to the lessons found in social and political theory and the experience of social movements. Furthermore, critics assert that it is not actually a social movement at all,

because it is too integrated within the government and bureaucracies (Stevenson, 1991; Hancock, 1993a). Health inequalities also remain unaddressed within the aforementioned framing, where little attention is given to disparities in wealth that lead to poorer health outcomes for households with material disadvantages (Chapman, 2010).

Despite the aforementioned critiques, the Healthy Cities concept has continued to evolve and develop new connections to sustainable development within the last decade. One example is the Healthy Sustainable Neighbourhoods Model, which was developed in the planning department in Glasgow, Scotland as part of the Health Impact Assessment of the city's East End Local Development Strategy. The Model is based on the following nine core components:

1. Employment and Training;
2. Health and Well-Being;
3. Climate;
4. Lifelong Learning;
5. People;
6. Transport;
7. Green Engineering;
8. Leisure and Recreation;
9. Housing Diversity.

The project grew from the realization that people and places must be considered together if healthy lifestyles will be effectively promoted. In other words, the project is seeking healthy placemaking tools. Thus far, the Model has been used to structure community consultations and more systematic considerations for health issues within the planning process. The group intends to produce a set of Quality of Place Indicators alongside further refinement of the model (Higgins, 2010). The Healthy Sustainable Neighbourhoods Model encountered challenges as it attempted to bridge professional boundaries and norms between urban planners and public health specialists. Planners tend to focus on systemic planning issues given current legislation and guidance, whereas, public health specialists tend to outline the problems and point to the determinants of health, rather than producing solutions. The necessary organizational structures and processes for allowing both planning and public health priorities to be addressed together simply do not exist. Recent reforms in the Scottish national planning policies have created further divides between health guidance and the planning system, such that possibilities for increased collaboration are limited for the time being (Higgins, 2010).

Another recent example of evolving Healthy Cities planning is called the Healthy Spaces and Places Initiative developed by the Planning Institute of Australia in 2009 in partnership with the Australian Local Government Association and the National Heart Foundation of Australia. The practical outcomes of the initiative include planning tools, case studies, and guidelines for planning and developing sustainable communities that encourage healthy ways of living (Capon et Thompson, 2010).

In addition to planning initiatives, there is also an academic movement in Australia to understand Healthy Cities. In 2006, the Australian Academy of Science hosted a conference in Canberra entitled, *Urbanism, Environment and Health* that brought together researchers, policy makers, industries and communities across a range of disciplines and sectors. The conference explored the implications of urban development patterns in Australia with a focus on the health of people and ecosystems. The interdisciplinary conference contributed to the reframing of urban health policy in Australia as an integrative response to health and environmental challenges (Capon et Thompson, 2010).

With the Australian planning initiatives and the conference, new doors opened as planners and health professionals showed a willingness to engage in a conversation about health and sustainability planning. This is significant because it is the realization of the call for integrating research traditions of the sciences and social sciences in order to gain a deeper understanding of existing problems and potential solutions (Capon et Thompson, 2010).

Both the Scottish and Australian examples point to the trend of planners engaging in public health planning and policy development that may provide important inroads for sustainability planning and healing arts. Planning is rediscovering its shared Victorian roots with public health as Health Impact Assessments, Statutory Strategic Environmental Assessments, Environmental Impact Assessments and Sustainability Appraisals. These assessments are widely adopted now, sometimes as required elements of planning processes or as optional tools. The World Health Organization (WHO) uses Health Impact Assessments (HIA) as a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative, and participatory techniques (WHO, HIA, 2010). Interestingly, these sustainable development tools are rebuilding bridges between public health and planning as they provide a common theoretical framework for both fields to draw from. Strategic partnerships within communities are now growing and taking a unified approach towards planning for health and sustainability (Chapman, 2010). This is important for developing the concept of healing arts because it shows signs of unifying frameworks across health and sustainability planning to establish holistic health outcomes for communities. These synergies point to the need for holistic planning that spans disciplines in order to adequately address larger systemic issues; planning and design as healing arts may provide a forum for linking the worlds of public health and planning through its grounding in sustainability planning and broad framing of holistic wellbeing.

Although progress is being made, large barriers still remain to fully integrated health and sustainability plans. While visioning processes are able to connect the overarching goals of health, the government and planning departments remain separate, and short-term quantitative measures, such as the amount of housing produced or funding spent, remains the focus of day-to-day operations. Furthermore, a systematic assessment of the effect of recent planning decisions on human health is absent from professional planning practice. Only by understanding the impacts of planning on human health and wellbeing can we

begin to rework the spatial planning system. Quantitative and qualitative assessments of the impact and cost of planning on health is a prerequisite for change. Planning practitioners also need to consider the way they approach planning and design, for this will determine the way forward for healthy city planning (Chapman, 2010).

As the relationship between health and planning comes into focus, with bridges between the two disciplines being rebuilt, it must be recognized that the professions do not exist in isolation. Rather, there are important overlaps with medical practice, social services, and housing, such that all these dimensions are increasingly interdependent for effective planning. This perspective also holds particular implications for development planning. As the focus of efforts shifts toward the health outcomes of spatial planning, approaches towards assessment and delivery of housing needs will change, as will the evaluation methods of all types of infrastructure, including social infrastructure (Crawford, 2010).

In conclusion, the review of the drivers behind Healthy City planning draws interesting connections with sustainability planning, both in definitions and approaches with particular synergies with social sustainability planning (Barton, 2010; Flynn, 1996; Hancock, 1993a). The Healthy City movement has evolved from the public health movement in the 19th century (Flynn, 1996; Hancock, 1993a), to the beginnings of a unified health framework adopted by the World Health Organization (Flynn, 1996; Kickbusch, 1989; Tsouros, 1995), to embrace new dimensions of sustainability planning in the 21st century (Capon et Thompson, 2010; Chapman, 2010; Crawford, 2010; Higgins, 2010).

Critics rightly question the theoretical foundations and research agenda of the movement and the inadequate attention given to social and political theory (Stevenson, 1991; Hancock, 1993a) as well as inattention to social disparities in plans (Chapman, 2010). Nonetheless, community participation and broad involvement from different sectors of the community are promising approaches to addressing Healthy City Planning (Flynn 1996). It is not to be assumed that such approaches do not exist within other planning theories, but rather that these connections hold particular importance for sustainability planning with an increased focus on health and wellbeing (Flynn 1996).

The relevance of Healthy Cities for planning and design and healing arts is the common language developing around holistic wellbeing; the Healthy Cities framework offers a strong base of research and practice that could reinforce social sustainability planning and offer a more comprehensive approach to planning for wellbeing. The healing arts concept should draw from this theoretical foundation in order to adequately address difficult issues that have roots in both planning and public health disciplines.

3. The Healthy City and Built Environment Design

The main focus of this study is researching how sustainability planning might incorporate spirituality and holistic wellbeing elements into a comprehensive healing cities framework. In order to do this, the framework can draw from social sustainability planning and Healthy Cities principles as discussed in previous sections. In addition, there is a vast field of research surrounding health in relation to the built environment design that can further deepen the discussion of planning and design as healing arts.

There are some significant overlaps between the theoretical models of health planning and sustainability planning. Both theories attempt to maintain healthy physical and social environments while strengthening communities and providing resources to sustain themselves into the future (Hancock, 1993a; Flynn, 1996). They also share the common language of “quality of life” where the health of individuals, the health of towns, and the health of the planet are indissolubly linked (Barton, 2010). Sustainability theory generally places people-oriented objectives within the social sustainability realm, although it maintains a holistic view of how to support communities through healthy environments, equitable economies, and vibrant social support systems, much like health planning (Basiago, 1999; Pezzoli, 1997). Given these synergies between health and sustainability planning theories, it is useful to look at some brief examples of how the concepts are being translated into planning practice. This section will focus on the following four design recommendations for creating healthy built environments: healthy natural environments; equitable social environments; physically active communities; and mental health in response to environmental design. Although this is certainly not an exhaustive list or thorough study, it highlights some of the most commonly represented elements of healthy/sustainable planning.

Healthy natural environments are often framed in terms of cleaning the city by addressing water pollution and solid waste disposal and removing litter (Hancock, 1993a). Connections are also made between population health and sustainability as reductions in air and water pollution can both improve human health and combat climate change by reducing greenhouse gas emissions (Barton, 2010). Healthy environment strategies typically call for integrating ecological and health concerns directly into planning design guidelines (Hancock, 1993a).

Planning for healthy social environments ranges from nurturing healthy workplaces (Hancock, 1993a) to protecting and supporting vulnerable sectors of the population, such as the elderly and children (Barton, 2010). The most common initiatives for social programs tend to focus on reducing inequalities between socioeconomic groups by providing access to affordable housing, facilities and transportation (Barton, 2010). In addition, planning is cited as a contributor to “livability of streets” where improving safety and encouraging communication between community members can lead to increased community cohesion (Barton, 2010).

The overarching theme in the literature of physically active communities is that planning for increased physical activity by providing walkable, mixed-use communities can reduce the burden of disease, disability and mortality due to sedentary lifestyles (Barton, 2010). The influence of the built environment on physical health has received considerable attention in recent years from public health and planning agencies who are concerned with how to create more walkable, livable and healthy communities (Plante, 2008; Heart and Stroke Foundation of Canada, 2007; SmartGrowth BC, 2006). Todd Litman of the Victoria Transportation Policy Institute, believes that “environments that are conducive to walking are conducive to people” (2007). This claim is supported by research that shows that diseases associated with obesity and low rates of physical activity – heart disease, obesity, high blood pressure – are currently among the leading causes of death (Frank & Kavage, 2008). Thus, when it was discovered that even moderate levels of activity could substantially decrease the chances of these lifestyle diseases, the public health field began to recognize the relevance of urban planning, transportation, engineering and architecture in supporting healthy citizens (Plante, 2008).

Creating physically active communities is intimately related to design of the built environment. Areas that encourage walking and cycling are aesthetically attractive, have varied and higher density with a mix of land uses such as local shops and services, and have good connectivity and feel safe (Higgins, 2010). People living in moderate-to-high density neighbourhoods with a mix of services within walking distance are 2.4 times more likely to meet their 30 minutes of daily recommended activity requirements and thus contribute to better health (Smart Growth BC, 2006). In addition, access to high quality green space can encourage physical activity. The areas that are most likely to be used are accessible from residential and commercial areas and are composed of large, multi-functional, attractive green space (Higgins, 2010). Physical activity and participation in recreation reaches beyond exclusively physical health benefits, it has been linked to improved self-concept and self-esteem, reduced depressive symptoms, decreased stress and anxiety, improved self-acceptance, changes in anti-social behavior and enhanced psychological well-being (Torjman, 2004).

Another important dimension is how mental health is influenced by the design of the built environment. Mental health is not often highlighted within health plans, yet it has a considerable impact on communities. According to the World Health Organization, mental illness accounts for 15.4% of lost disability-adjusted life years (DALYS). In developed countries, major depression accounts for 6.8% of lost DALYS, which is more than any other single disease except ischemic heart disease (Barton, 2010). Thus, planners would benefit from giving increased attention to the human emotional and stress responses to the built environment when crafting urban design approaches, particularly with regards to the needs of vulnerable groups, such as children and the elderly (Crawford, 2010).

Within the dimension of mental health and design for the built environment, there are specific implications for elders’ behavioral health. Studies show that architectural features,

such as the presence of front porches or sidewalks, can increase behavioral health and social connectedness (NIEHS, 2003). Furthermore, in cases of individuals with dementia, immediate living environments can offer support for cognitive impairment. For example, studies found that natural garden spaces can provide a person with stimulation that is mental, emotional and spiritual, with potential for positively impacting wellbeing (Gibson et al, 2007).

Additionally, healthcare providers, architects, landscape designers, and hospital administrators have come to believe that hospital environments can affect the mood, stress level, and perceived overall health of patients and families (Ulrich, 1991). Structural design elements as well as design features such as the color, light, sound, and texture of the facility have been empirically documented to show that the built environment can indeed have a restorative role and has renewed focus on the healing potential of hospital spaces (Ulrich, 1991).

An additional example of the restorative role of the built environment is offered by Todd Bressi at the UC Berkeley College of Environmental Design with the concept of the Healing Garden. Bressi's research found that individuals exposed to natural, garden-like settings can experience reductions in stress, improved immune functioning, better pain control management and improved physical and emotional well being (2001). The significance here beyond a vague notion of horticultural therapy, is the scientifically proven relationship between health and the landscape. It is a response to the call for integrated approaches between Western medicine and what could be called a traditional approach, through accessing the healing dimensions of natural spaces (Bressi, 2001). Therefore, the way the buildings are structured, as well as how they are nested in natural environments can have substantial impacts on human health and wellbeing.

Although the aforementioned examples all point to the influence of the built environment and the measurable effects it can have on people's behavior, critics remind planners that physical determinism cannot be credited entirely for human behavior. Slum redevelopment programs in the 1950s and 60s falsely assumed that by changing physical living conditions, social problems would be immediately remedied. They are one example of the oversimplification of the complex cultural, religious, socio-economic, and political forces that shape city spaces (Barton, 2010). It is important that healthy city designs do not fall victim to the same physical determinism by recognizing the range of factors that can influence the health of cities.

In conclusion, there is a wealth of research surrounding how design for the built environment influences the health and wellbeing of communities. Both health and sustainability planning seek to understand how to strengthen communities by giving attention to the physical and social environments through addressing "quality of life" issues in plans. Healthy natural environments, free of pollution and litter are seen as beneficial to both ecological and community health (Barton, 2010; Hancock, 1993a). Healthy social environments are those with attention to healthy workplaces (Hancock,

1993a), support for vulnerable populations and reductions in inequalities between socioeconomic groups through access to affordable housing, facilities, and transportation, as well as a sense of safety in city spaces (Barton, 2010).

Physically healthy communities refer to livable, walkable, mixed-use communities that encourage active lifestyles that reduce instances of disease attributed to sedentary lifestyles (Frank & Kavage, 2008; Plante, 2008; Heart & Stroke Foundation of Canada, 2007; SmartGrowth BC, 2006). Areas that are aesthetically attractive with higher density and within walking distances of services are more likely to encourage better health (Higgins, 2010; Smart Growth BC, 2006). Design also has implications for mental health; human emotional and stress responses to built environment spaces can increase behavioral health and social connectedness (Barton, 2010; Crawford, 2010; NIEHS, 2003). Furthermore, natural garden spaces and carefully crafted buildings with attention to color, light and sound can nurture positive mental, emotional, and spiritual wellbeing (Bressi, 2001; Gibson et al, 2007; Ulrich, 1991).

These findings offer clues about what elements should be included within a healing cities framework. A healing city can draw from existing ecological and social health indicators, yet it must reach deeper to expand the definitions of health to become a truly holistic framework. As mentioned above, mental health and emotional and spiritual wellbeing are starting to be recognized as important elements in healthy spaces, yet they are not fully incorporated in the language of healthy environments. Planning and design as healing arts may indeed meet the need for a unified approach by bringing spirituality into conversation with all the elements already discussed.

4. Holistic Wellbeing in Sustainability Planning

Previous sections have reviewed the three pronged approach to sustainability planning consisting of social, economic, and ecological realms, and suggested that social sustainability needs greater attention. A section explored how Healthy Cities approaches may offer new avenues for addressing weaknesses in social sustainability through building on the people-oriented approaches to planning for health and wellbeing. Healthy Cities planning also provides a common language for public health officials and urban planners to pursue mutually supportive sustainability goals, which may open up new doors for healing cities work to unite both disciplines within a more holistic framework. The preceding section demonstrated the need for a more comprehensive framing of health in the built environment design. This final section pulls together the concepts from the previous sections to make a case for how sustainability planning can incorporate holistic wellbeing through re-conceptualizing planning and design as healing arts. Specifically, this component reviews the spiritual wellbeing dimensions that would be important to consider in a healing cities framework. The following section explores “holistic” sustainability planning, mind-body-spirit components of a holistic model, and elements a healing city would include.

The concept of holistic thinking is gaining attention within sustainability literature. Environmental and sustainable development literature critiques reductionist, scientific thinking because it falls short of providing insight and understanding to the whole of the environmental crisis; it tends to point to isolated variables or components of a problem, rather than viewing the bigger picture. Some academics have shifted towards “holistic” models that attempt to understand “the whole” of systems in their entirety and how they operate with their complexity. Recent literature points towards a middle ground approach that seeks to understand the *interaction between* the parts in “the whole” of something, and between “the whole” and its environment (Mebratu, 1998).

Holistic thinking is the thread that connects the fabrics of social, ecological and economic sustainability; it serves as a means to create a cohesive quilt of all the fabrics involved. Given this concept, it seems natural that planners would seek to holistically blend the values of social justice, economic responsibility, and ecological health into community and development plans (Campbell, 1996). Although there are risks associated with folding together all planning variables into a holistic theory, without it, sustainable development may fall prey to the problems seen with comprehensive planning theories that were later dismantled by advocacy planners and incrementalists (Lindblom 1959; Altshuler 1965; Davidoff 1965; Fainstein & Fainstein, 1971 as seen in Campbell, 1996).

Despite these potential problems with developing holistic sustainability theory, plans that synthesize health, social and community wellbeing, environmental sustainability, and economic vitality are attracting attention from urban planners and academics. In 1991, the Toronto region developed city, metropolitan, and regional plans that explicitly delineated holistic plans. In addition to the Toronto context, Canadian government agencies at provincial and national levels also started to examine these ideas (Hancock, 1993b).

In addition, there is a substantial amount of activity at a community level with projects addressing topics such as livable cities, safe communities, green communities, community enrichment, community economic development, community gardens, and community education. All of these activities share the common thread of holistic planning, recognizing that fragmented and isolated activities do not produce desirable results. In order to develop whole communities, we need holistic approaches to address environmental, social, economic, land use and health, and human development needs in integrated ways (Hancock, 1993b).

Some researchers argue that achieving goals for the health of the planet can also meet goals for the health of people, and that understanding these synergies could encourage planning policies and actions in this area (Capon et Thompson, 2010). For example, the Australian Government recently reviewed their health systems and invited urban planners and designers to contribute to recommendations for strengthening the system and ultimately embraced several key recommendations. One of the strategies proposed implementing a prime ministerial council for active living to “develop and implement a

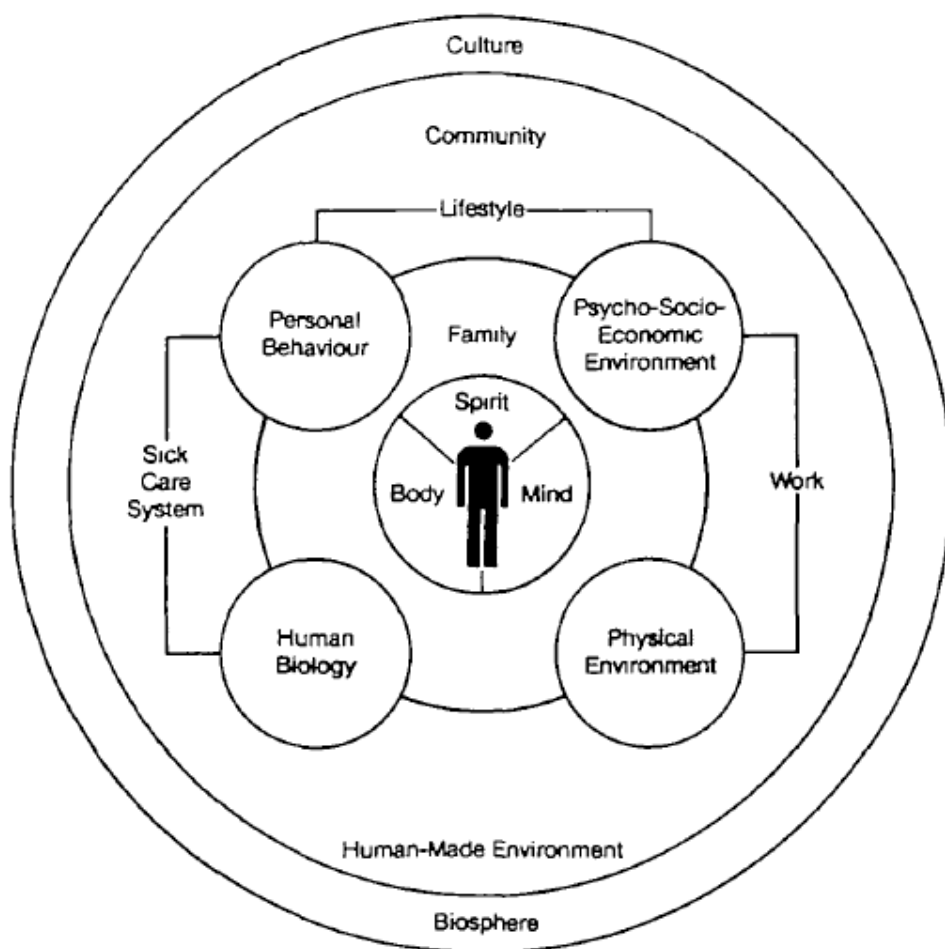
national framework for active living encompassing local government, urban planning, building industry and developers, designers, health, transport, sport and active recreation” (Capon et Thompson, 2010, p. 113).

At the state level in Australia, the New South Wales (NSW) Health Department in Sydney recently funded a research and workforce development programme aimed at creating a healthy built environment to be established within the Faculty of the Built Environment at the University of NSW. The interdisciplinary initiative brought together health and built-environment professionals crossing the public and private sectors to advance research and education into planning and health, as well as to advocate and develop leadership for healthy cities. The challenge to these Australian initiatives is harnessing the heightened policy and professional interest and translating it into action for both urban planners and health care practitioners. Structural changes to how urban development is practiced are necessary for cross-disciplinary collaboration in order to effectively create healthy communities (Capon et Thompson, 2010).

The need for supportive policy is also seen within the Canadian context where the health-environment-economy planning model is a growing concern within governments. The Province of Ontario Premier’s Council on Economic Renewal proposed for a 2002 plan for several different working groups to join forces to produce a strategic agenda based on wellbeing, environmental protection, and wealth generation. Thus, the holistic integration of health, environment, and economy reached a high level of provincial strategic policy and succeeded in attracting the attention of government leaders (Hancock, 1993b).

Returning to the research question for this section, how can spiritual wellbeing find a place within sustainability planning? The model below provides a place to start this dialogue. The *Mandala of Health* was first developed in the early 1980s by Hancock and Perkins and has since gained widespread acceptance in the health planning community. The model is based on the framing of human ecology as the interaction of culture with environment, and so the outer level of the Mandala encompasses culture and the biosphere, or the living planet. The inner level of the Mandala is comprised of the individual with mind, body, and spirit dimensions, where health is conceptualized in a holistic sense. The levels that exist between attempt to outline the interactions that occur between the individual and the broader earth systems within which the individual is nested (Hancock, 1993b).

Although this is not clearly visually portrayed, the model attempts to draw connections to the social sciences in its upper half (psychology, sociology, economics, politics, anthropology) and links to the natural sciences in its lower half (physics, chemistry, biology, engineering, ecology). It also attempts to draw the 'health care' system (described as sick care) into the conversation by establishing this as a link between the physical and social sciences. The model is intended to be “dynamic and three-dimensional” such that it can be adapted to needs of different communities (Hancock, 1993b, p. 42).



THE MANDALA OF HEALTH

Fig. 1: A model of the human ecosystem

Figure

Source: Hancock, 1993b, p. 42

The Mandala of Health provides a reference point for depicting determinants of health and holistic framing of the individual in terms of mind-body-spirit. The fact that this model has been adopted broadly and that health courses have been developed around the *Mandala of Health* speaks to the need for multi-faceted, multi-disciplinary approaches and theories to address health planning (Hancock, 1993b). In addition, the model opens up new doors for discussing the “spirit” component of humans and creates the space to bring mental, emotional, and spiritual wellbeing into the sustainable development dialogue.

Within planning literature specifically, some planning theorists are referencing concepts similar to the Mandala of Health model, acknowledging multiple dimensions of wellbeing. For example, Ian Wight introduced Integral Theory into planning practice, which attempts to unite “all quadrants and all levels” of thought into a united framework (2005). Wight identified Integral Theory as a model that might enable planners to integrate nature and culture with a more “consciously cultivated global consciousness—a more evolved collective mind, charged with ecological wisdom” (2005, p.127). Wight explored how sustainability planning would benefit from a more explicit “Spirit-acknowledging and Spirit-embracing stance” through an integrated approach (Ibid). He critiqued mainstream planning for settling on a narrow physical or physiographic focus on land/building planning, that eschews the social, behavioral, soulful and spiritual aspects of planning. He offers planning as placemaking as means to offer a new spirit-affirming integrative postmodern form of planning (Wight, 2005). Another planning perspective is offered by Michael Anhorn with a model of spirituality in planning practice as seen in the image below. Based on literature reviews and interviews that Anhorn performed, he developed the model below for how self-nourishment and building connections are both part of an individual’s experience of spirituality in planning (2006, p. 73). Image source: Anhorn, 2006, p. 73.



Figure 1. Spirituality in planning practice.

Anhorn reasons that spirituality in planning includes approaching things holistically, in other words, recognizing that many components make up the whole, and that the whole is not simply a sum of its parts. His research positioned humans as composed of different aspects that need to be in balance. Anhorn identified elements that must be included in order to integrate spirituality into the dance of planning, including: connections, holism, moving beyond dualism, mystery, mysticism, valuing pluralism and self-awareness (2006). Anhorn clarified that these elements “help to frame spirituality into a concept that can be

used for both theory and practice and allow us to distinguish what music and steps fit within our dance, and what falls beyond the scope of planning” (Anhorn, 2006, p. 71).

Outside of the world of planning, others are certainly asking questions about integrative health and spirituality. One excellent example is the 2009 publication, *Healing Spaces: The Science of Place and Well-Being* by Esther Sternberg. As a trained M.D in rheumatology, Sternberg is recognized internationally for her discoveries in brain-immune interactions and the effects of the brain’s stress response to health and the science of mind-body interaction. In her chapter titled, “Healing Cities, Healing World,” she traces the roots of planning back to public health in the 19th century with the cholera epidemic in London, England. She traces the story of how public-hygiene measures led to land-use planning and greater understanding of the effects of the built environment on urban health. She concludes that building urban spaces for sustainable living are good for the environment and good for our health, especially at a personal level as the green movement encourages “thinking globally, acting locally” (Sternberg, 2009). She poses the question, “What could be more personal than our health? We can each do our part to improve our local environments, and in so doing, find our own healing places” (Sternberg, 2009, p. 279).

Sternberg regards healing as, “a movement in a desired direction- a journey that takes you from illness to health” (Sternberg, 2009, p. 14). But it is not only recovery from sickness, it is also a dynamic process occurring all the time as cells and organs maintain a complex balance. She compares healing to walking up a descending escalator where you must keep taking a step up in order to remain in the same spot. She explains health as that dynamic spot in the movement of life, and healing as the perpetual march to stay there (Sternberg, 2009). This definition is important when considering what planning and design as healing arts may be. It recognizes that health is not an end state- it is a process and requires constant movement. Just as planners create long range plans aimed at sustainability or economic productivity, the day-to-day interactions within cities are critical to maintaining conditions of the system required to meet that end goal.

Sternberg outlines qualities representative of a healing place. She visited and researched a small city called Lourdes in France, which is a site of pilgrimage to a sacred grotto where supposedly the Virgin Mary appeared in 1858 and performed a miraculous healing. Visitors have continued to visit the site in droves ever since the reputation of this small town in the French Pyrenees spread across Europe. The city transformed into a healing epicenter where daily Mass ceremonies welcome new seas of people in search of cures for their illnesses. There have been sixty-seven officially acknowledged miracle cures at Lourdes since the first visions of the Virgin Mary. “Miracle healings” must be determined by a physician with in-depth interviews and follow up reports over a period of five years (Sternberg, 2009). Dr. Patrick Theillier serves as the head of the Lourdes Medical Bureau, who reviews the legitimacy of miracle healings. Theillier identified elements of the city that help people to heal; he first cited the universal symbols of healing- water, rocks, and mountains- as well as the grotto and the beauty of the surroundings. He also pointed to

the history of miracles in the area as contributors to building a spirit of openness to the belief in healing. The profound faith that visitors express and celebrate as they bathe in the waters of the spring and join in Mass with others who have done the same over the last hundred and fifty years also contributes to a healing sense of place. Theillier recounts that, “cures may not be complete, but virtually every patient who visits Lourdes leaves feeling better, and most return year after year” (Sternberg, 2009, p. 178).

The elements experienced in the healing place of Lourdes point to some ways to create more awe, wonder, and peace within urban city spaces. An entire field of urban design could be dedicated to fully exploring these domains, and indeed already has been by architects of sacred spaces over the ages. And more recently and specifically in an ecological context, landscape architect and designer Randolph Hester (2006) has explored the centrality of the sacred. However, the literature of urban planning has not yet drawn this experience of healing into sustainability planning. Sustainability remains a scientific response to ecological crisis.

In conclusion, sustainability planning provides a common language for public health officials and urban planners to pursue mutually supportive goals across seemingly exclusive fields. This may be accomplished by developing a more integrative theory, or a “holistic” sustainability planning model, which seeks to understand the points of interaction between the parts in “the whole” of something, and between “the whole” and its environment (Mebratu, 1998). Plans that synthesize health, social, and community wellbeing, environmental sustainability, and economic vitality are attracting attention from urban planners and academics (Hancock, 1993b). Some researchers argue that achieving goals for the health of the planet can also meet goals for the health of people and that understanding these synergies could encourage planning policies and actions in this area (Capon et Thompson, 2010). The established *Mandala of Health* model (Hancock, 1993b) opens up new doors for discussing the “spirit” component of humans and makes the space to bring mental, emotional, and spiritual wellbeing into the sustainable development dialogue. Some urban planners have also acknowledged spiritual dimensions of planning with an eye to creating integrative models for sustainability planning as well as skill sets that practitioners must bring to a spiritual practice (Anhorn, 2006; Wight, 2005). Healing and integrative health are also of great interest within the medical field as scientists draw new links to mind-body responses to illness (Campbell, 1996). Healing places, such as pilgrimage sites or sacred spaces (Sternberg, 2009) may hold important lessons in terms of the built environment design that can inform new ways of conceptualizing planning and design as healing arts.

Healing Cities can draw a great deal of inspiration from the above discussion of holistic wellbeing and spirituality. Of particular importance is the dialogue surrounding spirituality, which brings important human dimensions including love, compassion, and interdependence into the sustainable development dialogue that is much in need of a soulful approach. These findings along with the identified holistic elements of wellbeing (ie. a balance among physical, mental, spiritual, emotional and social components of a

person) will inform the Healing Cities Framework that follows the interviews and project outcomes.

Literature Review Conclusions

Briefly reviewing the findings of the literature brings us back to the evolution of sustainable development and how it grew out of the historical notion of building lasting civilizations through collaboration and living in harmony with nature and each other (Mebratu, 1998). The aim of sustainable development is to unify social, environmental, and economic concerns within one construct in order to create stability and develop long-term planning with a focus on human needs for the present and future generations (Basiago, 1999; Pezzoli, 1997). One of the under-developed dimensions of sustainable development theory is the social domain (Lehtonen 2004; Littig and Griebler, 2005; Omann and Spangenberg, 2002). More thought is now being given to the social dimension and how to make it more inclusive of human needs (Littig and Griebler, 2005). Although there is a wide range of indicators available for both qualitative and quantitative measures of social sustainability (Littig and Griebler, 2005; McKenzie, 2004), it is difficult to track progress in this domain (Lehtonen, 2004). Consistently defining social objectives is also problematic (Littig and Griebler, 2005), especially when recognizing multiple motives for human decision-making (Lehtonen 2004).

Healthy City planning offers potential solutions for filling the gaps of social sustainability planning (Barton, 2010; Flynn, 1996; Hancock, 1993a). It provides an important connection to the public health movement in the 19th century (Flynn, 1996; Hancock, 1993a), and offers a unified health framework that has been utilized by the World Health Organization (Flynn, 1996; Kickbusch, 1989; Tsouros, 1995). Healthy City planning opens up new doors for the practice of sustainability planning in the 21st century using an expanded language of health that is capable of embracing spirituality (Capon et Thompson, 2010; Chapman, 2010; Crawford, 2010; Higgins, 2010).

Claims for the value of Healthy City planning are supported by a wealth of research surrounding the built environment's design and how it influences community health and wellbeing. Physically healthy communities are livable, walkable, mixed-use communities that encourage active lifestyles. Research increasingly credits such physical design with the ability to reduce instances of disease attributed to sedentary lifestyles (Frank & Kavage, 2008; Plante, 2008; Heart & Stroke Foundation of Canada, 2007; SmartGrowth BC, 2006). Design also has implications for mental health; human emotional and stress responses to built environment spaces can increase behavioral health and social connectedness (Barton, 2010; Crawford, 2010; NIEHS, 2003). Furthermore, natural garden spaces and carefully crafted buildings with attention to color, light and sound can nurture positive mental, emotional, and spiritual wellbeing (Bressi, 2001; Gibson et al, 2007; Ulrich, 1991).

Sustainability planning provides a common language for public health officials and urban planners to pursue mutually supportive goals across seemingly exclusive fields (Hancock, 1993b). Some authors and urban planners suggest that this union would be accomplished by developing a more integrative theory, or a “holistic” sustainability planning model that brings spirituality into the discussion more explicitly (Anhorn, 2006; Mebratu, 1998; Wight, 2005). Opportunities are emerging to discuss the mental, emotional, and spiritual dimensions of wellbeing within the sustainable development dialogue (Hancock, 1993b). The medical field is also showing increased interest in integrative health planning and the built environment design as new links are discovered between mind-body-spirit responses to illness (Sternberg, 2009).

These findings in the literature provide important insights into what a Healing Cities Framework will look like as it builds on the foundation of sustainable development, with specific attention to the underdeveloped field of social sustainability. In order to truly address the needs of present and future generations, sustainability planning must better address the whole spectrum of human needs by making space for holistic wellbeing. Healing Cities has the potential to provide support for this missing dimension by building on Healthy City planning techniques, particularly by utilizing an expanded language of health that openly integrates spirituality into the realm of planning practice. Another important dimension of Healing Cities is attention to how the built environment is designed, and how spaces can invoke stress or healing responses for people. Finally, Healing Cities offers a pathway to unite public health and planning realms by establishing a mutually beneficial strategy to create holistically healthy cities, which benefits both domains. The diverse dialogue surrounding integrative health planning also holds new interest for medical practitioners, and the Healing Cities Framework will provide a base for initiating discussions between planners and medical practitioners as well.

The remainder of this project seeks to learn more about how to create soulful, heart-based, and spirit-filled approaches to sustainability planning. It is my hope that through more inquiry and exploration, there will be more healing experiences within our city spaces through the reconceptualization of planning and design as a healing art. The following interviews shed light on important themes that bring more depth to the Healing Cities Framework and provide a clearer idea of what a healing city may look like.

Learning from experience: interviews with health and planning practitioners

The literature review revealed that a holistic framing of health within sustainability planning offers new avenues for what could be deemed “healing” work. Building on this idea, I chose to interview practitioners in the fields of planning, healthcare, and public health in order to get a better feel for how the concept of “Healing Cities” might take hold in actual practice. My goal was to learn from the experience of these practitioners and to explore whether their perspectives supported or negated the literature review findings.

I identified five practitioners who bring an integrated approach to health and wellness in their professional role. Within the public health and healthcare realm, I interviewed two practitioners. First, Jane McCarney brought a public health perspective to the discussion of planning and design as healing arts. While working for the Public Health Agency of Canada in the BC Regional Office, McCarney has worked closely with planning and public health professionals to promote healthy built environments in municipal land use and transportation planning decisions. Second, Dr. Hal Gunn offered unique perspectives on how the medical field is evolving and what that may mean for Healing Cities. He is the co-founder and Chief Executive Officer of InspireHealth, which is an integrated cancer care centre. Gunn’s special interest in mind-body medicine and psychoneuroimmunology (the study of the effects of the mind and spirituality on the body's ability to heal) enriched the conversation about holistic health and wellbeing.

In the planning realm, I interviewed three planners who focus on different dimensions of what could be considered “Healing Cities” work. Janet Kreda explained the issues faced by the Metro Vancouver Policy and Planning Department. As the Senior Housing Planner, Kreda oversees regional growth planning, social housing policy, and environmental quality planning; she faces a great deal of complexity in her work and pointed out issues to be aware of in “healing” work. Wendy Sarkissian also brought a discerning eye to the idea of Healing Cities. Sarkissian works as a social planning consultant in Australia, and has a great deal of experience working with senior managers and advisors to government departments and private enterprise, primarily in the urban, community, housing and development sectors. She embodies her commitment to finding spirited ways to nurture and support engaged citizenry. The final interviewee is Jodi Mucha whose work bridges public health and planning. She serves as the Director for BC Healthy Communities, which is a province-wide organization committed to the ongoing development of healthy, thriving, and resilient communities. Her Masters thesis work explored connections between spirituality and sustainable development; her knowledge of this area brought an important depth to the discussion of planning and design as healing arts. Full descriptions of the practitioners’ backgrounds and experience can be found in Appendix 1.

In terms of my methodology, I performed semi-structured in-depth interviews with each individual that were roughly an hour in length. I asked each respondent a similar list of questions about planning and design as healing arts. None of the interviewees requested

pseudonyms and so their true names are used throughout the manuscript. I recorded and transcribed the interviews and then analyzed the findings to identify the core ideas that practitioners referenced that held the most relevance for Healing Cities.

The interviews were guided by the original research question: might integrating holistic wellbeing elements (ie. physical, mental, spiritual, emotional, and social) into sustainability planning provide a more comprehensive framework for health and wellbeing in cities? With this question in mind, I structured the findings into four categories based on the themes that emerged. The first theme builds on findings related to the Healthy Cities movement and sustainability planning methods that are closely related and will inform a Healing Cities model. The second theme explores the synergies between public health and urban planning and how these realms may work together more closely to achieve common goals of holistic health and wellness for communities. The third theme focuses on recovering multiple dimensions of health and explores how medical and planning models are integrating mind-body-spirit approaches into practice. The fourth and final theme explored the spiritual dimensions of Healing Cities work and how incorporating a spiritual perspective can offer new avenues for planning practice. The responses from interviewees point out some elements that could be included in a new integrated sustainability model for Healing Cities, which will be explored in more depth in the conclusion and framework section at the end of the project report.

From Healthy Cities to Healing Cities

The literature review explored the concept of Healthy Cities, defined as “a community that continually creates and improves physical and social environments and strengthens community resources.” Healthy Cities enable people to mutually support each other in performing all the functions of life and achieving their maximum potential (Hancock, 1993a; Flynn, 1996). The interviews with professionals from public health, planning, and medicine pointed to Healthy City elements as a potential base for building the concept of healing cities. *Jane McCarney* spoke to the need for enabling health-promoting choices in communities through supporting equity and social justice. Decreasing health disparities and providing equal access is necessary for a healthy community. Social determinants of health should also be given attention in policy decisions and planning practice, including: gender, employment, housing, ethnicity, culture, education, physical environment, and access to healthcare.

In addition, practitioners identified overlaps between sustainability planning goals and Healthy City guidelines, which provides a potential base for Healing Cities to build upon and expand further. McCarney pointed to the SmartGrowth principles (a set of sustainability planning tools), that outline elements for an ideal sustainable and healthy city: compact communities, housing density, green buildings, mixed land use, connectivity of streets, and a range of transportation choices. Other qualities include:

decreased sprawl, preserved open spaces, enhanced natural beauty, protected environmentally sensitive areas, preserved agricultural lands, established neighbourhood identity, engaged and nurtured citizens. McCarney spoke to the need for cities where the planning and design of the built environment support healthy lifestyle choices; cities with walkable indoor and outdoor recreation areas provide opportunities for physical activity and healthier lifestyles.

Jodi Mucha offered an example of how a sustainability project based on a community garden initiative offered ways to create both a healthy and a healing community:

“A healthy community is also a healing community. For an example, one project that [BC Healthy Communities] worked on was an integration between youth and seniors on a community garden project. Young people could come and work with the seniors who would tell stories about when they were young and growing up. The parents of the kids were saying that their kids were engaging with them more, and telling them stories they heard from the seniors. The kids are more interested in being in the kitchen and being with the parents because of more social time with adults. The seniors having associated with the kids are no longer as afraid to be out walking in the community, because they now know the kids riding by on the skateboards. That is a safe community, but there is also a healing aspect in that. Kids are more interactive, and if you look at studies around gross national happiness, people when they connect to their neighbours are happier, and that contributes to health and well-being at different levels.”

Planner, *Janet Kreda*, also made connections to sustainability work and planning for health and wellbeing. She remarked, “For example, when you look at parks, even the presence of trees can have a very calming effect for people.” Planning for the natural environment and integrating cities as ecosystems has healing implications for people by feeding the need for nature that city dwellers feel. People generally feel happier when they have contact with natural environments, and the “Parks and Recreation departments have recognized this and are working with the built environment people to help make changes” Kreda explained.

Healthy cities have the potential to be healing cities. The bridge between these domains is sustainability planning, whose language offers a connection for work across differences towards the same end goal. SmartGrowth and other sustainability planning tools are relevant in the dialogue about what a healing city would look like in planning practice. There is an important social element for healing cities as well that could respond to the gaps in social sustainability practice. The social dimension can be addressed through sustainability initiatives that integrate nature into the urban environment and also provide social benefits such as increased community connectivity and increased comfort and happiness within the city. The bridges between healthy and healing cities were addressed within this section, but how might these theories come about in practice?

Common Ground for Healing Cities

In Vancouver, BC there is a movement developing to unite public health sector work and planning that has important implications for healing cities planning. Kreda spoke about the new Social Issues Subcommittee formed at Metro Vancouver. The purpose of the group is to work with the Federal Canadian Municipalities Indices for Quality of Life in order to identify better ways to address connections between planning and public health. She also pointed to a growing research base that is starting to link the worlds of planning and health. Larry Frank, a professor at University of British Columbia (UBC), is doing research that relates health to walkability and access to transit. Larry is now part of a new Health Planning Working Group at Metro Vancouver, along with staff from Metro Vancouver and representatives from the Fraser and VCH health authorities. The Group has joined together to collaboratively craft new health initiatives and make policy recommendations. Kreda identified this group as a forum for people to create changes and bring together the education and training of different professions to lead to new visions and ways of working together into the future to create healthy cities. She made the case for this type of collaboration in order to address difficult social planning problems. For example, there is new research coming out showing that mortality rates by income quintile are linked. The higher the inequality within communities, the higher the mortality rates across all income levels. The cities with smaller gaps in income levels had lower mortality rates. This makes a strong case for the health impact of social housing programs and the need for greater equity among socioeconomic groups.

McCarney has been charged with the task of building build capacity among professionals in health, planning, and design to promote healthy planning outcomes. She developed the Health 201 kit within the last year for the Provincial Health Services Authority. The Health 201 kit was developed specifically to teach planners about health and draws information from the World Health Organization about public health indicators and the social determinants of health. There is also a Health 101 kit developed to teach public health practitioners about planning. Both of these initiatives are part of the larger initiative with the Healthy Built Environment Alliance to create stronger relationships between health and planning realms and to establish a common language. The health kits were well-received by planners who have an interest working with the health sector and readily speak the language of public health, although the public health practitioners did not respond to planning language as readily. Public health planners often focus only on the determinants of health and some more education is needed to rebuild the bridges between the two domains.

Another important BC initiative that McCarney referenced is the BC Public Health Renewal Process instigated by Trevor Hancock, a leading academic within the Healthy Cities movement who developed the Mandala of Health Model that was referenced in the literature review. Trevor worked with public health agencies to reorganize services to consider the full domain of health in BC. He clustered public health topics into 19 core programs using a Healthy Cities framework. Each of BC's five health authorities were

given materials to help organize programming around the Healthy Cities concepts, and three managers were identified to coordinate between agencies. It is hoped that increased collaboration between agencies and a more holistic focus will lead to increased community health. Trevor's involvement in this project is particularly exciting, because he brings a mind-body-spirit awareness of health and an approach to health planning that also incorporates sustainability planning perspectives.

The development of two new health-focused committees in Metro Vancouver, the health training kits, and the BC public health renewal process are indicators of a shift in thinking about health and what a Healing City might be. The new initiatives suggest that British Columbia is pioneering important shifts in holistic health and sustainability planning. Despite advances in a new form of health practice, there are barriers to implementation, such as the difficulties bridging vocabularies despite education campaigns. Kreda stated, "The public health realm also focuses on the social determinants of health and we haven't found a good way to bridge this vocabulary with planning." In addition, McCarney stated that it remains difficult to track mental and emotional health, besides basic measures of stress and anxiety through homelessness and security indicators that do not provide holistic health perspectives. Despite these obstacles, the movement towards more united initiatives is supportive for conceptualizing Healing Cities approaches that seek to build on health and sustainability concepts for a comprehensive approach. The question remains, what would a holistic approach actually entail? How would that influence health planning practice?

Integrated and Whole Health Planning

When considering what a holistic approach to planning would include, it is useful to return to a basic definition of health. The World Health Organization (WHO) provides a definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). This definition has remained unchanged since 1948 and is an important guide for public health agencies (WHO, 1946). Despite the holistic framing of health by the WHO, it seems that modern public health practice has strayed from this early conceptualization of physical, mental, and social wellbeing. *Wendy Sarkissian* critiqued the current public health dialogue for lacking depth and holding little space for human interactions to play a part in health. She argued that scientific and mechanistic thinking dominates mainstream philosophy surrounding public health planning, where health models do not acknowledge how individuals connect. Whether this assertion is accurate or not, she suggested infusing health models with a "network of caring" model that nurtures humans and the spaces they live in more explicitly. Sarkissian's comments mirror the literature review findings that social issues and human relationships are more difficult to identify and measure, but are important when considering holistic health (Lehtonen, 2004; McKenzie, 2004). If the human dimensions of health have been lost in public health practice, then what is the pathway to recovering

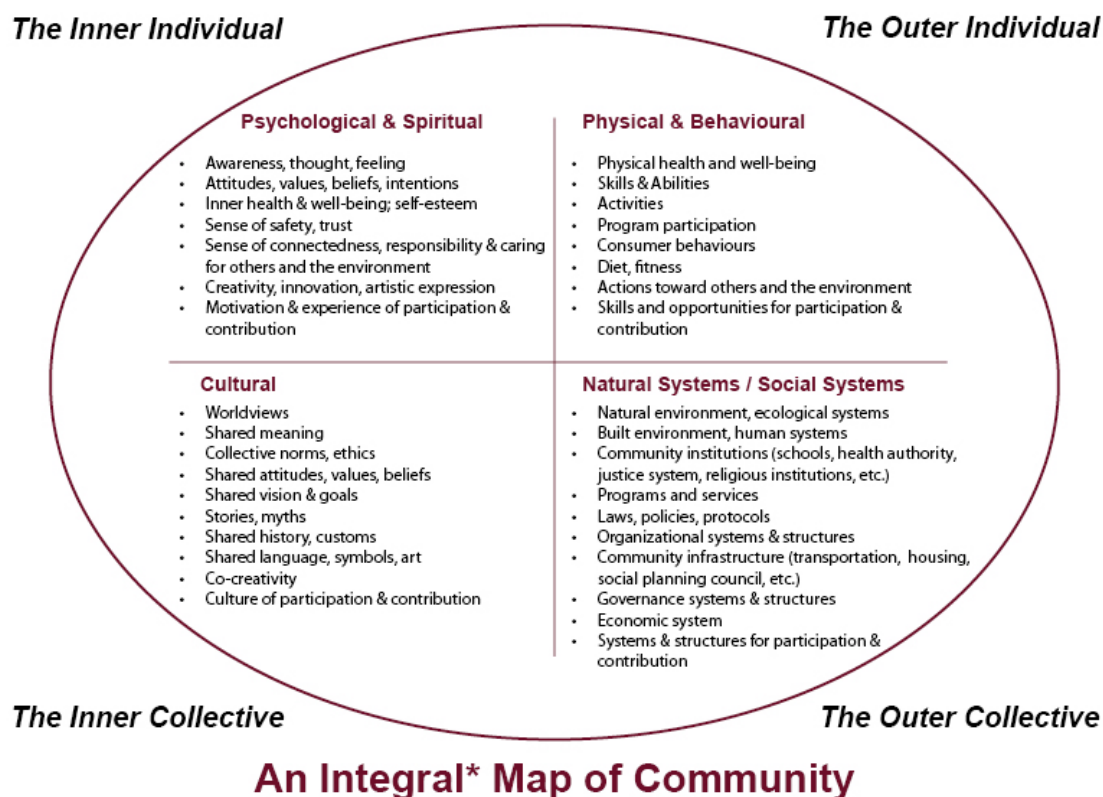
them? Responses from interviewees suggest that Healing Cities may provide a pathway forward for uniting multiple dimensions of health.

Hal Gunn has established his medical practice with what could be considered a “network of caring” approach. Gunn explained that “healing means to make whole; it is connecting ourselves to who we really are and the larger we that connects us to the universe.” Relationships are important to health and healing, and particularly important is a quality of self-awareness Gunn reflected. The Quakers believe in two sins: the first is to “speak when you didn’t feel grace, and the second is to not speak when you did feel grace.” Gunn believes that grace is a personal way of being and a way of interacting with others that has important implications for healing. “Illness is a wakeup call and an expression of imbalance that calls for the need to do something different” Gunn explained. Imbalances require grace in order to understand, why am I challenged in this situation, and how can I heal this situation? The major challenge with healthcare systems is that this self-reflective element is not acknowledged within mainstream institutions because current medicine does not provide meaning or a context for how to address imbalances that create illness in the first place. McCarney reflected on this disconnect when she explained that the way the medical system is structured holds implications for the world of planning and public health because they treat the downstream effects of healthcare. Gunn responds to this systemic deficiency by approaching cancer care as a practical expression of spirit, recognizing the dynamic relationship between the mind, body and spirit when it comes to disease. Gun identified signs of shifting occurring in the Western context where interest in yoga studios, spas, and meditation centres continues to grow. These spaces of caring are important for what Gunn recognizes as the self-reflective element of healing and an expanded conceptualization of caring for health.

When considering healing arts, the critiques of public health definitions are timely as planners begin to understand the complexities involved in the healing process. Disease as “an expression of imbalance” holds important implications for planning and design as a healing art. It calls for better understanding of what spaces, situations and processes welcome “ease” and how we can prevent “dis-ease.” The more that we understand the intricacies of health, the more accurately planning and design can function as a healing art. Working from a space of self-reflection and grace may also be important not only for people seeking their own healing, but also for planners, public health practitioners, and doctors as they work on a more holistic practice of health in their profession. The idea of Healing Cities is situated in the synergy among these disciplines. It requires cooperation at many levels in order to fully bring about the health of communities, cities, and regions.

The literature review focused on how holistic sustainability planning models would provide a grounding for healing cities work. Some examples of how this might play out in future practice are offered by BC Healthy Communities. The organization operates using a holistic model based on “integral theory” as a guiding framework; as referenced in the literature review, Ian Wight utilized integral theory with his conceptualization of placemaking and spirituality. BC Healthy Communities has also adopted the theory,

developed by the American Philosopher, Ken Wilber. The integral theory approach is intended to include a broad range of perspectives within one singular concept. The four-quadrant model as detailed below, is used for guiding community processes and visioning.



* integral means "comprehensive, inclusive, balanced ... not leaving anything out"

Diagram Source: West Coast Integral Initiatives, Tam Lundy, 2004. Ph.D.

For her work with BC Healthy Communities, Mucha utilizes the model to guide conversations while doing health planning in communities. It provides a way to identify missing pieces and gaps in thinking, to understand where the current community focus is, and how to keep a balanced approach to difficult issues. BC Healthy Communities typically works with organizations heavy in the systems and structures quadrant at the bottom right of the model and in the physical and behavioral quadrant on the top right. There is typically little focus on the psychological and spiritual aspects of organizations, and the model is helpful to bring attention to this dimension of groups. It enables them to question assumptions and take a look at how values impact behavior change.

Integral approaches were helpful in working with First Nations individuals on a project among regional facilitators with the BC health authorities. Before Mucha became involved, past coordinators for the project complained that the First Nations people were "difficult to work with, and they never come to the sessions." Mucha identified that the people working on the project were making complaints, but had never even had a

relationship with the local First Nations people. Their complaints were based on assumptions, without any personal experience to back it up. Mucha worked to draw people together to engage in conversations using the integral model to identify where the community was currently at with planning. Ultimately, the BC Healthy Communities approach was successful in drawing together 30 different leaders from 6 different bands in the region and created a successful dialogue among all sorts of different people. The First Nations representatives had positive reactions to the integral model. "It really seemed to resonate with them," Mucha reflected, "they found it to be something that was an obvious and intuitive model, similar to the medicine wheel." Recognizing the similarities in the models, they overlaid the medicine wheel onto the integral model to create a familiar framework. The experience with this community process reiterated the importance of a holistic approach to health planning.

Mucha explained, "We are on the edge of keeping up with the interest that communities have in using the integral approach, and needing to push the boundaries in terms of our own learning so that we are constantly able to address what communities are wanting." There are many layers behind the theoretical model, and Mucha cited the challenge of staying ahead of the learning curve to provide that back to communities. They also engage with a range of communities, and they need to be able to speak to different issues in different languages. "We are walking shoulder to shoulder with the community and listening to what their needs are and helping to articulate what it is." In this way, Mucha can help them to see what they need and identify how to plan for it. This facilitator role helps to empower the communities she works with and build capacity for future work to take place.

The integral framework has been a useful tool for BC Healthy Communities in framing a holistic approach that makes space for talking about inner dimensions of people and conceptualizing how spirit might be a part of the dialogue. Integral theory is communicable and useful when considering planning broadly; however, integral theory can be problematic as one digs deeper into the mechanics of the theory. It operates with a complex vocabulary that labels issues as red or blue and assigns names to life processes such as spiral dynamics. An issue with this model is lack of accessibility for individuals who do not speak the integral language. In addition, the theory also risks simplifying the depth and breadth of the entire universe into a four-quadrant box. The concept of planning and design as 'healing arts' also contains the risk of oversimplifying planning processes with a holistic framework in mind. An awareness and appreciation for complexity and context will help to avoid issues encountered with integral theory.

Spirituality and City Healing

The discussion about spirituality brought new depth to the Healing Cities concept. Although some interviewees hesitated to delve into their personal perspectives on spirituality, each of them found a way to communicate how it may play a role in an expanded framing of health planning and wellbeing.

Gunn offers interesting examples of how he has addressed multiple dimensions of healing within his medical practice. First, the physical work-space of the InspireHealth office is dramatically different than most clinics. When you walk into the office space, you are greeted by a bubbly receptionist. She leads you around the corner into the front waiting room. But this is not an ordinary stark white waiting room with plastic chairs and an aquarium. InspireHealth has a living room with a fireplace and bookshelves that house a magnificent range of books. The walls are warm colors and there are a number of couches arranged just as they would be in a comfortable home. The natural lighting and presence of plants throughout the office spaces also create a calm atmosphere.

Beyond the physical structure, Gunn also identified the importance of the non-physical elements of the office space. Staff spent a great deal of time on “cultivating a sense of safety and a welcoming presence as you enter the building.” The non-physical dimension of healing is also an intimate part of how InspireHealth practitioners approach their work. The staff collectively practices meditation together each day for 15 minutes as “an invitation to connect with your body and move into a calm place.” Gunn describes this meditation practice as a way for self-observation in his own work. In that daily exploration, he is able to better identify when he is out of that place of peace as a practitioner. He illustrated how, “as human beings, we tend to align ourselves with others’ emotions. For example, if someone is feeling at peace, when we are in their presence, we start to feel that peace and we move into that space as well. Similarly, if someone is feeling stressed with an elevated heart rate, we tend to calibrate to the same level as that person.” Given this recognition of the influence of emotions between practitioner and patient, Gunn makes a special effort to “create an environment where we take responsibility for our thoughts, feelings, and emotions in order to be more self responsible”.

Another component of the non-physical dimension of healing is the emotional relationship between the patient and the practitioner. The doctor works on the patient and healing, but the patient equally works on healing. “What is important to recognize is that doctors must also work on their own healing” Gunn remarked. Doctors need to be able to pay attention to what the lessons are being learned by the heart and the mind in this complex conversation in healing. Gunn believes that paying attention to the heart level opens up practitioners to intuition that might provide a shift in the healing process for the patient. “If I start to take responsibility for their healing, the healing stops. It must come from the patient,” Gunn reflected. The practice of healing has a spiritual dimension. Gunn works on the premise of honoring personal relationships to spirit by tapping into the “we

space", which connects people to spirit. He describes this "we space" as a sort of universal common ground for mutual understanding and respect. The overarching goal of the organization is moving towards spirit with the practical implementation of spirituality through grounded practice of cancer care.

When considering planning as a healing art, lessons can be learned from InspireHealth and their attention to the physical and non-physical dimensions of a holistic healing practice. Healing requires both the physical environment that is conducive to relaxation and ease, as well as attention to what is taking place on a non-physical level. It is the relationships between the two realms of physical and spiritual that offer new perspectives for Healing Cities. Sarkissian reflected on this relationship and explained that one of the biggest problems, especially with religions, is that "humans don't see themselves as part of the world." Sarkissian explained, "If we can't get that [connection] at some sort of visceral level, it's hard to imagine how we could ever be happy because we are not at home or connected within our communities." Sarkissian views nature as the grounding for a spiritual appreciation of planning and cities, where people's connections to nature are reaffirmed with every planning act. Whether in the solar orientation of the building or tree plantings of the street, there are seasonal changes that anchor humans within time and space and bring forth a deeply connected spirituality and love of nature. Sarkissian views this inquiry about planning and design as healing arts not as directed at a god in the sky, but rather toward an earth-based spirituality. Knowledge is embedded in the earth, the ground and the sky. When trying to find the divine in the fabric of cities, it does not mean it is all about plants. "I live in a half-built ecological house in a harsh climate where the orientation of the house is about leveraging the life of the earth. Isn't that beautiful, we understand how the earth works?" Sarkissian observed, "How you can heal cities and people in cities is to take in the direct experience of nature in very subtle ways."

From a planning perspective, Kreda spoke of spirituality in terms of place making and the spirit of place. What places have character, meaning and attachment to place and why? Kreda defined spirituality as "how and why people connect to place, why we value things, and what makes us respond emotionally to places." Memories of places can also tap into a deep and powerful emotion. Spirituality has elements of awe and inspiration or even small things that happen in your daily life that bring mystery and wonder or give calm, peace, and happiness. Spirituality is also something very personal. Kreda explained, "That's why it's hard to talk about spirituality in planning because it's treading into that personal space in a public setting." Within the North American context, many people cultivate spirituality within our own private spaces in a personal way. But, for some other cultures, spirituality is a shared experience Kreda believes. She explained that North Americans are more private and individualistic when it comes to personal space, which is why it's hard to integrate spirit into our public lives- we like to separate our inner and outer.

Mucha also related spirituality to sustainability work. She asked, if the three legged stool for sustainability is the balance between "economy, environment, and social, perhaps

spirituality is the seat?" The spiritual dimension encompasses the softer skills of capacity building and community engagement, which are critical in creating healthy communities. Mucha explained, "Spirituality is really how we look to ourselves, and get ourselves out of the way, to not view the community through our own lens. The more we reflect on ourselves, we can be kind of like a blank canvas to work with communities from." She interprets her work as going into a process with a blank slate and not putting judgments on anything, and working through issues and providing good reflective questions. The way that BC Healthy Communities works in communities also translates down directly into their own office culture. Mucha said that they often do learning and reflection meetings with staff because they place a high priority on self-reflection and learning soft skills for the work they do in communities guiding healthy city work. "People can learn the hard skills, but it's really the soft skills that create a certain team dynamic. People want to work here, and want to stay working here, because they value it." In addition, she outlined how they bring emotion and feeling into their work. "We don't have a problem talking about how we feel, because that is the nature of the work. We often talk about our work with communities as focused more about *being* rather than doing." She said that this type of perspective can be brought to any job, and can contribute to the way conversations are conducted. "That's what will really make the difference. Sometimes its more subtle change that works."

Bringing back together people's inner and outer dimensions is part of Mucha's work with BC Healthy Communities. She actively discusses spiritual deepening with the groups she works with to build capacity and foster community engagement. When you talk about what assets people bring to the table, you are looking from inside out when engaging in conversations. People respond well to heart-based approaches, because many times there is not the space to talk about these more intimate things in work settings. "Oftentimes, planners keep missing out on what the underlying issues are that prohibit programs from working. So having these difficult conversations is important in laying a groundwork for things to move forward." Creating a safe space for the kinds of conversations they do not usually have can make a huge difference; you can make progress a lot faster when it comes to processes.

Gunn also referenced heart-based approaches to his work. "Western thinking faces an interesting challenge of believing that the mind is the center of all knowledge. Wisdom on the other hand is something much more broad and deeper than the mind." Gunn's medical practice focuses on connecting to spirit as a method for practicing evidence-informed, wisdom-based medicine. "We are called to connect back to the world through spirit and to honor its preeminence as knowledge."

If conceptualizing planning and design as healing arts is a way to develop a more holistic approach to sustainability planning, clearly such an approach needs to be keenly aware of spirituality and the more subtle dimensions of human thriving. For practicing this heart-based approach in planning and design, Sarkissian advised, "you need radical processes for radical concepts." She recommended mind-mapping techniques and alternative

methods for brainstorming that would open up creative mind networks as opposed to more scientific, rational ways of thinking. She also suggested the use of aromatherapy scents to bring in clarity as well as music for creativity.

All of the aforementioned ways of approaching spirituality are integral to a discussion about healing arts and how to craft Healing Cities. Indeed, it must be an art form to gracefully integrate and merge together these diverse perspectives and provide the space for them to dance together. It is my hope that a more spiritually-informed planning approach will draw from the creativity, passion, and heartfelt desire to create beauty that each of the aforementioned practitioners has demonstrated.

Interview Conclusions

The interviews were guided by the original research question: might integrating holistic wellbeing elements (ie. mind, body spirit) into sustainability planning provide a more comprehensive framework for health and wellbeing in cities? The responses were clustered around four broad themes with some significant findings for building a Healing Cities Framework. Within the first section, Healthy City elements were identified as a base for Healing Cities to build upon. Health promotion techniques and social determinants of health have guided policy decisions and planning practice and provide an established framework that Healing Cities can reference and expand with holistic health perspectives. Sustainability planning also offers tools, such as SmartGrowth principles, to build a Healing Cities framework that is attentive to environmental, economic, and social wellbeing. Healing Cities also extend beyond basic planning guidelines to more subtle social dynamics within communities. Mucha and Kreda pointed to the importance of inter-generational connectivity in neighborhoods, feelings of safety, and access to natural spaces as critical for a healing community.

The second theme explored emerging connections between public health and urban planning. Kreda reflected on the new found enthusiasm for interdisciplinary planning work between public health officials, planners, and healthcare professionals. New working groups and committees dedicated to providing more systemic support for health initiatives point to the recognition that each discipline needs the cooperation of the other in order to achieve the larger aim of a healthy community. McCarney identified the Health 201 training kits, intended to educate planners and public health officials about common goals in health planning, as an important capacity building tool for fostering greater collaboration across sectors. The BC Public Health Renewal Process also demonstrates considerable progress towards a more united approach to health planning. The Process utilizes the Healthy Cities model to coordinate between BC's public health agencies and is intended to bring mind-body-spirit and sustainability approaches to a larger audience and make greater progress towards an integrated approach at the provincial level. These changes are particularly significant for a Healing Cities model because they demonstrate that there are gaps in the way that health planning has been practiced in the past and people are looking for more comprehensive methods for creating systemic changes.

The third theme reviewed integrated and whole health planning, which focuses on recovering multiple dimensions of health and explores how medical and planning models are integrating mind-body-spirit approaches into practice. Sarkissian argued that modern public health models ignore the importance of social interconnectivity and suggested that a “network of caring” model be more fully incorporated into health planning. Dr. Gunn works on the premise that “healing means to make whole” and thus approaches cancer care from an integrated perspective, with attention to what networks of caring might look like from both the creation of healing office spaces to the way in which he works holistically with spirit as a practitioner. Current medical approaches do not provide meaning or context for illnesses, which provides difficulties for public health practitioners who are charged with the task of treating the downstream consequences of poor health choices. Understanding disease as an expression of imbalance challenges all those charged with the task of creating healthy communities. It requires greater awareness of the mind-body-spirit connections that either facilitate or diminish wellness of people and the communities in which they live. In addition, holistic models, such as integral theory, are being used by organizations like BC Healthy Communities to facilitate comprehensive evaluations of community health. Addressing cultural, psychological, and spiritual dimensions of community wellbeing is opening up new conversations and challenging assumptions about how planning is usually done. Utilizing a holistic model helped Mucha in her work to shine a new light on biases in communities and to establish new relationships among community members. Although the integral framework can be inaccessible in terms of vocabulary, its success with community work demonstrates that such a holistic approach will be important for Healing Cities.

The final theme of spirituality identified important elements for crafting a Healing Cities framework. Dr. Gunn brought attention to the importance of creating healing spaces both physically and spiritually. Setting the intention mentally and spiritually to create an atmosphere of safety and ease is just as important as physically crafting office spaces that are warm and welcoming. Dr. Gunn identified patient-practitioner relationships as critical in the healing process; he explained that doctor helps the patient move towards healing, but the patient must ultimately be responsible for their own healing. This concept has some powerful implications for Healing Cities, because it calls for individual accountability for our own balance or imbalance. This raises the question, if individuals were more aware of their own equilibrium and health, would we have healthier communities and cities? Both in the literature review and interviews, holism values relationships between the component parts within a system. Dr. Gunn explained that when disease surfaces, it is due to imbalances or ruptures in communication between the components in the human body. Is this a concept that can be scaled up to consider humans as actors within the body of the city? Would it be possible to create more harmonious environments by greater attention to the relationships between people when planning for community health? This question remains unanswered for the time being, with the encouragement that others, such as Mucha, have seen success when approaching community health planning with a holistic perspective. Even such small advances may

prove to be important in shifting planning practice towards greater engagement with these challenging issues.

Sarkissian also referenced the vital importance of relationships; she believes nature provides grounding for a spiritual appreciation of planning and cities and that by nurturing a relationship with nature, an earth-based spirituality can develop. Sarkissian observed, “How you can heal cities and people in cities is to take in the direct experience of nature in very subtle ways.” What this suggestion means for Healing Cities is that there must be access to natural spaces, no matter how small, to cultivate relationships to nature and provide windows of opportunities for spirituality, be it earth-based or otherwise, to open people up to experiences of awe and wonder. Kreda also connected spirituality to the experience of sacred spaces and placemaking, although not exclusively tied to nature. Kreda related spirituality to the memories of places that can stimulate deep and powerful emotions. The message here for Healing Cities is that memorable spaces have the power to create lasting impressions, and the aim ought to be creating city spaces that encourage safe, positive, and joyful experiences. Although the desire to create beauty in cities is certainly not a new concept, the overtly spiritual approach to creating spaces would harness elements of awe and wonder; much like the design of sacred spaces throughout the ages, Healing Cities would seek to apply spiritually-oriented designs more broadly to the built environment.

Spirituality was also identified as a planning approach and a way of working with difficult issues. Mucha works with spirituality as a way to access the “softer skills” of capacity building and community engagement to create healthy communities. She specifically cultivates spirituality and self-reflection with her team of planners because it creates a close team dynamic and enables BC Healthy Communities to foster community engagement in a different way. She explained that working with heart-based approaches creates a safe space for communities to work through trauma or blockages that can prevent planning processes from moving forward. She said, “Oftentimes, planners keep missing out on what the underlying issues are that prohibit programs from working. So having these difficult conversations is important in laying a groundwork for things to move forward.” This has enormous implications for a Healing Cities model. Not only does it mean that practitioners ought to pay more attention to what they bring to their practice, but it means that they must also have the training and sensitivity to create safe spaces to welcome a community discourse for healing. This approach seems different than many town hall type settings that are rigidly bureaucratic; Healing Cities would make a call to the planners that are already doing healing work through deep listening and compassion, and seek to expand that base of practice.

The overall message from the interviews was that Healing Cities is tapping into an important territory that has a great deal of potential. It has the prospect of providing planning practitioners with a new lens through which to view holistic planning by opening up forgotten dimensions of wellness, including mental, emotional, and spiritual aspects of cities. Among these dimensions, spirituality is a particularly important

component that is the gateway to the heart and letting light into a powerful domain. It is my hope that the Healing Cities model will indeed provide future opportunities for medical, public health, and particularly planning practitioners to engage in healing work in a more open and conscious way.

Project Outcomes

This final section directly responds to the need for a more inclusive, holistic sustainability planning framework. I identified two key ways to take action on developing new approaches by 1) initiating a Healing Cities Working Group at the planning firm HB Lanarc, and 2) planning the third day of the Vancouver-based Gaining Ground sustainability conference titled, Eco Logical: The Power of Green Cities to Shape the Future. The following information details the process of creating the two project outcomes. The materials created as part of the project are found in Appendices 2-4.

Healing Cities Working Group

The Working Group started up in January of 2010 as a result of a series of conversations I had with Mark Holland around the idea of spirituality in planning. Mark is a founding principal of the progressive BC planning firm, HB Lanarc. The firm plans for complete, attractive and ecologically resilient and prosperous communities in British Columbia and across North America. Their mission is to produce planning and design solutions for a sustainable future (HB Lanarc, About Us, 2010).

I attended the Gaining Ground Conference in October of 2009, where I heard Mark give the closing remarks to three days of inspirational speakers. I took notes rapidly as he referenced soulful planning and the need to care for our communities not only physically, but to also care for the spiritual wellbeing of our neighborhoods and workplaces. I approached him after he spoke, and mentioned my interest in how he was framing a new approach to sustainability work. Immediately, he gave me his card and suggested we follow up with a meeting. After some initial brainstorming sessions with two members of his staff, Keltie Craig and Joaquin Karakas, we also invited Nicole Moen to join the group. Nicole works independently as an event producer for her company called Animate Community. She has experience planning events for the integrated medicine field and provides insights for how the medical field might connect with urban planning.

Together the working group has moved from initial brainstorming of what spirituality in planning might look like, towards conceptualizing Healing Cities. The mission and vision of the group is explained below in greater detail. At this point, the group is meeting roughly once a month to further develop the Healing Cities concept and also seek out opportunities for contract work. The immediate project is the Gaining Ground Conference, which will be explained in more detail in the following section. We are

hoping to draw in future work based on the Healing Cities model that could become an important method for comprehensive community health and wellbeing planning.

The description of the Healing Cities Working Group is posted on the Gaining Ground Conference website.¹ It provides more background information for attendees about the underlying concept design for the third day of the conference, which focuses on Healing Cities. The description of the group was compiled by the working group and posted by Geoff Gosson, who is Nicole Moen's business partner. Geoff is the planner for the Gaining Ground Conference and is also a skilled graphic designer. He kindly offered to assist us in crafting the webpage because our Working Group site has not yet gone live. All web images and graphics were provided by Geoff and are part of Gaining Ground's website and official program (Find in Appendix 2).

Conference Planning

The second outcome for my professional project is planning the third day of the Gaining Ground Conference, to be held in Vancouver, BC on October 7th, 2010. The larger theme of the Conference is Eco Logical: The Power of Green Cities to Shape the Future. The Conference opportunity arose from several serendipitous conversations between Working Group members. Mark Holland is the event moderator for all three days of the Conference, so he was an obvious inroad to discussing conference opportunities. In addition, Nicole Moen's business partner Geoff Gossen is the event manager for the entire Conference. Conversations between Mark, Nicole, and Geoff led to meetings with the Conference host, Gene Miller. Gene is the Director for the Center for Urban Innovation, which has hosted and produced 7 Gaining Ground conferences to date. He is a seasoned event organizer and has a keen eye for identifying what practitioners are looking for in a conference, and he identified the Healing Cities concept as a creative way of framing the social innovation component. This Conference presents a unique opportunity to apply my research surrounding healing arts by crafting an entire day of a leading-edge event based on the theme of Healing Cities.

Description of the Conference

The Gaining Ground Conference was created for sustainability practitioners across a range of fields to advance the practice of urban sustainability and provide a lively forum for discussion. It is based in Vancouver, with the intention to solidify the image of Vancouver as a 'head office' for a green city knowledge exchange and innovation hub. In 2009, the conference served as a platform for Gregor Robertson and the Greenest City Initiative, aiming to make Vancouver one of the greenest cities in the world by 2020.

This year, there will also be some high profile speakers including California Governor Arnold Schwarzenegger, who will speak to the role of sub-national governments in

¹ http://www.gaininggroundsummit.com/Healing_Cities.htm

climate change mitigation. In addition, other mayoral teams from a number of coastal cities will be invited to join the conversation and share their stories of sustainability progress.

The primary themes for 2010 are as follows:

- Business transition to the green economy;
- Aligning city vision and policy goals with constituent capacity;
- Unifying civic assets and levers to ensure broad-based, durable support for a rapid green city shift;
- Strategies for city-wide green learning, so all constituencies advance together;
- Aligning city-making process with personal health and community well-being.

Last year the Conference attracted almost two thousand participants by integrating a core conference program and a shoulder program that spanned the domains of business, policy, professional practice, education and public engagement. A similar approach will be taken for 2010 with an innovative program. In addition, the Conference will be the first large event to take place at the Simon Fraser University downtown campus located in the new Woodward's facility as well as the British Columbia Institute of Technology so that it will be a walkable conference in the heart of downtown Vancouver.

The full description of the Conference is posted on the official Gaining Ground website,² which describes both the focus of the conference as well as how Healing Cities is incorporated within the larger program as can be seen in Appendix 3. Conference marketing materials can also be found in Appendix 4.

Conference Program

Since the initial decision to dedicate a day to Healing Cities, Nicole Moen and I have been working closely together on a near daily basis to identify speakers and plan workshop sessions. The basic guiding rationale behind choosing speakers was finding practitioners across the domains of planning, architecture, public health, and medicine that bring a spiritual perspective to their work with a keen interest in mind-body-spirit connections in their work. They also must have the ability to speak to a large audience and clearly communicate ideas in a way that will resonate with where the public consciousness is currently. There is a fine balance between visionary ideas and practical implementation, and we are trying to negotiate the weighting of the scales very carefully because we want to open up the new idea of Healing Cities to a large audience in a way that is relatable.

All of the choices of speakers and workshop sessions had to be approved by the Center for Urban Innovation Director, Gene Miller, who is the primary leader of the Conference. The primary insight I gained from the process of selecting and inviting speakers was that when

² <http://www.gaininggroundsummit.com/>

working with radical ideas, it is important to both aim high but be willing to make compromises. Some of the speakers we would have loved to invite were simply too far on the spiritual end of the spectrum and were not approved by the Director. Other challenges included typical planning challenges such as lack of funding, conflicting schedules, and unavailability of speakers for workshops. The program is still developing and will likely change leading up to the event. As mentioned previously, a limitation with this component of the project is that the Conference will take place after this report is submitted. In an ideal setting, Conference outcomes could be analyzed post-event and folded into this report. Regardless, the Gaining Ground organizers typically conduct a survey after the Conference and will use the responses to inform future events. A full description of the conference program can be found in Appendix 5

Healing Cities Framework

In this section, I present a summary of the basic elements included in planning for sustainability, Healthy Cities, and Healing Cities. The elements are divided into social, ecological, and economic categories. The structure of the analysis is based on typical sustainability frameworks in order to better understand how to improve sustainability planning approaches. It should be noted that although the elements are separated into three categories (social, ecological, economic), the divisions are not meant to be exclusive, and there is an implied element of interactivity between categories. For example, built environment design is predominantly placed in the economic sector along with other guidelines for construction of city spaces. However, built environments can neither be separated from the ecological spaces that buildings occupy nor can they be divided from the social implications for people inhabiting buildings. Thus, the barriers between the categories should be seen as fluid and allowing communication with each other.

Following the summary of the basic elements in sustainability, Healthy Cities, and Healing Cities planning, a diagram for unifying these elements into a comprehensive framework is presented. The elements of the framework are described, along with the rationale for the framework components. Finally, skills for Healing Cities practitioners are summarized followed by project conclusions.

Sustainability Planning Elements

Social	Ecological	Economic
<ul style="list-style-type: none"> Established neighbourhood identity Engaged and nurtured citizens Quality of life Equitable social environments Physically active communities 	<ul style="list-style-type: none"> Preserved open spaces Enhanced natural beauty Protected environmentally sensitive areas Preserved agricultural lands Healthy natural environments 	<ul style="list-style-type: none"> Compact communities Housing density Green buildings Mixed land use Connectivity of streets Range of transportation choices Decreased sprawl Healthy lifestyle choices supported by built environment

Healthy City Planning Elements

Social	Ecological	Economic
<ul style="list-style-type: none"> Vibrant social support systems Improved social environments People supported in achieving maximum personal potential Mental and social wellbeing Strong, mutually-supportive community Public participation in health and wellbeing decision-making Social interaction and communication High health status and low disease status Acknowledge needs of spirit Social justice 	<ul style="list-style-type: none"> Improved physical environments Healthy environments Environmental wellbeing Stable and sustainable ecosystems Connectedness with past, cultural, and biological heritage Environment conducive to healthy behaviors Acknowledge environmental influences on mental health 	<ul style="list-style-type: none"> Equitable, diverse, and innovative economies Strengthened community resources People supported in performing life functions Clean, safe, high-quality physical living environment Non-exploitative community Meet basic needs of food, water, shelter, income, safety and work for all people Access to experiences and resources Access to sick care services, decreased health disparities

Healing Cities Planning Elements

Social	Ecological	Economic
<ul style="list-style-type: none"> • Holistic wellbeing: mind, body, spirit • Social connectedness and behavioral health • Spiritual perspective for integrating nature and culture • Inter-generational relationship building • Community connectivity • “Network of caring” model to nurture humans and spaces inhabited • Traditions and cultures that support healing and holistic wellbeing • Fostering spirituality love, compassion, and interdependence, mysticism, and self-awareness • Diverse definitions of spirituality • Improvement for present and future generations • Intra-generational wellbeing • Satisfies human needs • Preserves social justice and human dignity • Social capital • Community resiliency to overcome hardship 	<ul style="list-style-type: none"> • Integrated cities as ecosystems within the natural environment • Ecological health • Proximity and access to natural spaces to influence people’s mental, emotional, and spiritual wellbeing • Healing gardens for people’s stress reduction, pain management, and improved physical and emotional wellbeing • Natural spaces and connections to traditional and integrative medicine techniques • Nature’s social benefits of increased comfort and happiness in the city • Natural settings that promote healing (i.e., areas with mountains, trees, and water) • Earth-based spirituality approaches to open up to experiences of awe and wonder in the city 	<ul style="list-style-type: none"> • Economic responsibility • Wellbeing through equity • Built environment design’s impact on mental and emotional wellbeing • Attention to hospital environments design and influence on healing (light, sound, color) • Treat healthcare upstream through preventative health measures • Cooperation across planning, public health, and medical fields to promote city health • Spiritually-oriented designs of the built environment (i.e. architecture of sacred spaces applied to cityscapes) • Humane living environments • Livable places • High quality of life

Reflecting on the three planning models, the Healing Cities model in comparison to the basic sustainability elements, offers an expanded concept of what a healthy and nourishing natural environment could look like. Healing Cities draws more social connections with ecological spaces and the healing power of the environment than the sustainability model. The environmental dimension of the sustainability model does not necessarily acknowledge human interaction with the environment, aside from the need to preserve and protect ecological spaces. Healing Cities provides an avenue for rebuilding connections with the landscape by cultivating a more healthy exchange between people and the environment. A second difference is the framing of social sustainability, which is greatly expanded within the Healing Cities model. The basic concepts the sustainability model presented are also included within the Healing Cities elements. However, Healing Cities offers a more diverse perspective of social issues, including an expanded view of health, wellness, and spirituality that provides a broader understanding of what social health may include. A third difference is that Healing Cities takes a different approach to the economic realm. The sustainability framework includes design guidelines in the economic component, whereas with Healing Cities, the focus is placed on design outcomes. Healing Cities emphasizes how built spaces affect people and how design offers different experiences within city spaces.

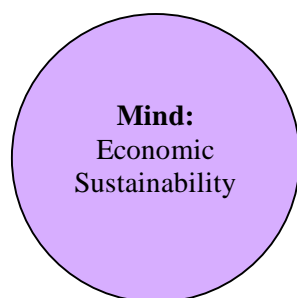
Healthy Cities and Healing Cities share more common ground, citing many of the same elements. The Healthy Cities model provides a deepened explanation (in comparison to sustainability planning) of social elements that provide for a healthy community. A great deal of attention is given to the social interactions and community elements that provide for social support systems. The economic realm of the Healthy Cities model also includes a better sense of what infrastructure and amenities would be required for a holistically healthy community. The environmental realm of the Healthy Cities model differs from the Healing Cities model in that it is more closely aligned with traditional sustainability definitions of what constitutes a healthy environment. The primary difference with Healing Cities is the spirituality element that is not visible in the Healthy Cities model. References are made to mental and social wellbeing, and an element of spirituality may be implied, but is not immediately obvious. The Healing Cities model makes a unique contribution in this way by working with holistic definitions of health that account for all of the facets of human wellbeing, of which spirituality plays a large role.

The Healing Cities model seeks to incorporate the best elements from both sustainability planning and Healthy Cities models. The work already undertaken in these disciplines offers Healing Cities a base of practice to build on as well as intellectual resources to draw from. Thus in an effort to further support sustainability planning approaches, Healing Cities builds on and adds to the aforementioned concepts. The following integrated model is based on a mind-body-spirit framing that takes into account multiple dimensions of health. This mind-body-spirit approach provides an interesting interface with the traditional sustainability diagrams consisting of a 3-pronged approach or a 3-legged stool with social, ecological, and economic sustainability realms. Interviewee Jodi Mucha

suggested that spirituality is the seat for the sustainability 3-legged stool. I adopted this idea and positioned Healing Cities at the core of the sustainability realms and realigned each of them with a mind-body-spirit component as can be seen in the diagram below. A healing city can be found at the convergence of each of the three spheres.

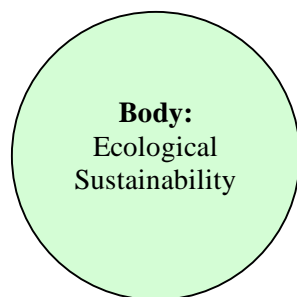


“Mind” is grouped with economic sustainability, “body” is linked to environmental sustainability, and “spirit” is connected to social sustainability. Again, although these topics are separated into three spheres, they are viewed as inter-related and overlapping; there must be communication and coordination between these realms in order to achieve a Healing City. The colors used in the model also correspond to the tables at the beginning of this section explaining the elements included in sustainability, Healthy Cities, and Healing Cities models. The rationale for how I grouped components is discussed below.



The “mind” component was connected to economic sustainability because the current economic systems that guide cities and development are essentially constructs of the human mind. The mind sphere includes issues around physical living environments, basic needs issues (water, food, shelter, income, safety, work), and access to resources such as healthcare services. It also includes design guidelines for sustainable environments such as density, mixed land uses, and transportation options. The major

contribution of the Healing Cities model in merging the mind with the economic component is that it makes it explicit that humans are indeed the drivers of change and responsible for creating the systems that govern the design of city spaces. If humans created these systems, they can make the needed shifts to appropriately address health and wellness in the built environment.



The “body” was grouped with ecological sustainability because our physical bodies are products of the natural environment and dependent upon it for sustaining themselves. In addition to ecological issues such as protecting open spaces and preserving sensitive areas, the body realm also refers to healthy natural environments in a way that incorporates humans into the dialogue. Improved physical environments also refer to healthy human environments where humans are considered as part of the

biological heritage and a sense of place. This component situates cities as ecosystems integrated into the natural environment. It holds the healing qualities of the natural environment in high regard by recognizing that humans’ mental, emotional, and spiritual wellbeing is intimately connected to nature. The body dimension also recognizes access to nature as providing increased comfort and happiness for people in urban environments. The Healing Cities model makes a unique contribution to sustainability planning in this sense. It brings people back into the dialogue about the natural landscape, recognizing them as both part of the struggle to achieve sustainability and part of the solution for achieving balance with environments in which they live.



The “spirit” component is clustered with social sustainability because of the findings in the literature and interviews that pointed to spirituality as an innately human quality that has important social implications. The spirit sphere includes sustainability concepts such as engaged and nurtured citizens and equitable social environments. It embraces Healthy Cities concepts of vibrant social support systems, public participation in health decision-making, social justice, and mental and social wellbeing.

However, Healing Cities places greater emphasis on holistic wellbeing by bringing emotional and spiritual wellbeing into the picture. It brings a spiritual perspective for integrating nature and culture and fostering community connectivity and inter-generational relationships. Healing Cities value love, compassion, interdependence, and spirituality as important qualities for a “whole” city. Healing Cities rely on these qualities to achieve the goals of preserving social justice and human dignity and cultivating resiliency to overcome hardship. Working in the spirit dimension includes cultivating a sense of safety both physically and mentally when crafting a sense of place in cities. The spirit sphere also includes planning for elements of awe and inspiration within cities that can provide peace and happiness for a city’s inhabitants.

The three realms of mind, body, and spirit combine to form the Healing Cities approach. Healing Cities can be summarized as an approach to sustainability planning that takes into account holistic wellbeing. It builds on Healthy City concepts and provides an integrated model that expands the realm of sustainability practice to plan cities for “whole” humans more effectively.

Healing Cities Practitioner Skill Sets

It is important to recognize that an expanded model for wellbeing planning also requires expanded skill sets for urban planning practitioners. Healing Cities approaches call for planners willing to work with respect and a caring concern for building connections between people and interest in creating caring human communities (Anhorn, 2006). It also calls for planners who are willing to listen deeply with a “mindful awareness” and respect for interdependence. It welcomes a sense of sacredness for “bringing out the best in everyone” through rituals and celebration when crafting plans for our collective futures (Sandercock, 2006).

Interviewees cited the need to identify when one is out of balance as a practitioner. Taking responsibility for one’s own emotional equilibrium and spiritual maturity requires more self-reflection and introspection. Attention to the lessons being learned by the heart as well as the mind are also important in the complex conversations of healing; paying attention to the heart level opens up practitioners to intuition that might provide a shift in the healing for others, or in the planning context, for communities.

Healing Cities also calls for planners who bring to bear the complex skills of capacity building and community engagement within their planning practice. Interviewees cited spirituality as a means to deep self-reflection on the one hand, and also as a way of putting ourselves aside and providing a blank canvas in order to do deep facilitation work. The ability to suspend judgment and provide good, reflective questions is integral to the work of Healing Cities. Emotion and feeling are inherent to planning work; rather than avoiding emotion, embracing it in Healing Cities work can shed light on difficult situations and encourage resolutions. Heart-based approaches can create the space to discuss intimate things that are often not part of work settings, but perhaps should be when considering the whole of an issue.

Finally, for practicing Healing Cities, a healing approach must be taken. Interviewees recommended that rather than following traditional facilitation techniques that only call forward “rational” thinking, mind-mapping and other alternative brainstorming and heartstorming (Sarkissian and Hurford 2010) methods could be used to stimulate creativity. Multi-sensory elements such as aromatherapy or music can also tap into emotional dimensions that are important to holistic planning approaches.

All of these suggestions point to how Healing Cities could move from a framework to planning practice. There are practitioners who already employ these approaches intuitively and can serve as guides for those hoping to learn about the more subtle dimensions of practicing healing arts. It is my hope that pointing out these qualities will further encourage a conversation about what a Healing City would look like and how planners can adopt the concept and practice city healing.

Project Conclusions

I initiated this study with the idea that when a broken heart starts to let light in, healing commences. Working from this place of potential with sustainability planning opened up a dialogue about what a more soulful type of planning might look like. It explored what elements of sustainability and health planning could be cultivated to make us, as people and communities, more whole. The primary research question provided a point of departure for the discussion: might integrating holistic wellbeing elements (ie. mind, body, spirit) into sustainability planning provide a more comprehensive framework for health and wellbeing in cities?

Drawing from sustainability planning literature, social sustainability was identified as an area requiring further attention to adequately address the needs of people within planning frameworks. Healthy City planning offered some clues for how to offer a holistic approach to plan for “whole” communities, and provided insights for what a “Healing City” might look like. The design of the built environment was identified as a powerful influence on the health and wellbeing of communities, with particular implications for mental, emotional, and spiritual wellbeing. The literature pointed to the importance of spirituality for deepening approaches to sustainability planning with the potential to address the full spectrum of people’s needs. I utilized these key findings along with insights from the interviews to formulate a Healing Cities Framework, which is intended to help guide future work in this area. The mind-body-spirit sustainability model is intended to reframe the human role in sustainability work and draw more attention to the spiritual dimensions of planning.

I believe that the Healing Cities concept is tapping into an important territory that has a great deal of potential. It has the prospect of providing planning practitioners with a new lens through which to view holistic planning by opening up forgotten dimensions of wellness, including mental, emotional, and spiritual aspects of cities. Among these dimensions, spirituality may prove to be a gateway to the heart for letting light into sustainability planning in a powerful way. It is my hope that the Healing Cities model will indeed provide future opportunities for medical, public health, and particularly planning practitioners to engage in healing work in a more open and spirit-conscious way.

On a personal level, working on the Healing Cities project has been tremendously rewarding. It challenged me to articulate my own beliefs about spirituality and search for

clarifications around what healing actually means. I am grateful that the project gave me an inroads to work with the planners at HB Lanarc and develop a new Working Group. I have already developed professional connections and established a niche for myself that will extend beyond my Masters work and build a good base for my professional career. In addition, I look forward to attending the Healing Cities Day of the Gaining Ground Conference. The event will pull together some amazing leaders and spirit-motivated speakers who I would like to work alongside into the future. Beyond the Conference, I hope to further develop the Healing Cities concept and build a career around working with and through spirit. I would like to conclude with the same poem that I began with to honor this journey and start a new adventure with the intention of gratitude for light and inspiration.

*If you listen,
not to the pages or preachers
but to the smallest flower
growing from a crack
in your heart,
you will hear a great song
moving across a wide ocean
whose water is the music
connecting all the islands
of the universe together,
and touching all
you will feel it
touching you
around you. . .
embracing you with light.*

*It is in that light
that everything lives
and will always be alive.*

- John Squadra, This Ecstasy

Appendix 1- Meet the Interviewees

Jane McCarney is a Public Health professional with over 17 years experience in the health sector. The impact of the built environment on our health has been a long standing passion for Jane. Jane started her career as a clinical occupational therapist working in Ontario, BC and the NWT. Since 2004, she has worked in public health at the health authority and federal government level in BC. Jane recently completed a Masters of Public Health from SFU. She currently works in policy, planning and intergovernmental relations with the Public Health Agency of Canada, BC Regional Office. Over the past several years, Jane has worked closely with planning and public health professionals to promote a healthy built environment lens in municipal land use and transportation planning decisions. BC is a leader in this emerging field and Jane is confident the work of these many committed professionals will result in BC having the healthiest communities in Canada.

Dr. Hal Gunn is the co-founder and Chief Executive Officer of InspireHealth, which is an integrated cancer care centre that utilizes innovative approaches to cancer treatment that are both integrated and conventional. By integrative care, InspireHealth is referring to research-informed natural approaches to health in cancer treatment and recovery. They cite growing evidence for natural approaches to supporting health and immune system function that significantly decrease the risks of cancer recurrence and increase in survival rates (InspireHealth, About Us, 2008). Hal is a graduate of the University of British Columbia (M.D. 1981) who has had a lifelong interest in wellness and healing. He has great respect for the healing potential of the human body and the role of the mind, body and spirit in healing. He has a special interest in mind-body medicine and psychoneuroimmunology, which is the study of the effects of the mind and spirituality on the body's ability to heal. Hal has a clinical appointment with the UBC School of Medicine. He also leads InspireHealth's Research Department, and is working with other organizations to integrate the concepts of health and healing into mainstream medicine.

Jodi Mucha serves as the Director for BC Healthy Communities, which is a province-wide organization committed to the ongoing development of healthy, thriving, and resilient communities. Jodi has years of experience working overseas on sustainable development projects in West Africa, New Zealand and Egypt. She also holds a Masters in Environment and Management. Her Masters thesis focused on the connections between spirituality and sustainable development and ways to mobilize them. She has a strong background in public policy research and worked for several years developing e-dialogues for Sustainable Development with Dr. Ann Dale of Royal Roads University. Jodi also has a passion for healthy active lifestyles; she is an accomplished Triathlete, personal trainer and leadership coach.

Janet Kreda now serves as the Senior Housing Planner for Metro Vancouver in the Policy and Planning Department. Metro Vancouver is a federation of twenty-two member municipalities and one electoral area in British Columbia. The department's activities

include planning and analysis for regional water, liquid waste and solid waste utilities. Additional activities include managing residuals; regional growth planning; electoral area administration; social housing policy, and air quality monitoring and planning. The department also regulates air emissions, liquid waste sources and solid waste disposal, and manages programs to reduce environmental impact and demand for utility services by business.

Wendy Sarkissian holds a Masters of Arts in literature, a Master of Town Planning and a PhD in environmental ethics. She built a career as a social planning consultant before the discipline existed, and pioneered innovative planning and development approaches in multiple contexts, earning forty professional awards to date. She has worked in Australia with senior managers and advisors to government departments and private enterprise, primarily in the urban, community, housing and development sectors. She is committed to finding spirited ways to nurture and support engaged citizenry. Wendy is a Fellow of the Planning Institute of Australia and a Member of the International Board of Global Urban Development. She has served on Boards in South Australia and Queensland and is the award-winning author of several books on housing and community engagement. Wendy currently lives in an intentional ecological community in northern New South Wales, Australia.

Appendix 2

Healing Cities Working Group

Healing Cities is an integrated approach to planning and design for the natural and built environment that values holistic health and wellness of people and ecosystems. It explores how to address planning processes and design of our living environments to keep us healthier and more whole. The healing process in the human body is the ability to rebuild, repair and regenerate cells; regeneration in this case draws upon the body's innate intelligence to heal itself. What would it then mean for a city to be "healed," and what methods and processes would support cities to facilitate healing? Is it possible to have cities that then, in turn, can heal and take care of us? The Healing Cities Framework addresses these questions by focusing on aspects of health and spirit for improved community wellbeing. It's an integrated, sustainability-focused approach that is tailored to the needs of whole beings and whole cities.

Origins of the Project

The project grew out of a coalition of urban planning and health professionals who created the Healing Cities Working Group. The intention is to expand education, share ideas, and bring diverse groups together to improve the communities we live in.

Key Elements

A Framework: of elements that fully connect human physical, emotional, spiritual, social and mental health aspects to all dimensions of cities.

Policies and Guidelines: for identification and incorporation of elements and considerations for communities and their physical built environments beneficial to whole beings.

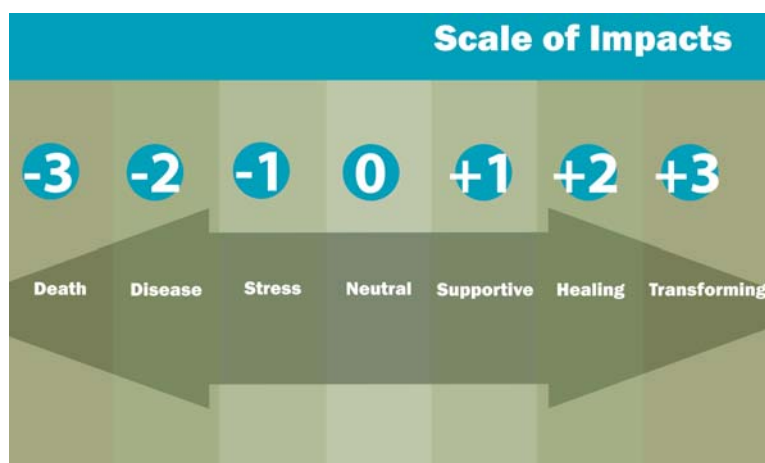
Best Practices: A body of research and data showing the connections between health and place. It will include examples of healing places and spaces and methods for enhancing the healing performance of place.

Rating System: to look at city wellness indicators for assessing spaces. Building upon the work of the Canadian Index of Wellbeing and other quality of life indicators, this rating system will assess the healing performance of spaces.

Workshops: to present the framework, policy and guidelines to use in assessing and designing spaces for whole beings, and achieving healthier cities.

Healing Cities Rationale

The 21st century presents an ever-changing landscape with respect to all aspects of health. For the first time in our species' history, the current urban paradigm presents more than a 50% chance around the world (80% in North America) of an individual being an urbanite. Urban form shapes not only the physical elements of our lives that impact our health in terms of noise, pollution, exercise, workplaces, housing, healthcare and mobility. It also shapes the social and spiritual aspects of our well being such as our sense of home in our neighbourhoods and communities, our level of stress, spiritual refuge, and our opportunities to connect to each other and other living and non-living things.



Components of a Healing City

Through Healing Cities, we are reconnecting the variables that shape cities by understanding synergies that exist. Radiating out from the central healthy city are various components: first, the dimension of physical health (multi-modal transportation, physical experience, pollution-free, etc); second, the dimension of a healthy mind (balance, healthy relationship with oneself, free from dis-ease, etc.); and finally, the dimension of spiritual health (whole beings, presence, silence, nature, etc.). Together these elements form the healthy mind/body/spirit interactions that comprise the city experience.



Primary Sponsors

The group is sponsored in part by HB Lanarc, with Mark Holland, Joaquin Karakas, and Keltie Craig as key innovators, contributors, and concept developers. Nicole Moen of Animate Community serves as an Integrated Health Consultant and the primary event planner. Lindsay Clark, a UBC Urban Planning graduate student, was a catalyst for the group formation with her professional project research and continues to work as a Transformational Sustainability Planner.

Healing Cities Working Group Team



Mark Holland: Mark's consulting work focuses on integrating sustainability principles into the mainstream development industry, with an eye to developing competitive advantage for his clients and their projects. He frequently works closely with development teams to find cost-effective ways of developing in a more sustainable manner, including projects from small infill to large-scale master-planned communities, in both the rural and urban context. Mark has extensive public sector experience, including serving as the City of Vancouver's first Manager of Sustainability. Mark was also the sustainable development planner and project coordinator for the Southeast False Creek sustainable urban development project, now the site of the Athlete's Housing for the

2010 Olympics. His current work with local government focuses on city-wide sustainable development strategies for small and large cities across North America, including recently the City of Albuquerque, New Mexico and many cities in British Columbia.



Joaquin Karakas: Joaquin is an urban design planner with years of professional urban design and planning experience including project management, the preparation of detailed site plans and concept plans, the development of urban design guidelines, housing research, policy and typology development, and public event and design workshop facilitation. Joaquin has worked with a variety of clients in a range of contexts from large urban centres, to transforming suburban centres, to small rural, resource, and tourism based communities. Joaquin is a Full Member of the Canadian Institute of Planners and a current member of the Vancouver City Planning Commission.



Keltie Craig: Keltie has a strong interest in the role both physical and social planning can play in enhancing community and individual health. Her project work at HB Lanarc has included the development of a workshop for the development community on LEED-ND and Active Transportation. She also completed an update to the Town of Ladysmith's Cycling Plan. She has brought her generalist planning skills to sustainability planning projects with several municipalities in the Lower Mainland and Vancouver Island.

In addition to her work with HB Lanarc, Keltie is a member of the City of Vancouver's Bicycle Advisory Committee; was on the Steering Committee for the BCRPA Built Environment Summit; and is active in cycling advocacy and community building including performing with the B:C:Clettes - a bicycle-inspired performance collective. She is a Provisional Member of the Canadian Institute of Planners, and a member of the Canadian Community of Practice in Ecosystem Approaches to Health. She also organizes and works in a local community garden.



Nicole Moen: is a practical visionary who helps individuals and groups move beyond goal-setting to inspired wise action that combines creative energy with realities on the ground. She is a seasoned event producer who has been advancing the fields of integrative medicine and environmental/urban sustainability. Broad experiences in project management, facilitation, education, business, government, not-for-profit, health, and the arts consistently offer her the opportunity to expand her natural ability to notice how diverse people connect and how they can help

each other in new authentic ways. As a synthesizer of ideas and perspectives and a convener of people and community, she facilitates community action on the imperative to address economic shifts, disintegrated communities, unhealthy healthcare delivery, loss of

meaningful work, and other current issues. She ponders the question: Can we start to see the space around us as space that connects rather than that which separates us? And then, “If we listen deeply enough, can we find a way to heal ourselves, our families, our colleagues, our communities and the spaces where we meet in between, in order to live whole, alive, connected lives?”



Lindsay Clark: Lindsay is a M.Sc. student at UBC’s School of Community and Regional Planning. With Bachelors Degrees in French, Environmental Studies, and Urban Planning, she brings a variety of perspectives to her study of holistic community planning and sustainable development. Lindsay established the University of Utah Office of Sustainability after successfully organizing the Sustainable Campus Initiative during two years of student community service group directorship. Lindsay served as a Program Coordinator in developing the Office and coordinated

10 student groups and green teams, designed and maintained the Office web interface, and orchestrated the signing of the American Colleges and Universities Presidents Climate Commitment. Lindsay then joined the UBC Sustainability Office and worked on social sustainability performance indicators and completed data collection and analysis of the Strategic Plan. Building on social sustainability research, Lindsay’s professional project work is centered on developing city healing strategies and techniques as an integral component to holistic sustainability planning.

Appendix 3



The 2010 *Gaining Ground* Conference is targeted to practitioners and advocates across a range of fields working to advance and accelerate urban sustainability—in Vancouver and North America. Gaining Ground 2010 intends to promote Vancouver’s green economy, vision, culture, and achievements, and in all ways to assist Vancouver to become North America’s first ‘eco-logical’ city—making it a front-runner in green practice and economy much as it has been in urban design and city-making for two decades. In that regard, the conference is also designed to solidify Vancouver’s image as an urban sustainability transaction hub...the ‘head office’ for the exchange and presentation of green city knowledge and innovation.

The 2009 Vancouver debut conference established a solid legacy of accomplishment—almost one hundred partner organizations; a great platform for Mayor Gregor Robertson and the Greenest City Action Team; and, between the core conference and its shoulder program, almost two thousand participants. By integrating a core conference program and a shoulder program spanning the interests of business, policy, professional practice, education and public engagement, Gaining Ground began last year to shift the conventional definition of ‘conference.’ It will refine this approach for 2010.



The upcoming conference underscores a growing belief that cities and city regions represent the best prospects for the shift to ecological practice and living, underscoring California Governor Arnold Schwarzenegger’s convictions about “the tremendous role of sub-national governments in climate change mitigation” and the entire urban

sustainability agenda. It aims to be a platform for important gains in ecological innovation and practice at the city/regional level. Fully titled *EcoLogical: The Power of Green Cities to Shape the Future*, it promotes alignment and stronger interaction between sectors: business, local government, civic leadership, communities, learning institutions, non-governmental and professional organizations. This is exactly how and why ‘Vancouverism’ has succeeded brilliantly: all constituencies discovered the benefits, mutual advantages and opportunities flowing from collaboration; and this idea of beneficial collaboration is an important and unique part of what all the Gaining Ground conferences promote. Gaining Ground/*EcoLogical* will address these opportunities:

- Business transition to the green economy;
- Aligning city vision and policy goals with constituent capacity;
- Unifying civic assets and levers to ensure broad-based, durable support for a rapid green city shift;
- Strategies for city-wide green learning, so all constituencies advance together;
- Aligning city-making process with personal health and community well-being.

We anticipate that the conference setting will be a powerful attractor. We will be using the downtown ‘campuses’ of Simon Fraser University (plenary sessions will be centred at the new Woodwards facility) and British Columbia Institute of Technology: a walkable conference in the heart of Vancouver. The conference and a significant shoulder program keyed to the conference themes will be fully integrated. BCIT has ambitious plans to advance the sustainable practices agenda with a number of its constituent industry groups and to unveil the International Ecocity Standards developed since the 2009 conference. This will also be the debut of the Gaining Ground Open Directory—a universal online tool designed to assist the mainstream user to easily access sustainability ideas and information, and to build online communities. (We believe this tool will provide significant branding opportunities for Vancouver and BC.)

Building on the exceptionally productive visit of Portland mayor Sam Adams and a dozen-strong team during the 2009 Gaining Ground conference, mayoral teams from a number of coastal and other cities will be invited to join Vancouver at Gaining Ground *EcoLogical*. And if circumstances permit, we hope to amplify entrepreneur Richard Branson’s recent “Carbon War Room” challenge announced in Vancouver (the charter city) by inviting partner global cities to promote this carbon reduction agenda at the conference.

We are sure we can promise a speaker roster of provocative thought leaders and a rich mix of workshops, salons, learning programs and networking events.

Appendix 4

Conference Marketing Materials



How can health practitioners, city planners and sustainability professionals work together to build and regenerate communities that could be called "healing cities"?

Featured Presenters



Jeff Tumlin
Principal, Nelson/Nygaard
Transportation Planning,
San Francisco



Carol Sanford
CEO, InterOctave
Development Group, Inc.



Habib Chaudhry
Associate Professor,
Department of Gerontology,
Simon Fraser University



Brent Toderian
Director of Planning,
City of Vancouver



Colin Ellard
Associate Professor,
Cognitive Neuroscience,
University of Waterloo

Event planned and hosted by
Healing Cities Working Group

in conjunction with



Health care practitioners at an urban planning event? Yes. Whole health integration – physical, intellectual, mental, emotional, spiritual – at the top of the planning agenda? Yes. And it's about time.

We invite you to attend the "Healing Cities" day (Oct. 7) of the Gaining Ground conference *EcoLogical: The Power of Green Cities to Shape the Future*. The conference is directed to practitioners, professionals, advocates and leaders in a variety of fields – urban planners, architects, health care workers, spiritual leaders, transportation planners, physicians, nurses, counsellors, academics – who are unified by their desire to advance the state of practice in urban sustainability.

Gaining Ground has emerged as the leading conference for city builders on sustainability, innovation and the future, and this year, we are dedicating an entire day to the emerging frameworks and insights into how city planners and health care workers can collaborate to make ourselves and our cities healthier – a day titled "Healing Cities."

This third day of the conference will create links between developers, urban planners, health practitioners and administrators. Help shape this emerging, multi-disciplinary field of practice, build new collaborations and share your ideas with thought leaders and creative researchers.

It is not so much
the city beautiful
as the city healthy
that we want for
Canada.

— Dr. Charles Hodgett,
Public Health Advisor,
Commission on
Conservation, 1915

For more info and to register visit
www.gaininggroundsummit.com/program.htm
Enquiries: n_moen@shaw.ca, 250-686-3720

Appendix 5

Conference Program

The following images and materials are available on the Gaining Ground website³ and were posted online by Geoff Gossen. The text and program were created by Nicole Moen and myself.



7:30 am	<i>Coffee Service</i>	SFU Woodward's Main Lobby
8:30 am	<i>Moderator's Introduction</i> , Mark Holland, Principal, HB Lanarc	SFU Woodward's Wong Theatre
8:40 am	<i>The Idea of Healing Cities</i> , Nicole Moen, Healing Cities Working Group	SFU Woodward's Wong Theatre
8:50 am	<i>A Vision of Complete Communities</i> , Brent Toderian, Planning Director, City of Vancouver	SFU Woodward's Wong Theatre
9:20 am	<i>Story of Place: How Communities Define Themselves and Build Identity</i> , Carol Sanford, InterOctave	SFU Woodward's Wong Theatre

^{3 3} <http://www.gaininggroundsummit.com/>

9:50 am	<i>Alive Transportation: Fitness, Safety, Community, and Trust</i> , Jeff Tumlin, Principal, Nelson/Nygaard Transportation Planning, San Francisco	SFU Woodward's Wong Theatre
10:20 am	<i>Refreshment Break</i>	SFU Woodward's Main Lobby
10:45 am	<i>Sane, Humane and Ecological: Seeking Health in Our Cities</i> , Trevor Hancock, MD, Public Health Physician and Healthy Communities Advocate	SFU Woodward's Wong Theatre
11:15 am	<i>Healing Ourselves, Healing Our Cities: Health Impacts of Built Space</i> , Mark Sherman- MDCM, CCFP, President, Victoria Community Health Cooperative	SFU Woodward's Wong Theatre
11:45 am	<i>Change-Making Media</i> , Bill Weaver, Director/ Cinematographer/ Media Strategist, Across Borders Media and Media That Matters	SFU Woodward's Wong Theatre
12:00 pm	<i>Place and Spirit</i> , Fiona Crofton, President, ORCAD Consulting Group Inc.	SFU Woodward's Wong Theatre
12:20 pm	<i>Learning Summary</i> , Rob Abbott, Abbott Strategies	SFU Woodward's Wong Theatre
12:30 pm	Lunch	Local Restaurants
2:00 pm	Concurrent Workshops	BCIT Downtown
	<i>Can City Spaces Shape Well-Being? What are the actual impacts of built space on how we feel?</i> Colin Ellard, Associate Professor, Cognitive Neuroscience, University of Waterloo; Joaquin Karakas, HB Lanarc	SFU Segal
	<i>What's Home? The Spaces We Inhabit.</i> Stephen Hynes, Founder, Hynes Developments; Shelly Penner, Director of Practice, Penner & Associates; Patrick Mooney, Associate Professor and Acting Chair, Landscape Architecture, UBC	Wosk Centre

Integrating Planning and Health: Facilitating the Conversation between Urban Planners and Health Professionals. Jane McCarney, Manager, Centres for Population and Public Health, Provincial Health Services Authority; Claire Gram, Population Health Policy Consultant, Vancouver Coastal Health; Warren Bell, MD on social activism for health and the environment

Communication and Dialogue: Media That Matters—Accelerating Green Social Change. Bill Weaver on the importance of human interaction, health/conviviality and social interaction in public realm

Healthy Food and Sustainable Food Systems in Cities. Ron Puhky, MD of Saltspring Island Organic Farm; Janine de la Salle on food system design and DTES community examples

The Human Experience of Moving Around: Healthy Component of Mobility. Jeff Tumlin, Nelson/Nygaard Consulting Associates - on the wholistic transportation; Keltie Craig, HB Lanarc - on active transportation; Erik Lees, Lees and Associates, Landscape Architects - on rethinking streetscapes.

Spiritual Dimensions of Cities. Hal Gunn, MD and CEO, InspireHealth; and sacred space architect (TBA)

Paths to Healing Cities. Fiona Crofton; Nicole Moen; Lindsay Clark.

4:00 pm

Hosted Reception (Cambrian House/Chaordix)

TBA

7:00 pm

Media/Social Media Reception

TBA

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