

AAINews

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Horticultural Therapy in Syria. ~Let us make our dreams come true ~

Horticultural therapy is a rehabilitation method for physically or mentally handicapped people that involve gardening or horticultural work. Since the old days horticulture has been employed as a therapy mainly for mental patients, as part of their outdoor activities during their treatment. After the Second World War, this method was studied as “horticultural therapy” in Europe and North America. Today its effectiveness is widely recognized and “horticultural therapist” is a socially accepted qualification in the US. Recently in Japan too, medical and welfare establishments as well as local government bodies, are showing increasing interest in this form of therapy as a caring method for the disabled and the aged.

The expected effects of horticultural therapy include physical rehabilitation deriving from the physical work of gardening, and emotional stabilization through the moderate stimuli to the patient’s senses coming from the smells, colors, visuals, and textures. In addition, it is expected to contribute to intellectual development, as patients gain knowledge and techniques of horticulture and their observation, decision-making and planning ability can be improved through the process. It also helps the patients fulfil their desire to do something for someone, to be needed by someone or for some work.

What is important in horticultural therapy is the process rather than its results: while “horticulture” normally aims to produce and appreciate the results (end products), “horticultural therapy” puts more importance on the process. That is, the main objective is not to evaluate the quality or quantity of the final products, but to induce as many positive effects as possible to the patients through the process of growing vegetables and flowers. It is very important that through the horticultural work the patients are healed, feel better, and gain a sense of achievement that they can indeed do something. Therefore it is necessary to make different programs according to the ability and the degree of handicap of each patient. It is also necessary to make plans not only of the actual horticultural activities, that is, as to what to be planted and when and how, but also other events following the work including harvesting of vegetables, food parties with the harvests, and drawing flowers or making bouquets.

Recently, in collaboration with some JICA experts and JICA volunteer, we started making a field for horticultural therapy at a welfare facility for mentally challenged people in Kodseiya, near Syria’s capital Damascus. The work was not that simple, starting from weeding, ploughing, putting down compost and fertilizers, seeding, to making seedlings, plus watering and making plates for fencing. We started at 3 pm, and with a break we finished after 6 pm, completing a neat field.

While working in a country like Syria, we often face various problems and worries. On such occasions I feel that rather than struggling to do something alone, it would be far more effective if we could work closely with other JICA experts and volunteers. When two people with the same sense of values or way of thinking meet, sometimes the combination may make more than two. This is the very value, and fun, in the collaboration of two or more people, I think. When we try to do something, first there is some sort of dream, or ideal, and then we come to think of the ways and means necessary to realize it. The horticultural therapy project in Syria so far has taken its first step only, but depending on how it is promoted, it may have the potential to make a big difference in the way of technical assistance as well as the system of nursing and treatment of the disabled in Syria. I am secretly hoping that this will become a “everybody’s” dream project, to let all of us have dreams come true.

(By KOTO in Syria, December 2000)



Making plates for fencing



Putting down compost and fertilizers



Seeding