Introduction

According to the Biblical creation story, plants were created on the third day and man on the sixth (Genesis 1:11-13, 26). In the second chapter of Genesis, God placed man in the Garden of Eden, to till it and tend it. (Genesis 2:8, 15) Whether one believes in the Bible as the revealed word of God or views Genesis as an archetypal myth of the origins of the world, the centrality of the garden in the story of humanity is indisputable. Man and woman began in the garden, became custodians of the garden and were eventually exiled from the garden.

Ever since, people have expressed their longing to return to that primeval state of innocence, the paradise of the garden, in liturgy and folk tales. The Greek word *paradeisos* (an enclosed royal park) has its origin in the ancient Persian *pairdaeza*, which similarly signifies an enclosure or park. The word for heaven or paradise in Hebrew is *gan eden* ("garden of Eden"), and another Hebrew word for paradise is *pardes* ("orchard"). Across a variety of cultures, the concept of heaven is associated with a garden.

Whether or not heaven is a garden, research has shown that exposure to plants has a measurably positive impact on mood[1]. Even being in a room with photos of plants can have a salutary effect on a person's mental state. The effect increases as one moves from photos to a view of greenery through a window to physically being in a garden or out in nature. And the therapeutic value of working directly with plants and soil can be dramatic. I would posit that these findings are the result of something built into our DNA—the drive to get back to "the garden," to a state of nature, to a simpler time, to connect with Mother Earth and the plants that spring from her.

After retiring from a career as a lawyer and a healthcare administrator, first in Boston and later in Israel, I enrolled in a program at Seminar HaKibbutzim, a local college in Tel Aviv, to become a gardening therapist. The curriculum includes courses in psychology, anthropology and horticulture, with a smattering of arts and crafts. As

1 One of the seminal works on this subject is Kaplan R., Kaplan S. (1989). *The Experience of Nature: A Psychological Perspective*. Cambridge: Cambridge University Press

part of our horticultural training, students were given small garden plots to cultivate and tend.

Gardening or horticultural, therapy, began as a discipline in England after World War II. As veterans returned from the front suffering from "shell shock" (now called PTSD), someone had the idea that since the English were known to be avid gardeners, perhaps gardening could reach these men and help them reintegrate into society. It worked, and the field proliferated. Gardening therapy programs were brought to hospitals, old-age homes, schools, and even prisons. The practice gained traction in the US, Europe, Israel, and elsewhere around the world.

My training included an internship at Reut Rehabilitation Hospital, where I have worked as a volunteer ever since. The hospital treats a wide range of patients: short-term inpatients who are there for a few weeks or months for intensive physical and occupational therapy following surgery or an injury; long-term residents on "complex medical" floors, who tend to be people who have had strokes or brain injuries, some cognitively intact, others with more limited cognitive function; patients on ventilators, some with ALS and other kinds of paralysis, who are bedridden; and ambulatory day patients, who may have been inpatients at one time but now come a couple of days a week for a period of months, to receive various therapies. The patients range in age from children (though the gardening therapy program does not include children) to the very elderly.

The hospital has had a therapeutic garden on its roof for about 20 years. The plants in the garden are all in pots or flower boxes. Except for the trees, which grow in large pots set directly on the floor, most of the plants are arranged on raised tables, shelves, and beds (which are actual old hospital beds, recycled as platforms for potted plants). In this way, the plants in the garden are accessible to patients in wheelchairs and those who are unable to stoop or bend.

The stories in this book are drawn from my

experiences at Reut. The names of patients and identifying details have been changed to protect their privacy, in accordance with Israeli confidentiality requirements. Many of the events I describe occurred during the COVID era. Thus, in addition to being an account of my work as a gardening therapist, it is also a chronicle of how the pandemic affected the functioning of the hospital, impacted my patients, and influenced me as a caregiver.

Over the years, I have been privileged to meet dozens of patients who struggle with monumental physical, cognitive, and psychological challenges. I am in awe of their strength and perseverance. The families of patients, who visit them daily, and work tirelessly to help even the most severely incapacitated patients maintain a sense of dignity, have inspired and moved me. And, I have the deepest respect for the staff of the institution who, day in and day out, treat every patient with compassion, sensitivity, and professionalism.

I have illustrated the patient stories with my photographs. Although I have been an amateur photographer all my life, photography has become a more serious pursuit since I moved to Israel. I work in many genres, but in recent years, still-life photography, especially of flowers, fruit, and vegetables has been a particular passion of mine. I am drawn to the miraculous complexity and perfection of flowers and their ephemeral beauty, which I try to capture and preserve in photos.

As I wrote the text and shot the photographs for this book, it occurred to me that the satisfaction I feel working with patients with disabilities and the pleasure I find in photography derive from the same source. As a photographer, I am inclined (some may say driven) to find and photograph what is beautiful, particularly the surprising, unexpected glimmers of beauty in what may otherwise seem ugly or, at best, ordinary. I look at vacant lots in Tel Aviv and see the wildflowers in bloom. My photos look like they might have been taken in an open field of anemones and buttercups, far from the city with no sign of

the discarded bottles and cast-off furniture or the derelict building next door. One of my favorite subjects is wilting flowers. I look for the beauty in imperfection—what the Japanese call *wabi sabi*.

Photography is about focus and framing—what you choose to focus on, and how you frame it or isolate it from its surroundings. From my experience, the same is true working with profoundly compromised patients. When I talk to friends about my severely incapacitated patients, they often ask, "Isn't it depressing?" "No," I reply. I seek patients' strengths and focus on those. But it's also a matter of framing. When I am with a patient in the ventilator unit, it can be overwhelming to try to take in the larger picture—the monitors, the tubes, the vegetative patient in the next bed. For the moment, I ignore the context—that this poor woman is alive thanks to a tube in her throat attached to a pump in the wall and cannot move from her bed. Instead, I look at the sparkle in her eyes when I show her a flower and the smile on her lips when she inhales the scent of a sprig of lavender. And just as the challenge for me when I photograph a flower is somehow to capture and preserve its ephemeral beauty, likewise with my patients. I try to hold on to the signs of pleasure or at least a reaction and expand on them. Once I find something that elicits a positive response, I use that stimulus—a flower, a fragrant herb, a textured leaf—to encourage the patient to do more. I try to help them reach their full potential, however limited that might be.

And for those patients whose condition will not improve or who are declining, I focus on what skills and senses remain, hoping to enable them to enjoy the beauty, scent, or simply the texture of a flower or a plant. When a patient blinks their eyes in response to a fragrant herb or the "fur" of a sage leaf on his cheek, it is a beautiful moment, and I share in his pleasure and leave the room smiling. Plants have worked their magic on both of us.

I hope that through these stories my readers, too, will come to appreciate the magic and power of plants.