

REVITALISATION OF A HISTORIC PARK FOR THERAPEUTIC USE: CASE STUDY OF THE PSYCHIATRIC HOSPITAL IN VEĽKÉ ZÁLUŽIE

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Abstract

This paper addresses the revitalization of a historic site in the context of the current needs of a healthcare facility, focusing on the Psychiatric Hospital in Veľké Zálužie, Slovakia. The hospital is located in a historic manor house and its adjacent park, which was originally established as part of the rural aristocratic estate of the Esterházy family. The manor house, completed in its final form in the first quarter of the 19th century in the Empire style, forms part of an extensive estate with a natural landscape park, whose basic composition developed in the second half of the 18th century. Together, they form a protected cultural-historical complex. The park possesses a strong historical atmosphere and significant landscape value shaped by mature vegetation and the original spatial composition. These qualities naturally enhance the therapeutic potential of the environment and provide suitable conditions for patients' recreational and therapeutic activities. However, historical and aesthetic values alone are not sufficient to meet the functional requirements of a modern psychiatric facility. This paper therefore examines the intersection of heritage preservation and the transformation of the site into a functional therapeutic environment. The case study was analyzed as part of the KO-SPACEs research project, which develops a methodological framework for similar contexts. A key component of the proposed approach is participatory and co-design methods involving patients, healthcare staff, and site managers.

Key words: therapeutic landscape, co-design, participation, heritage conservation, mental health environment

Introduction

The conservation and revitalization of historic sites have long been one of the central themes of landscape architecture. Significant professional attention is devoted to methodologies and approaches that enable the systematic preservation and restoration of historic environments.

In parallel, the design and revitalization of therapeutic landscapes and healing greenery have established themselves as a distinct and dynamically developing field. Healthcare facilities are now understood as an active part of therapeutic process, not as a neutral backdrop for the provision of care. Their effect does not arise from the environment itself, but as a result of the interaction of physical, social, and perceptual dimensions (Gesler, 1992; Kaplan and Kaplan, 1989). Kristianova and Basova (2017) also point out that the transformation of historic hospital campuses is aimed at enhancing their therapeutic qualities, with green spaces and medicinal gardens becoming an integral part of these processes.

Nevertheless, the literature still tends to treat these two areas separately, and their overlap remains only partially explored. From a methodological perspective, these are distinct approaches: cultural heritage preservation focuses on maintaining the historical and cultural values of a site, while therapeutic landscape design is based on optimizing the environment to promote health and mental well-being.

Their combination, therefore, requires a specific and integrated approach. This situation creates tension between the preservation of heritage values and adaptation to a healthcare function, and neither approach can be applied in isolation. Overly rigid preservation limits therapeutic use, while overly intensive transformation leads to the loss of a site's historical identity (Paraskevopoulou and Kamperi, 2018).

In the Slovak and broader Central European context, many aristocratic residences were transformed into healthcare facilities in the second half of the 20th century. In many cases, this process contributed to the preservation of their spatial structure and historical value, while simultaneously introducing new functional requirements. These complexes were not originally designed as healthcare or therapeutic environments, but as private, representative aristocratic residences.

The historic parks and landscape compositions of such estates were originally designed as aesthetic, representative, and recreational spaces for a narrow social elite. Their design was based on principles of visual composition, controlled movement, and social use, rather than on medical, hygienic, or therapeutic needs.

From the perspective of contemporary landscape architecture discourse, historic parks occupy a dual position: they are bearers of cultural and historical authenticity, yet without adaptation, they are functionally inadequate for modern therapeutic use (Paraskevopoulou and Kamperi, 2018).

With growing demands on healthcare environments and the physical condition of these sites, further transformation is necessary. On the one hand, heritage conservation principles aim to preserve the identity and authenticity of historical structures. In the past, however, these sites were often adapted primarily for functional reasons without sufficient emphasis on comprehensive landscape and architectural quality. On the other hand, current research emphasizes the importance of a purposefully designed environment based on the principles of biophilic design, which promote stress reduction, spatial orientation, and mental well-being.

Although the concept of healing gardens has historical roots dating back to antiquity and the Middle Ages, since the late 20th century, a body of theories has been systematically developed in the professional literature that provides design guidelines across multiple disciplines. This development builds on the research of Roger Ulrich (1984), which identified the positive effects of natural elements in therapeutic environments, and is further advanced by more recent studies which expand upon and elaborate on these findings (Bratman et al., 2015; Zhu and Shah Sarah, 2024), particularly in the context of vegetation, water features, and sunlight. These findings provide a theoretical foundation for further concepts in the field of therapeutic environment design, particularly for biophilic design.

Biophilic design is based on the assumption of an innate human affinity for nature, and its application in healthcare facilities is associated with measurable benefits for recovery and quality of life. The therapeutic effect of the environment does not arise automatically; it is the result of understanding users' needs and applying appropriate design strategies.

Methodology

The research is based on a qualitative case study of the historic psychiatric hospital complex in Veľké Zálužie. Method of participatory research approach (co-design) was used. It allows for the involvement of users and professional staff in the process of identifying needs and formulating design inputs (Sanders and Stappers, 2008).

Data collection was conducted through structured interviews with staff (management, medical personnel, maintenance), supplemented by a analysis study of student designs. The collected data were subsequently interpreted with an emphasis on identifying spatial, functional, and psychological requirements.

Case study – VEĽKÉ ZÁLUŽIE

Based on multiple sources, including data from the Monuments Board of the Slovak Republic, official historical materials of the municipality of Veľké Zálužie, and regional heritage studies of the Nitra region, it is possible in accordance with the interpretation of Mazanec (2011) date the construction of the manor house in Veľké Zálužie to the second half of the 18th century, when it was built as the noble residence of the Forgách family.

At the turn of the 18th and 19th centuries, it was rebuilt in the Classicist Empire style, which has been preserved to this day. The complex also included a landscape park, whose spatial composition and vegetation structure gradually took shape, particularly during the 19th century.

After World War II, a fundamental functional transformation took place: in 1957, the manor house was converted into a psychiatric facility, thereby transforming the original private aristocratic residence was converted into a medical complex. Despite these changes, the complex has retained its basic compositional structure and a high degree of authenticity, which represents key potential for its current revitalization (Mazanec, 2011).

The psychiatric hospital complex requires an exceptionally sensitive approach to planning and design. Therefore, as part of the KO-SPACEs project, a participatory research process was carried out in the form of a summer school involving 10 students from various academic years.

The aim of this activity was to gather input data for the design in an environment with a complex historical and functional context, while also creating an educational environment in which students worked on a real-world assignment and participated in a co-design process alongside staff and patients.

Several qualitative methods were used to identify users' needs and their relationship to the environment. The key methods were semi-structured interviews and focus groups with employees, the outputs of which were analyzed and incorporated into the studio design process.

The map in Figure 2 represents one such analysis and depicts the survey and illustrates spatial movement patterns, concentrations of activities, and interactions within the grounds of a psychiatric hospital set within a historic park. It distinguishes three user groups—patients, visitors, and staff—and captures both linear trajectories (routes) and diffuse spatial practices (areas of movement), along with zones of increased activity.

The overall spatial configuration exhibits a certain degree of centrality, with the highest density of overlapping trajectories located in the core of the complex. This central zone functions as the main space of co-presence, where patients, visitors, and staff meet. The concentration of movement lines and activities suggests that this is a key interface between therapeutic, social, and operational functions. At the same time, this space forms the core of the site's heritage value. This implies heightened demands for its protection, which, however, conflict with the requirements for the intensive functional and therapeutic use of this central hub.

Patient movement (yellow) is characterized by relatively diffuse trajectories with multiple areas of repeated circulation and lingering. This pattern suggests forms of spatial appropriation that are not strictly utilitarian but reflect routine, habit, and potentially also a search for comfort, stimulation, or escape.



Fig. 1: Outdoor spaces of the hospital area. Source: Author – student Tamara Valičková. Photographic documentation of the Velké Zálužie site created during a workshop.

Visitor movement (red) is more linear and episodic, connecting entrances with central nodes and selected peripheral areas.

Staff movement (blue) is the most structured and efficient, following clearly defined routes connecting key functional points. Compared to patients, their trajectories exhibit lower spatial dispersion and a tendency to avoid prolonged stays in zones with high concentrations of patients, suggesting an emphasis on operational efficiency and, to some extent, functional separation.

The defined “active zones” correspond to areas of repeated or intensive use and exhibit an uneven spatial distribution. Some of them are located at the intersections of various user trajectories, where they function as meeting and monitoring points. Others are more group-specific, such as zones dominated by patients in quieter parts of the park, suggesting spaces of relative autonomy. The coexistence of shared and differentiated zones points to a spatial balance between interaction and retreat into privacy.

Importantly, the map also captures the implicit dynamics of encounter and avoidance. While the central core supports co-presence, certain movement patterns, particularly among staff, bypass the most heavily used patient zones, suggesting strategies for managing exposure and maintaining functional boundaries. At the same time, patients' movement in repeated loops within certain zones suggests the emergence of “safe” or familiar territories, which may play a role in emotional regulation and the daily management of situations.

Based on these inputs (as well as further analyses), the students developed several design variants, which were evaluated from the perspective of cultural heritage preservation principles and therapeutic requirements. The analysis focused on the degree of preservation of the historical structure and the extent of adaptation to current therapeutic needs.



Fig. 2: Example of input data analysis during mapping workshops – Map of movement, routes, and zones of encounter/avoidance. Source: workshop materials, authors – Tamara Valičková, Radovan Tokár, Kristiján Pilarč, Daniela Vojtová.

Results

Key issues emerging from the process included the need for adequate shading (particularly in relation to the effects of patients' medication), the issue of fencing (from both a safety and psychological perspective), and the need for specific therapeutic outdoor furniture. Differing opinions were noted, particularly regarding therapeutic gardens and the use of flowering plants. Another important topic was the protection of historic trees and the establishment of appropriate maintenance regimes.

A significant requirement was the creation of intimate zones for individual activities, such as journaling, as well as spaces for meetings with family and friends during visiting hours.

More "interiority" in outdoor spaces was also needed, as a response to the limited capacity of the interior and the reduced level of privacy in indoor areas. Outdoor spaces are thus increasingly taking on functions traditionally associated with the interior.

These findings represent a set of design inputs that link the principles of cultural heritage preservation with the requirements of contemporary therapeutic environments.

Discussion

The identified need for "interior qualities" in the outdoor environment reflects the limitations of indoor spaces, particularly in terms of capacity and privacy, while simultaneously expanding the traditional understanding of therapeutic space. It highlights the potential of outdoor spaces as an extension of the therapeutic environment, where these areas do not merely serve a recreational function but become an integral part of the daily operations of a healthcare facility.

The relevance of evidence-based design in historic therapeutic landscapes is confirmed, with heritage preservation understood not as a freeze on historic structures but as a managed process of change within a historically valuable environment (Jokilehto, 2006). Requirements for screening, orientation, safety, and privacy are directly related to stress reduction, physiological comfort, and users' sense of control.

A key finding is the need to differentiate spaces according to levels of privacy and social interaction, particularly in the context of patient–family relationships, which underscores the importance of social bonds as part of the healing process.

The ambivalent role of fencing is particularly significant; although necessary from a safety perspective, if it appears inappropriate, it can increase stress and reinforce the institutional character of the environment. This points to the need for a sensitive design of boundaries that combines safety with psychological and aesthetic quality.

The results also confirm that the therapeutic effect of historic parks is not automatic but depends on their adaptation to the specific needs of users. The literature consistently describes that therapeutic landscapes are not inherently healing in their form but acquire their functional and therapeutic effect through a design that connects the spatial structure, user needs, evidence-based principles, and participation. From this perspective, the therapeutic effect of the landscape is understood not as a property of the historical or natural environment, but as the result of the interaction between its spatial configuration, user needs, and applied design strategies based on the aforementioned approaches (Ulrich, 2008; Marcus and Sachs, 2014; Sanders and Stappers, 2008).

Conclusion

This paper highlights the need to expand traditional approaches to the revitalization of historic sites with therapeutic functions to include additional dimensions of the design process. In addition to standard principles of heritage conservation and landscape architecture restoration, participatory approaches (co-design) are particularly key, as they enable the identification of users' specific needs, as well as an emphasis on the qualitative characteristics of the environment that influence psychological well-being.

The research also highlights the importance of working with a degree of “interiority” in the exterior, which expands the traditional understanding of therapeutic space and responds to the limitations of the interior environment of healthcare facilities. Similarly, the aesthetics of the environment emerge as a significant factor, particularly in the context of elements such as fencing, whose visual and spatial design can directly influence patients' stress levels.

The convergence of approaches to historic preservation and the design of therapeutic facilities opens the door to the development of new methodological tools in landscape architecture practice. At the same time, it highlights the existence of places, where these approaches overlap only partially; it is precisely in these gaps that other design tools such as the principles of interiority in the exterior or participatory (co-design) processes can create important points of connection between the two fields. This framework suggests the potential for further development of approaches to landscape transformation, particularly in the context of historic and healthcare sites.

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Souhrn

Článek se zabývá revitalizací historického areálu v kontextu současných potřeb zdravotnického zařízení, přičemž se zaměřuje na Psychiatrickou nemocnici ve Velkém Záluží na Slovensku. Nemocnice se nachází v historickém zámku a přilehlém parku, které byly původně vybudovány jako součást venkovského šlechtického panství rodu Esterházyů. Zámek, jehož konečná podoba byla dokončena v první čtvrtině 19. století v empírovém stylu, tvoří součást rozsáhlého areálu s přírodním krajinářským parkem, jehož základní kompozice se vyvinula v druhé polovině 18. století. Společně tvoří chráněný komplex kulturního dědictví.

Park má silnou historickou atmosféru a významnou krajinnou hodnotu, kterou utváří vzrostlá vegetace a původní prostorová kompozice. Tyto vlastnosti přirozeně podporují terapeutický potenciál prostředí a poskytují vhodné podmínky pro rekreační a terapeutické aktivity pacientů. Historické a estetické hodnoty však samy o sobě nestačí k naplnění funkčních požadavků na moderní psychiatrické zařízení.

Článek proto zkoumá průnik mezi ochranou kulturního dědictví a transformací lokality na funkční terapeutické prostředí. Případová studie byla analyzována v rámci výzkumného projektu KO-SPACES, který vyvíjí metodický rámec pro podobné kontexty.

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