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Frank Bayles
Prospect Meadow Farm: Clients
Perspective of Beneficial Farming
Activities

ABSTRACT

This paper explores beneficial therapeutic effects of farming activities for program participants at Prospect Meadow Farm in Hatfield, Massachusetts. Prospect Meadow Farm, owned and operated by Servicenet is a therapeutic farm serving individuals with developmental and mental health conditions.

This research is important because it challenges the orthodox conventions of psychiatric treatment in the United States. Furthermore, it is the first research done at Prospect Meadow Farm. The literature provides a historical context of the progress, missed opportunities and collaboration between blossoming professional occupations. Psychiatry, Occupational Therapy and Social Work occupations seem historically intertwined in progressing foundational theories related to this research. It seems that discounting, marginalizing or continuing to consider places such as Gould, Hopewell, CooperRiis and Prospect Meadow Farms as “fringe” is a disservice to all humans.

This qualitative content analysis study was conducted through interviews with thirteen program participants at Prospect Meadow Farm. They were identified and recruited through their participation at Prospect Meadow Farm. Findings demonstrate that farming activities are beneficial and commensurate with similar therapeutic farms. The findings also show the need for greater attention by social workers to the rehabilitative and therapeutic effects of such farming opportunities.

**PROSPECT MEADOW FARM: CLIENTS PERSPECTIVE OF BENEFICIAL
FARMING ACTIVITIES**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Frank J. Bayles

Smith College School for Social Work
Northampton, Massachusetts 01063

2014

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CHAPTER I

Introduction

This paper explores beneficial therapeutic effects of farming activities for program participants at Prospect Meadow Farm in Hatfield, Massachusetts. Prospect Meadow Farm is owned and operated by Servicenet. Servicenet is a non-profit human service organization based in Northampton, Ma (Servicenet, 2014). Prospect Meadow is a therapeutic farm serving individuals with developmental and mental health conditions (Servicenet, 2014). This thesis examined what activities participants found helpful, such as: What is it about the activity that they like (physical activity, working with animals, working with their hands, digging in the dirt)?

The research findings demonstrate that the activities Prospect Meadow Farm program participants participate in are beneficial and commensurate with similar therapeutic farms. Outcome studies for two therapeutic farms, discussed later in this paper, seem to indicate farming experiences, shared by all three farms, are beneficial to participants (Karges, 2011). The findings also show the need for greater attention by social workers regarding the psychosocial rehabilitative aspects of such farming opportunities. This research was conducted in fulfillment of the author's thesis requirements of Smith College School for Social Work, Master of Social Work program. This study was submitted to and approved by Smith College's Human Subjects Review Board, see appendix (see Appendix A).

This writer's personal journey, interwoven with the interventions discussed and researched here, was an important aspect of the process laid out. It was through actual

participation in farming and nature activities that brought forth such beneficial decisions for this writer.

“The one who has conquered himself is a far greater hero than he who has defeated a thousand times a thousand men” Buddha (Das, 1997, p. 89)

As a teenager, some of the most peaceful times I can remember were assisting my elderly neighbor in his large garden, spending peaceful hours toiling in the soil and witnessing the birth, growth and death of various plants. Fast-forward two decades and my return home from a military deployment to Iraq in late 2006. I recall this time as terribly assaultive to my psyche, where frightening situations led to painful memories, thoughts, emotions, and images. Looking back at my time in Iraq, the experience brought, what in Buddhism is referred to as diamond-like or clear vision, “Diamond like wisdom is seeing everything exactly as it is with all its magical but ephemeral beauty” (Das, 1997, p. 102). While overseas, every experience was potentially and likely a final experience, it was through internalization of this realization, this writer came to celebrate and, recoil at times in each moment. Moreover, to cling to nothing and hold things lightly, “We may be differently shaped clay pots, but we are all made of the same mortal clay” (Das, 1997, p. 103). The immediacy of such experiences helped me realize, rather quickly, to wipe the dust from my eyes and develop a clear vision of reality as it was. The ironic juxtaposition of death and impermanence as a vehicle for living fully in the present moment was lost to me upon my return home. In what followed, letting go of attachment and living in the moment was replaced with severe anxiety, depression, and an inability to relate to fellow human beings. More specifically, I suffered from an inability notice painful thoughts without distress and integrate into society; I carried a feeling or idea of being socially excluded (Hayes S. , 2012).

Mental illness could be considered a “Condition in which mental traits common to all mankind are exaggerated by stressful life situations to a degree which impairs ability to get along with one’s fellows” (Bockoven S., 1963, p. 81). As a Veteran, returning home avoidant psychological defenses prevailed allowing a retreat into the background of society and deeper into painful thoughts and memories (Steven Hayes, 2012).

“Lack of thought and lack of mindfulness hurts my soul, too busy to be there (home) and not safe to be the one not here. I fly solo and become lonely” (Bayles, 2006, p. 34)

Upon returning home, my family encouraged me to seek help at my local Veteran Affairs hospital, and I did. I was given medication and began to participate in an evidence-based form of psychotherapy, Cognitive Processing Therapy. The intervention, for me and many fellow veterans I spoke to about it, was a tortuous review of painful thoughts, emotions, memories and images. Typically, leaving me more angry and confused than before, leading me to fall into typical avoidant behaviors and not able to be mindful of such thoughts without distress. Participating in Cognitive Processing Therapy (CPT), was re-traumatizing and emotionally taxing.

It was not until two friends and fellow veterans approached me at my lowest point to come join them on their farm that I began my experience with farming activities. At the time, there was no choice in my mind, and I went without any idea of where it would lead me. I began to feel value in building and creating the world in which I lived, which helped me to live a more meaningful life. Having the additional responsibility and developing care for the various aspects of the farm allowed me some mental separation or diffusion from painful thoughts. In spite of the painful thoughts I chose to do meaningful behaviors, like the farm work and participate in therapy. (Hayes, Follette, & Linehan, 2011). The experience on the farm was grounding and

provided clarity of where I fit in with others around me and within my community overall. I became less disillusioned with the process of reintegrating with people and more able to recognize barriers to my own treatment. Specifically, the ability to notice painful thoughts and emotions without relying on avoidant psychological or chemical defenses. What I was discovering on the farm through practice is not new.

One example of such a place is the Veteran Victory Farm in Fitzwilliam, New Hampshire. The farm provides services to veterans, specifically combat veterans. “The farm is one of several programs and facilities of Veteran Homestead, Inc., a private non-profit that treats veterans for medical and psychological problems. The 18 veterans who live and work on the farm arrived because no other therapy and counseling programs worked for them” (Boeri, 2009). Meeting individuals where they are in life is a tenet of social work and is achievable within the farming intervention model.

As I worked and lived on the farm in central Vermont, still seeking help through my local Veteran Affairs hospital, I felt, I began to make some progress. The treatment I was getting at the VA was beginning to feel good, I was better able to be mindful of troubling thoughts, images and emotions. I don’t exactly know how or why this happened the way it did, all I can say is the literature review and interviews for this research have stirred further positive personal identifications. My time at the farm was not specifically intended to take the place of my current mental health treatment, but it did to a degree. For me, it was an instrumental step in allowing me to successfully utilize more traditional mental health services.

It seems the saying, “What you hold in your hand, you ultimately hold in your heart” was applicable. Through the curative occupations on the farm, I was less in my head and more in the world and better able to tolerate sitting with painful cognitions. In the farm setting, sharing close

interactions with others, having social aspects framed in shared personal experiences seemed instrumental in feeling socially included. Everyone on the farm knew everyone else's affairs. People strongly linked to the others' history and background; which, was predominately unspoken and taken for granted yet, remained a prime factor underlying mutual understanding and determinant toward beneficial outcomes of such interactions (Bockoven S. J., 1963, p. 82).

There is historical evidence about the value of agricultural work for people in need, "In 1798, Dr. Benjamin Rush, a signer of the Declaration of Independence, documented that gardening improved the conditions of mentally ill patients" (Sydney Park Brown, 2011). Therapy on the farm is not a novel idea, in chapter two the reader will be introduced to Gould Farm, established 1913, which remains an example of such therapeutic farming accomplishments. The literature in the areas of Moral Treatment, curative occupation, agriculture, human animal interaction, and nature are instrumental in understanding similar agricultural experiences (Barton & Pretty, 2010). Within the zeitgeist of Moral Treatment, patients and physicians both shared enduring humanistic concepts as shared experience and common heritage relating to tight knit communities allowing clinicians' insight into program participants' psychological and social needs (Bockoven S., 1963, p. 83).

"The good we secure for ourselves is precarious and uncertain until it is secured for all of us and incorporated into our common life" (YMCA George Williams College, 2014).

Chapter II is a wide-ranging literature review, focusing on the roots of farming activities as a curative occupation. This chapter is organized into several sections that provide pertinent information on foundational theories relating to such activities. The first section explains beneficial effects and focuses on the importance of Moral Treatment theory (London, 2014). The second section explores the importance of Moral Treatment and society. The third section

discusses the influence of Adolph Meyer and his theory of psychobiology. The fourth section introduces the reader to William Gould and the establishment of Gould Farm in Monterey, Massachusetts (McKee, 1994). The fifth section outlines the influence and utility of Intentional Communities and Curative Occupations and the intersection of individual well-being (Ryan & Deci, 2000). Section six, speaks to community satisfaction and attachment as they relate to individual well-being. The seventh section brings together intentional communities and micro-farming communities, in an attempt to delineate the importance of community in such farming endeavors. The next two sections, eight and nine, discuss outcome measures from two therapeutic farms, CooperRiis and Hopewell Farms. Finally, section ten briefly introduces the benefits of agricultural activities specific to Prospect Meadow Farm.

Chapter III is the methodology section, which reviews this study's research process. This qualitative content analysis study was conducted through interviews with program participants at Prospect Meadow Farm. The thirteen participants were identified and recruited through their participation at Prospect Meadow Farm. This researcher did not self-disclose my participation in similar farming activities. All participants were asked five open-ended questions that allowed them to explore their experiences at Prospect Meadow Farm (see Appendix B). This format was selected because open ended questions allow participants to explore their experiences without feeling confined to a particular topic, and allowed for the researcher to gather more information with clarification of pre-determined questions if deemed beneficial to the project. These responses were then analyzed and major themes were identified.

Chapter IV is the findings chapter, which identified all major themes in participants' responses which are discussed through different segments. The first section is demographic data.

The second section identifies program participants' experiences on Prospect Meadow Farm. The third section discusses what activities program participants found beneficial.

Chapter V is the discussion chapter, which presents the most prominent themes from the program participants' interviews while comparing them to applicable literature. Topics in this section are as follows: farm work is satisfying and fulfilling than previous work experiences, hard work creates a sense of accomplishment-- meaning and purpose, working with animals contributes to a sense of well-being, interactions with farm staff and peers are beneficial and implications for social work.

This research has been personally evocative because of my own history of the beneficial effect of farming activities. As previously stated, I became acquainted with this topic soon after my return from a military deployment to Iraq in 2006. Linking stories, I began to understand that many of the same effects Prospect Meadow Farm program participants experienced, I did as well. Lastly, I gained a clearer understanding of what role the occupation of social work has and could continue to play in supporting program participants in such agricultural endeavors.

Chapter II

Literature Review

It is progressively documented by health professionals that horticultural and farming activities are good for our fitness, health, and well-being (Sydney Park Brown, 2011). Much of the proof for such benefits is circumstantial; however, there is a growing body of evidence published in the scientific literature, which supports the premise of the benefits of agricultural activities and farming to our overall well-being. The objective of this review was to pull together some of the published information to encourage social work and health professionals to actively use nature and farming activities as part of the health care services (Organic & Sustain.org, 2014).

Moral Treatment

Moral Treatment was a cornerstone of helping people with mental illness as it was defined from the 1700's into the 1900's. Moral Treatment was founded on the idea that it is humane and protective: "Moral Treatment's advocates believed that an asylum patient had a better chance of recovery if treated like a child rather than an animal (Carlson & Dain, 1960, p. 519). It was not a prescribed treatment, but rather a general effort to create an environment where program participants could experience individualized recovery within the larger community. Moral Treatment was described as the art of eliminating obstacles and providing common sense approaches to the problem of mental illness: first to learn the natural course of the illness and second to discover what means already exist to aid in individual recovery (Bockoven S. J., 1963, p. 85).

William Tuke and Philippe Pinel pioneered Moral Treatment. Tuke was a tea and coffee merchant and social activist. He established and became the director of the York Retreat in 1796. Unlike other asylums of the period, the York Retreat treated patients as people and took into account their basic needs and comforts (Museum, William Tuke, 2014). Philippe Pinel's prominent work, *Medico-philosophical Treatise on Mental Alienation, or Mania* (1801), was translated into English in 1806, with the phrase "Moral Treatment" (a literal translation of "Traitement Moral" persisted into the 20th century) replacing the earlier terms of treatment (e.g. purges and bleeding) (Carlson & Dain, 1960, p. 520).

Primarily, Dorothea Dix brought Moral Treatment to the United States. While recuperating from tuberculosis in England, she met Samuel Tuke, grandson of William Tuke, and discovered the works of French physician Pinel. Upon her return to United States Dix, decided to focus her attentions to improving conditions for people with mental health problems (Museum, Dorothea Dix, 2014). Dix was instrumental in establishing the Dix Hill Asylum in Raleigh, North Carolina (Services, 2014). The first patient was admitted to the facility in February 1856, and the last patient left the facility in August 2012 (Binker, 2014). In the Moral Treatment approach, "Nonmedical procedures were employed for their therapeutic effect and were not designed simply out of kindness or concern for the attendants' convenience" (Carlson & Dain, 1960).

Carlson and Dain state, "Broadly construed, Moral Treatment included all nonmedical techniques, but more specifically it referred to therapeutic efforts which affected the patient's psychology" (Carlson & Dain, 1960). Jean Esquirol documented this tighter classification: "Moral Treatment is the application of the faculty of intelligence and of emotions in the treatment of mental alienation" (Carlson & Dain, 1960). Moral Treatment is now analogous to

milieu therapy -- milieu French word meaning “middle space”, connoting safe space or middle ground.

Throughout the literature written about Moral Treatment, many techniques are associated with the movement, such as more active participation from the patient, patient’s attitude around asylum staff, and physicians treating the patient as an individual with an—interesting personality (Carlson & Dain, 1960, p. 521). Moreover, distinct factors pertained to the theory of Moral Treatment, some essential themes are evident. First, the nature of the doctor-patient relationship is imperative. Bockoven refers to Dr. Isaac Ray, “Proper administration of Moral Treatment required that the physician learn through inquiry and conversation that what occupies the minds of his patients. It required further that he investigate the mental make-up of the patients’ relatives. The greatest requirement of all was that the physician spare no effort in gaining the confidence and good will of his patients and strive to discover experiences and supply their needs” (Bockoven, 1963, p. 17). Second, the development of self-control and the elimination of symptoms through reward and punishment and the use of emotions and reason; and the practice of psychotherapy and its relationship to the patients’ and doctors’ personalities (Carlson & Dain, 1960). The theory of the Moral Treatment is relative to this research in that it also focused on individual program participants sharing in work and recreation (Bockoven S. J., 1963). Furthermore, the literature regarding Moral Treatment and what followed seems weighty, because it shows that psychological illnesses could be understood and efficaciously treated, through many theoretical methods, well before the contemporary years of scientific psychiatry (Bockoven S. J., 1963, p. 116).

Several influential aspects of the Moral Treatment movement were a structured routine, participation in work, recreation, and fostering a sense of community. As previously mentioned,

more emphasis was placed on the doctor-patient relationship and the relationship of asylum staff. The Moral Therapist was more likely to treat the client as though they were mentally well. Using kindness, forbearance, persistence, and a mindset that acceptable behavior was eventually expected. The most famous representation of Moral Treatment was the unchaining of mental patients throughout Europe in the late 1700's (Carlson & Dain, 1960).

It was during 1800's that medical professionals realized that other non-medical interventions could be just as, or more valuable than, psychopharmacology (Carlson & Dain, 1960). Throughout history there have been compounds developed for medical uses. In ancient time's cannabis, alcohol and exotic compounds were used. In the 1700's, gin, coffee, nicotine and the coca leaves (cocaine) were used. The hypodermic was introduced in 1853 and morphine and heroin were distilled from opium. Both were utilized in the treatment of mental illness (Boeree, 2014). Pinel's work, *Treatise On Insanity*, outlines, "My faith in pharmaceuticals preparation was gradually lessened, and my skepticism went at length so far, as to induce me never to have recourse to them, until moral remedies had completely failed" (Pinel, 1801). Pinel went on to speak more specifically of Moral Treatment as an intervention: Attention to these principles of Moral Treatment alone will, frequently, not only lay the foundation of, but complete a cure, while neglect of them may exasperate each succeeding paroxysm, till, at length, the diseased becomes established. The successful application of moral regimen exclusively gives great weight to the supposition that, in the majority of instances, there is no organic lesion of the brain nor of the cranium" (Pinel, 1801).

Instead, patients were encouraged to work on the asylum farms and with livestock, as well as participate in both indoor and outdoor recreation. More of the non-medical or occupational and recreational interventions of the time were carried out by asylum staff and lay

persons (Hammond, 1879). Carlson and Dain suggest that the early psychiatrists were probably following association psychology by stressing diverting patients from their painful thoughts through work and recreation. Much of this work was done by clients on the asylum's farm (Koyanagi & Bazelon, 2007).

Moral Treatment, a paradigm shift

As previously discussed, a central premise of Moral Treatment was that, "Participation in various tasks and events of everyday life could restore persons to a more healthy and satisfying function" (Kielhofner, 2009). Furthermore, proponents of Moral Treatment hypothesized that individuals became mentally ill due to external life pressures and disengaging from or becoming excluded from mainstream life (Kielhofner, 2009). Additionally, this train of thought postulates that society has a responsibility to help their fellow women and men to return to living a meaningful life (Kielhofner, 2009). In the Archives of Occupational Therapy (1922), Adolph Meyer wrote, "Our conception of a man is that of an organism that maintains and balances itself in the world of reality and actuality by being in active life and active use, i.e., using and living and acting its time in harmony with its own nature and the nature about it. It is the use that we make of ourselves that gives the ultimate stamp to our every organ" (Kielhofner, 2009).

Meyer and his colleagues proposed the concept of occupation consisting of "Alternation between modes of existing, thinking, and acting" (Kielhofner, 2009). Furthermore, the individual's ability to strike a balanced life was instrumental to overall health and well-being. Meyer (1922), as quoted by Kielhofner, goes on to state, "Habits controlled the basic rhythm and balance of life" (Kielhofner, 2009). These habits were, in turn, maintained through ongoing engagement in everyday occupations (Carlson & Dain, 1960, p. 521).

Another aspect of Moral Treatment theory, is that there is a nexus between mind and body. This coherence was intertwined with the opinion that occupation was a powerful force in obtaining and maintaining well-being (Ryan & Deci, 2000). When an individual employed their body in occupation, their attention was also occupied to that end. Thus, both the mind and body's will and attention are engaged and maintained by the occupation (Kielhofner, 2009, p. 22). Additionally, the concept of "will", taken from Moral Treatment, refers to an individual's ability to notice the present and future with a sense of curiosity and promise and an ability to make decisions in service of values and desires.

This construct relates to the interruption of occupation, specifically to individuals with mental illness. Coming from a premise that occupation aids in maintaining mind and body, interruption of said occupation and "Enforced idleness could do damage to the mind and body of the ill person" (Kielhofner, 2009, p. 22). Absence of work occasioned demoralization with the affiliated loss of ability to perform daily life occupations (Kielhofner, 2009, p. 24).

Kielhofner (2009) identifies the follow selection from Training of Teachers for Occupational Therapy, which characterizes this construct: In every functional disturbance, in addition to disorders of the central nervous system, there is a mental reaction. Pain, anemia, impairment of circulation, and sense impressions and emotions, such as anxiety and depression, are all communicated to the brain...In ennui the tonicity of the muscles is affected so that they actually contract less strongly and develop less force. In melancholia the general physique, and especially the heart, is acted on...Morbid introspection produces a particular vicious cycle on any particular part of the body may actually increase its morbid condition" (Kielhofner, 2009). As illustrated, the thought was that idleness was thought to be negatively affecting both the mind and the body.

Finally, occupation is thought to maintain the body and mind, specifically suited as a therapeutic intervention aimed at restoring lost function. The following statement by Eleanor Clark Slagle (1941) embodies the view that occupation provides a departure from physical and psychic pain: “Let our minds be engaged with spirit of fun and competitive play and leave our muscles, nerves and organs to carry on their functions without conscious thought—then our physical exercise will be correspondingly more beneficial and we can readily picture the effort exerted on the mood of the sullen, morose patient by genial glow which suffuses the body following active exercise” (Kielhofner, 2009, p. 21). Early occupational therapy, borne out of Moral Treatment was three pronged: mind, body, and environment (Cara & Macrae, 1998).

Another approach of Moral Treatment was that of Psychosocial Occupational Therapy. The Hull House and other charity organizations used these interventions, theories, and practices. These ideas can be seen as an influence to a budding profession: social work, (Cara & Macrae, 1998). The Hull House used arts and crafts and habit making as a way to help new immigrants assimilate to their new culture (Cara & Macrae, 1998). Prior to the twentieth century in England and America, individuals, with what we now term mental illness, were placed in a home or an asylum. During the 1800’s in England, if the mentally ill person was not kept at home, they would likely be sent to the workhouse or poorhouse (Cara & Macrae, 1998, p. 57).

In the United States, it was much the same, in Massachusetts, Dix noted discovering a woman in a cage in Lincoln, a man chained in a stall in Medford, and four women in animal pens in Barnstable (Cara & Macrae, 1998, p. 58). Prior to 1800, there were two facilities in the United States that admitted the mentally ill. The religious Society of Friends established the Pennsylvania Hospital in 1752 and the Lunatic Asylum at New York Hospital (Cara & Macrae,

1998, p. 59). The caring and healing Moral Treatment theory helped to usher in a new, humanistic way for hospitals and asylums to treat the mentally ill.

After the turn of the nineteenth century, many private institutions, guided by Moral Treatment philosophy, opened in the United States: McLean Asylum in Massachusetts, Hartford Retreat in Connecticut, Friends Hospital in Pennsylvania and Sheppard Enoch Pratt Asylum in Maryland. The Worcester Asylum in Massachusetts is one of the most prominent public asylums to adhere to Moral Treatment (Opacity.us, 2014). The Asylum was previously called the Bloomingdale Asylum, established January 12, 1833. By the mid-nineteenth century, the hospital was already overcrowded (Opacity.us, 2014). Construction of the Worcester Asylum began in 1870. The successive adaptations of Moral Treatment and curative occupations delivered congruent with a humanistic approach was part of its apparent downfall. Asylums could not keep with societal demands for treatment and programs became overcrowded and less effective (Bockoven, 1963).

Bockoven (1963) states: In 1904, the State Care Act was established, which played a part in inundating mental hospitals with individuals from almshouses and jails. Neither, the chronic cases transferred to the hospitals from jails, almshouses, cellars, and attics nor the new cases of recently acquired insanity could benefit from the art and therapeutic expertise, which had been learned by moral therapists since the time of Pinel and Tuke. Moral Treatment passed out of existence and was followed with custodial care. Partially due to the fact that Moral Treatment pioneers only trained one or two replacements, therefore not creating viable successors. By 1870, only thirteen original fathers of Moral Treatment were still around. One of which was Dr. Pliny Earle, who had remained the superintendent of the Northampton (MA) State Hospital until 1885 (Bockoven, 1963).

Finally, with the twentieth century approaching, there was again a shift in thinking toward the mentally ill and insane (Cara & Macrae, 1998, p. 61). What is now described as medicalization or at the time, science of the brain, was becoming the leading idea of the zeitgeist. The belief that the science of brain pathology would lead to cures for the mentally ill started to take center stage. However, there was still a following and belief in Moral Treatment and the idea of curative occupations.

Adolph Meyer and Psychobiology

Adolph Meyer, a leading psychiatrist of the early twentieth century stated, “The greatest mistake of an overambitious science has been to study (human beings) altogether as a mere sum of parts, if possible atoms...and as a machine, detached, by itself” (Meyer, 1917). Meyer formulated the psychobiological approach, considering individual performance, occupational history and biological and neurological information. Meyer stated: “We take up a survey of function of the person beginning with the full-fledged performance and achievements and attempt to give an idea of the individual; the personal care, the jobs and hobbies...family, sociability, public life, education, religious activity, etc.... (all) interests and ambitions, one’s perceptive life (sensual and esthetic gratification), dreaming, thinking, acting” (Cara & Macrae, 1998, p. 64). Meyer further postulated that mental illness was a “Problem of living, and not merely diseases of a structure and toxic nature on the one hand or of a final lasting constitutional disorder on the other” (Meyer, 1917). Meyer’s careful notion to regard the individual experience as temporary and holistic as well as needing balance between work and rest is important. Specifically, for social work, where much emphasis is placed on the importance of using biopsychosocial assessments to better understanding client needs. Again, Meyer relating to this point, wrote, “Our body is not merely so many pounds of flesh and bone figuring as a machine,

with abstract mind or soul added to it. It is throughout a living organism pulsating with its rhythm of rest and activity...Our conception of man is that of an organism that maintains and balances itself in the world of reality and actuality by acting its time in harmony with its own nature about it” (Cara & Macrae, 1998, p. 64).

Within the Moral Treatment theory, the role of the clinician should be to provide opportunity to work, design, produce, and socialize. In Moral Treatment, not all emphasis was placed on the clinician—client relationship. The greater asset to clinicians prescribing Moral Treatment was that of physical setting and social influences. Specifically, it was thought of mental hospitals of the time, that environment was instrumental in the recovery outcomes. In Doctor John S. Butler’s book, *Curability of Insanity* (1887), he describes the importance of creating an environment of family like settings, where clients can discuss problems freely with other clients and their clinicians (Butler, 1887).

Social work seems, at its roots, intertwined with Moral Treatment, curative occupations and considering the whole person when treating mental illness and social circumstances. In 1889 the Hull House, Chicago, IL, was founded by Jane Addams and Ellen Gates Starr and provided community services and recreation to the poor (Mansfield, 2014). The Hull House included an employment office, dining area, children’s clubs, and various classes in art, music, language, and academics. The Hull House became the model for other American Settlement Houses. American Settlement Houses developed out of Addams’ and her associates’ aspiration to remedy what they believed was gross and unjust variances in the prospects available to the diverse social classes (NASW, 1998).

Eleanor Clark Slagle recruited by Meyer in 1912, took a curative occupations course through the Chicago School of Civics and Philanthropy as a social work student at the Hull

House in 1911 (Mansfield, 2014). Soon Slagle started a habit-training program, according to Meyer's work. The mission was to identify individual habit disorganization and through keen observation, aid in reorganization of value-directed habits. Slagle stated, "To visualize the picture more clearly, let us consider a group of sixteen untidy, destructive, assaultive, abusive and rapidly deteriorating young women" and after a year of participation in her habit-training program Slagle reports, "This group are entirely retrained in decent habits of living and are now being trained in careful graded tasks" (Cara & Macrae, 1998, p. 65). Other institutions began to adopt similar programs, such as the Brooklyn State Hospital.

It seems that these programs, like Moral Treatment, were understaffed to address societal need (Cara & Macrae, 1998, p. 66). For the most part, Moral Treatment was not highly regarded by the majority of psychiatrists early in its formulation (Bockoven S. J., 1963, p. 23). Segments of Worcester State Hospital annual reports indicate prejudice played a role in the breakdown of Moral Treatment and decent hospital living standards (Bockoven, 1963, p.23). Further negative impacts for the mentally ill client resulted from medicalization of mental illness and the decline in the adherence to Moral Treatment.

It seems that over the past several decades there has been a resurgence of interest in the topic of Moral Treatment, as much of the literature has been reprinted and analyzed. During the 1960's, mental hospitals began to release long-term patients and to limit how long new patients could stay. It was during this time that the United States was swept with a nationwide movement to meet the needs of the mentally ill within the community (McKee, 1994, p. xii). Since the 1960 national movement to deinstitutionalization the mentally ill and the past several decades, residential programs have shifted from providing custodial care to highlighting independent living and self-sufficiency. Additionally, the larger mass of facilities has been exchanged for

smaller residential settings (Ireys, Achman, & Takyi, 2006). Regardless of the significance of residential facilities for adults with mental illness, comprehensive information on their characteristics and number of residents is sparse (Ireys, Achman, & Takyi, 2006). This is important to this research and places like Prospect Meadow Farm, as numbers and outcomes for such places are predominantly unknown.

Mary Potter Brooks Meyer, Adolph Meyer's wife, who was a social worker, introduced a systematic type of activity into the ward of the Worcester State Hospital and was the first to provide systematic programming to assist patients, their families and physicians (Mansfield, 2014). In 1914, the term Occupational Therapy was coined, previously known as Moral Treatment, work therapy, occupation treatment, occupation reeducation, and ergotherapy. Just a few years before in 1909, Recreation Therapy is determined to play a major role in the management of mental illness (Mansfield, 2014).

In the early 20th century, social work, psychiatry, and occupational therapy developed simultaneously (Peloquin, 1988, p. 537). At John Hopkins Hospital, the first hospital social worker was hired in 1907. It was quickly apparent that social work services were vital and beneficial to patients (Hopkins, 2013). In 1908, Meyer was named the first director of the new psychiatry department at John Hopkins. Early social workers at John Hopkins hospital garnered strong support from Meyer, as he was instrumental in outlining the importance of patient's social factors as they relate to psychological well-being (Hopkins, 2013). Coincidentally, there was another pioneer in Massachusetts treading the same metaphorical water as Meyer and his circle of peers.

Establishing Gould Farm

At the turn of the 20th century, William Gould and his wife Agnes, were working toward synthesizing much of the concepts and theories we have discussed thus far. His vision culminated in what is now called, and still operates as, Gould Farm (est. 1913) in Monterey, Massachusetts (Gould, 2014). Gould thought that living and working in rural settings, with opportunities for “Close associations with nature” was instrumental in developing individual well-being (McKee, 1994).

Agnes Gould’s sister Caroline Goodyear (a social worker), both of the Goodyear fortune, suggested to Gould to invite social workers from the New York Charity Organization Society (COS), for which she worked, for vacation and respite. Many social workers came to Gould Farm over the years. Additionally, Gould Farm received clients from medical and surgical wards from New York Hospital and Bellevue Hospital as well as the New York COS (McKee, 1994, p. 24).

By 1913, Gould had outgrown the current farm and made the final move to the Social Service Farm, currently known as Gould Farm (McKee, 1994, p. 24). By 1917, Gould took practical steps to develop closer relationships with the clinicians referring program participants to the farm. Gould volunteered on the wards of Bellevue Hospital, “Becoming accepted as team members and advisors to the social workers there” (McKee, 1994, p. 38). William Gould worked for two hours each day in the drug ward of Bellevue, participating in rug weaving for occupational therapy. Years later, William Gould commented as to whether there was real meaning in, “The mere busy work that was possible in the hospital” saying it was rather, “Real work with a sufficiently strong motive of unselfish service behind it” that was beneficial (McKee, 1994, p. 39). Because of the work there, Gould, the doctors, and social workers

identified a great need for treatment of individuals with “nervous breakdown” or from physical illness relating to the psyche (McKee, 1994, p. 42). William Gould told the New York Times in 1921, in reference to the program participants being sent to the farm, they, “Shall be such as can give us their cooperation so that they can be really helped, from the inside out” and “Consider the lilies of the field, how they grow. Too often has that passage has been misapplied. The emphasis has been placed on the wrong meaning. What was intended there was to impress upon humankind the wonder of ‘growing’. ‘How they grow’. It is that which is worthy of thought” (New York Times, 1921).

Gould Farm accepts “guests” of all socioeconomic status and social circumstances (McKee, 1994, p. 38). Gould was possibly influenced by Meyer’s thinking, to regard the individual experience, as temporary and holistic as well as needing balance between work and rest is important for individual healing (Cara & Macrae, 1998, p. 39). William Gould, embodiment of curative occupation -- relating sociable activity with fruitful physical labor of the farm -- put this purpose into practice. Work was an imperative function on the farm; Gould encouraged each guest to participate. This point is noted in Gould Farm: A Life of Sharing, “Nothing was ever assigned to anybody; each man or women was permitted to remain idle as long as he or she chose to. However, that it was not long before each took a personal interest in the completion of the work on the farm” (McKee, 1994, p. 40).

Reminiscent of the demise of both Moral Treatment and the habit-forming programs, demand for Gould Farm services could have overwhelmed the enterprise. Therefore, William Gould would only admit individuals as long as the farm had work for the guest. He remarked, “Too often had the mistake been made of taking people out to the country and leaving them there in the hope that just the change in environment would work a miraculous cure. What people

needed, especially people who were unhappy and depressed, was to have the country interpreted to them by showing them where they fit into the scheme of things” (McKee, 1994, p. 41).

William Gould was an active participant, working alongside the guests. A Gould farm neighbor and longtime farmer commented, “The men’s awkwardness and incompetence was irking, but with Gould giving words of guidance from time to time, things would work out” (McKee, 1994, p. 40). In 1922, William Gould developed a plan and applied to the Massachusetts Department of Public Welfare as Gould Farm Incorporated, in an effort to avoid having Gould Farm changed from his original intention. Gould is remembered as wanting each guest to, “Feel that the Farm was his, that he owned it, and that he was responsible for the welfare of the others and for the success of the enterprise” (McKee, 1994, p. 43). An aspect of the idea of the farm was that all rules, regulations, and procedures were adaptable to the well-being of the individual. The Farm continues to welcome clients into the community, providing opportunities for meaningful work, genuine relationships, and traditional therapy and medication management and an environment for spontaneous recovery to take place (Gould, 2014).

Intentional Communities and Curative Occupations

Massachusetts and the Northeastern United States are steeped in the history of Moral Treatment and the awakening of another lens from which to view individuals with mental illness. The Gardner State Colony in Massachusetts remains a historical example of Moral Treatment and agriculture (LaMoure, 1913). At the facility, there were also opportunities to participate in various curative occupations such as carpentry, furniture making, machine shop, rug weaving, and a shoe making shop (Cara & Macrae, 1998, p. 59). This was similar to Gould Farm and other such communities.

It is important here to clarify the use of language about the many different non-traditional, farming, or agricultural interventions for addressing the needs of the mentally ill. When exploring such therapeutic intentions and methods utilizing farming activities within a communal setting, it seems important to tease apart what makes the combination effective or not effective. There are many examples of what is referred to today as non-traditional or alternative interventions, although it seems that the last several decades have seen an increase in a variety of such establishments. There are now a growing number of places like Gould Farm that focus exclusively on agricultural and nature activities. The many variations of such non-traditional places offer a wide variety of services, some including more traditional psychological methods, such as psychoanalysis and medication management. This mix of theory, pharmacology, community, and manual labor seems to be more in line with Moral Treatment than sites that only offer experience in curative occupation or traditional therapy alone.

“Only the snow lions among us can go into solitude in the wilderness and achieve enlightenment alone.” (Das, 1997, p. 67)

Most human beings depend on other people and desire to belong to, or live in a community. The Buddhist word sangha, which means, virtuous community, is relatable across religious and secular ideologies (Das, 1997, p. 67). Jesus said, “Where two or more are gathered in my name, there shall I be also” (Zondervan, 1990). This statement ostensibly speaks to the miraculous power and synergy of sangha or community (Das, 1997, p. 67). What is it about dedicating ourselves to something greater or a cause larger than self, and how does this relate to therapeutic farming or agricultural interventions for the mentally ill? It maybe that people can feel their contribution and their dependence on each other and these communities instill respect and love -- partly because they entail the care of animals and plants. In the immediacy of such

communities, where the occupation itself seems to be curative, the people seem to be intimately connected to the land and the people they spend time with, who all work toward a common goal. Partially that goal, on a farm, is to support the farm community itself through planting, harvest, and caretaking animals. In doing so, participants develop a sense of social inclusion and hope for their future (CooperRiis, Outcomes Research Summary, 2013). The central understanding of sangha or the western equivalent, community, is to be representative of individuals living and working harmoniously with each other, to bring all individuals further along in their path of enlightenment or healing (Das, 1997, p. 68).

Places like Prospect Meadow Farm and Gould Farm are not attempting to isolate guests or program participants from the rest of society (Servicenet, 2014). In actuality, they attempt to allow the individual to become socially included and a part of something bigger than themselves; in service of the program participants being able to live a more meaningful life within society (McKee, 1994). Therapeutic farming encapsulates a lifelong metaphor of change that can be witnessed as well as experienced: sap to syrup, seed to vegetable, hay becoming food for animals, and animals for consumption. Therefore, too, is the path of individuals seeking psychological wellness, change is as inevitable as the seasons. This seems to go against the idea that mental illness is a lifelong, incurable disease as adopted in the early 20th century under the guise of brain science. The humanistic, Moral Treatment approach gave way to science and racial prejudice, partially driven by the influx of immigrants. The mentally ill were ushered into asylums and labeled as incurable and not likely to be discharged. The practice further cemented and guaranteed a stigmatization of the mentally ill, which continues to linger today (Bockoven, 1963, p. 86).

Community Satisfaction and Attachment—Well-Being

Current literature indicates that community has a role in a person's sense of safety and well-being. According to an article in the *Rural Sociological Society Journal* (2009), Gene Theodori states, "I find substantial support for the hypothesis that satisfaction with the community and attachment to the community are associated independently and positively with individual well-being. Bivariate and multiple correlation/regression analyses reveal that greater community satisfaction and attachment result in higher levels of perceived well-being." (Theodori, 2009, p. 618). It is interesting, specifically to such farming interventions, that nearly 48 percent, nearly half of rural residence report complete satisfaction with their communities, as opposed to approximately one in five urban residents (Theodori, 2009, p. 619). Individuals are prejudiced by a wide array of independent and personally supposed circumstances such as, occupational status, education, family size, social participation, and residential satisfaction, proportion of friends within the community and duration of residence (Theodori, 2009, p. 619). The relationship between community satisfactions relative to individual well-being is an important factor to consider when investigating places such as Prospect Meadow Farm. As pointed out by Theodori (2009), rural residents are more satisfied with their communities. This is not to say that all farm participants identify as rural residents. For example, Gould Farm continues to have guests from cities and suburban areas visit the farm for respite. As such, each participant lives in the farm community for a time. Additionally, clients at farms such as Gould are not meant to stay forever, but the small community is meant to provide the environment for recovery (Shortall, 2008).

Another factor to consider is community attachment, the literature relating to this, again, is dependent on individual variables. Many of the variables are similar to those previously

mentioned as relatable to community satisfaction, such as education, land ownership, duration of residence and social interaction. Much like the findings relating to community satisfaction, community attachment research is mixed as to the importance of individual variables. Further investigation seems to determine that community satisfaction is largely related to two variables: economic opportunity and public service (Theodori, 2009, p. 620). Theodori's article defines individual well-being, "As a broad array of conditions including access to material resources for meeting daily needs, freedom from threats and oppression, and physical and mental health (Theodori, 2009, p. 621). The research leads this writer to postulate: individuals may be attracted or willing to participate in agricultural endeavors or communities based on many of the same factors Theodori identifies. Theodori's research concludes with the following significant information: "Community attachment and community satisfaction are associated positively and independently with individual well-being and higher levels of attachment to one's community resulted in perceptions of greater wellbeing" (Theodori, 2009, p. 626).

Intentional Community-Micro-Farming Community

The idea that everyone will suddenly choose to live all together or own property together may be far reaching and unrealistic. However, throughout human history groups of people have come together in a quest toward shared values, commitments, and common goals to form "intentional communities" (Kozeny, 2013, p. 2). This was evident in the United States during the communes of the 1960's, but this is in reality a small blip in the history of such communities and expressions of shared values.

The intentional community seems to be an instrumental piece of how and why therapeutic farming interventions can benefit participants. Considering the confluence of curative occupation, social inclusion, community attachment and satisfaction, physical activity and

noticeably living in a manner separate but connected to society prompts this writer to question; why such interventions and communities continue to remain on the fringes of society. There seems to be something about “community living” that will allow each participant to grow in the direction of a grander self and possibly, “The rewards will far outweigh any frustrations encountered along the path” (Kozeny, 2013, p. 10). This research may illuminate the farming activities and aspects of the Prospect Meadow Farm community that are most beneficial for the participants.

It may be important to note all the various organizations and communities being created worldwide, the majority of which have been established in the last three or four decades. There are specific farming micro-communities, which, in their effort to support local sustainable agriculture have keyed on including the ‘other’, individuals who are more likely to be excluded from society. Whether due to developmental disability, mental illness or learning disabilities, these communities are welcoming to “all” people (Catalysts, 2014). The Hertfordshire Micro Market Project and Farming of All, in the United Kingdom were established in 2009. It offers to people, who were or may have been disadvantaged or excluded, opportunity to participate in a wide range of farming and outdoor activities (Catalysts, 2014). The project’s activities give people, “The opportunity to develop new practical skills, including team member and leadership skills, and they increase people’s motivation, self-awareness, and confidence” (Catalysts, 2014). This seems strikingly similar to the skill set William Gould and his peers set to instill in Gould Farm guests (McKee, 1994). Whether describing such places as an intentional community, micro-farm, healing community or outpatient treatment, places like Prospect Meadow Farm, share a lineage stretching back to Moral Treatment and habit forming. William Gould, known for stating that there was no real reason to conduct research among Gould Farm guests: the farm

worked and that was good enough, as it was apparent in the guest's everyday lives. However, over the decades, therapeutic farms have conducted outcome research, which seems to partially support Mr. Gould's theory; it works (McKee, 1994).

Therapeutic Farm Outcome Studies

The CooperRiis healing community in North Carolina is another example of a modern therapeutic community borne out of, and influenced by, such places as Gould Farm. According to the CooperRiis website, "The CooperRiis Healing Community is rooted in the healing community models of Gould Farm and Spring Lake Ranch that have been in practice since 1913 and 1933, respectively" (CooperRiis, CooperRiis Overview, 2014).

The CooperRiis (2014), a healing community is a modern example of what can be accomplished: "The central concept is that of an environment where staff and residents live and work together as a functioning community. To strengthen the model, we have added the elements of integrative psychiatry, individual and group psychotherapy, nutritional counseling, dietary supplementation, and physical exercise programming as well as substance misuse counseling, complementary modalities, and community work and service skills/employment training" (CooperRiis, CooperRiis Overview, 2014).

CooperRiis Outcome Study January 2013

CooperRiis provides services for approximately eighteen adults, 18 years of age and older, with a variety of issues. CooperRiis has four distinct levels of treatment, A-D. Typically, the client stays between six to nine months. The participant can add, approximately an additional 9 months to progress through the remaining levels offered. Each stay is individualized. The 2013 report outlines the following diagnosis overview. The highest population served are individuals with a mood disorder 39.64%, substance abuse 28.32%, psychiatric spectrum 23.99%, anxiety

disorder 17.14%, personality disorder 8.05%, ADHD 4.62%, eating disorder 3.87%, developmental disorder 2.98% and other diagnosis at 1.04% (CooperRiis, Outcomes Research Summary, 2013, p. 2) A former resident is quoted saying, “The support I got from CooperRiis really did show me that I was loved and that it was OK to be me” (CooperRiis, Outcomes Research Summary, 2013, p. 3). The CooperRiis program is based on mental health recovery concepts, such as supportive, therapeutic milieu where staff and residents live, work and grow together. The program is person-centered, and family members are encouraged to participate in the recovery process (CooperRiis, Outcomes Research Summary, 2013, p. 4). CooperRiis lists four distinct areas of data relating to common themes surrounding outcome findings:

1. Restored sense of belonging in community
2. Increased sense of being a whole and healthy individual
3. Cultivation of shared purpose and meaningful activity
4. Increased sense of empowerment related to maintaining one’s mental health.

(CooperRiis, Outcomes Research Summary, 2013, p. 5)

The outcome study provides salient statistics relating to the Seven Domains of Recovery, which is a foundational aspect of the program. Its data show a major increase in well-being across the Seven Domains and that participants are more likely than not to leave the program “Feeling satisfied with their overall recovery and wellness,” which is defined in a “Holistic and comprehensive way” (CooperRiis, Outcomes Research Summary, 2013, p. 5). Another data set provided by the outcome study relates to individual Global Assessment of Functioning (GAF) scores. CooperRiis included data from a study at Austen Riggs Center (Stockbridge, Massachusetts) from 2004 for comparison. Both show participants had steady improvement in their GAF scores from time of admission to time of discharge (CooperRiis, Outcomes Research

Summary, 2013, p. 7). The CooperRiis study and information is compelling for many reasons. The data are particularly compelling concerning the research being done at Prospect Meadow Farm in which the data seems to suggest that participating in such farming or agricultural intervention is beneficial to the individual.

Hopewell Therapeutic Farm-Based Community

Another outcome study, Hopewell: A Therapeutic Farm-Based Community: A White Paper Addressing Outcomes & Implications for Future Treatment provides additional supporting data for the beneficial effects for participants of therapeutic farms. (Karges, 2011). Hopewell is a therapeutic farm community situated on 306 acres of land in the Mid-West region of the United States. The farm provides, “A safe, healing environment for adults with serious mental-illness” (Karges, 2011, p. 2). The study provides a brief history of therapeutic farming communities, such as “Gould Farm in Massachusetts, Spring Lake Ranch in Vermont, Cooper-Riis in North Carolina, Rose Hill in Michigan and Hopewell in Ohio” (Karges, 2011, p. 3). The study points out the historical roots in Moral Treatment and further origins with the Northfield Experiments in England (Harrison, 1992) and, “The Oakland Naval Hospital and Belmont Hospital psychiatric programs in the United States were (cited as) successful examples of such early initiatives” (Karges, 2011, p. 3). The Hopewell data was collected from 109 current and former residents in 2010. The data was collected using eighteen different measures, a couple specifically designed by Hopewell, such as the Hopewell Outcome Worksheet and the Hopewell Satisfaction Survey (Karges, 2011, p. 3). The study identifies that the data is separated into three domains documenting, “The significant benefits of treatment at Hopewell” (Karges, 2011, p. 3). The study notes that there are some populations that are not appropriate for therapeutic farming communities, such as violent offenders, sexual predators and individuals who are actively

suicidal or homicidal (Karges, 2011, p. 3). Lastly, the Hopewell outcome study identifies the following, “For certain individuals with serious mental illness, a therapeutic farm community such as Hopewell can offer a financially advantageous and powerful alternative for delivering highly effective treatment” (Karges, 2011, p. 5). We have examined a couple prominent therapeutic farm models and outcome measures.

Benefits of agricultural activities and Prospect Meadow Farm

Are the program participants at Prospect Meadow Farm benefiting from the time (work, fellowship, learning, and teaching) they spend there? The research seems to lead us to the idea that these types of activities could be beneficial to all of us. It is no secret that consistent contact with plants, animals and the natural environment is restorative for both our physical and mental health (Organic & Sustain.org, 2014, p. 3). It could be possible that living, working, visiting and supporting such farms are valuable to young and old program participants living with challenging developmental or mental health conditions. Such interventions should attract the attention of health care providers and policy makers, specifically social workers, to advocate for agricultural interventions (Organic & Sustain.org, 2014). The research and programs available which identify the value of horticultural and more specifically, therapeutic farming experiences is growing and meaningful toward the growth of such endeavors. (Sydney Park Brown, 2011). One resource is, *The Benefits of Gardening and Food: Growing for Health and Wellbeing* article by Garden Organic and Sustain (Organic & Sustain.org, 2014). This research outlines a comprehensive list of general benefits of gardening, horticulture, and or farming activities for individuals; specifically focusing on mental health, obesity, well-being and assisting individuals with other serious health problems, such as cancer and HIV (Organic & Sustain.org, 2014, p. 2).

Chapter III

Methodology

The purpose of this study was to identify and analyze the perspectives of a group of Prospect Meadow Farm participants about what farming activities are beneficial. This study used a qualitative modality of research through client interviews. In having a qualitative modality, the research questions allowed for a deeper understanding of the perceptions of Prospect Meadow Farm program participants who participate in farming activities. These interviews have identified program participants' experience at Prospect Meadow Farm and their experience with Prospect Meadow Farm staff.

This research is a qualitative content analysis study. As defined by Elo and Kyngas (2008), "Content analysis is a research method for making replicable and valid inferences from data to their context, with the purpose of providing knowledge, new insights, a representation of facts, and a practical guide to action". Moreover, this research utilized this qualitative method of analysis as a means to advance a better understanding of the perception of Prospect Meadow Farm program participants. Such a study has not been conducted at Prospect Meadow Farm. The Smith College Human Subjects Review Board (see appendix A) approved this study.

This study was conducted through thirteen interviews with Prospect Meadow Farm program participants. I met with participants, separately, one time at Prospect Meadow Farm. Thirteen participants were asked five open-ended questions, using an interview instrument (see Appendix B) for a semi-structured interview model. By asking open-ended questions about their farm experiences, program participants were able to talk about their farm activities. This

flexibility within the research model also allowed for a richer appreciation of farm client experiences. Rubin and Babbie (2012) term the forte of qualitative research as producing an interviewing container where the researcher can gather an understanding of program participants' involvement by asking open-ended questions without diminishing the individuality of single life experiences and unforeseen influences. It is also important to recognize that in qualitative research, the researcher has the facility to discover the details of program participants' experience through investigations that clue in on a deeper understanding of individual perspectives (Rubin & Babbie, 2012).

Sample

This qualitative research was guided by using the nonprobability sampling procedure of convenience sampling. Convenience sampling is the method of selecting participants that are readily available as opposed to randomly selecting them from a pool of possible participants (Rubin and Babbie, 2012). The sample consisted of Servicenet (Northampton, MA) program participants who are participating at Prospect Meadow Farm. Only program participants from Prospect Meadow Farm were included in this research. Specifically, program participants that are mentally and cognitively capable of answering basic questions about the farming activities they participate in on the farm. The research sample includes Prospect Meadow Farm peer counselors that were previously farm worker/program participants. The target populations of this research were program participants that have agreed to participate on the farm in various capacities. Program participants present with a broad range of disorders from learning disabilities, developmentally disabled, major mental illness and Autistic Spectrum Disorders. The current client demographic on the farm consists of adult individuals of various socio-economic statuses, races, and cultures.

Participant Demographics

This research is based on thirteen interviews of Prospect Meadow Farm participants, regarding their experiences with various farming activities and time spent at the farm. The participants ranged in age from 21 to 65 years of age. Out of the thirteen participants eleven identified as male and two identified as female. Additionally, eleven identified as either white or Caucasian and one identified as African American and one did not identify. All thirteen participants indicated that they currently reside in the State of Massachusetts. Two of the participants, one male and one female, identified that they have had previous farming experiences. Finally, one participant identified that they are receiving some type of monthly disability compensation.

Recruitment and Consent

The program participants were screened by the farm manager; the farm manager previously supervised a team of Recovery Counselors for Servicenet Inc. The Prospect Meadow Farm manager developed the farm's programming, strategic plan, implementation, and the transition from a residential property to a working farm. The farm manager best knows program participants, as such, the farm manager was best suited to make determination of cognitive and emotional capabilities relating to participation. Only program participants acting as their own guardians participated in this research. Farm program participants with severe cognitive disabilities were excluded from participating in the research. Although this created a more narrow population, it was determined that cognitively impaired program participants would not comprehend research questions. A detailed script outlining the research was used by the farm manager and researcher (see appendix C).

Specific announcements were made at Prospect Meadow Farm by the farm manager regarding the research and the possibility of client participation. This researcher was on site at the farm on designated days, to inform and meet with program participants willing to participate in the project. This writer also made every effort to interview individuals of different races, ages, genders, and ethnicities that would have created a more culturally competent study without marginalizing certain populations. The research was conducted with current client population at Prospect Meadow Farm, which was representative of the population of the region. Furthermore, the study sample slightly exceeded the percentage of minorities in the region. This is later explored in the demographic portion of the findings chapter.

Ethics and Safeguards

These interviews were conducted in person at Prospect Meadow Farm in Hatfield Massachusetts. This researcher conducted the interviews in the Farm manager office, holding the interview in the farm office, a quiet space that ensured participant confidentiality. Participants were asked for their consent to be both interviewed and audio recorded (see appendix D). All paper consents are stored in a secure (locked) filing cabinet separate from other study materials. The interviews did not contain any identifying information, interviews were (digitally) audio recorded and transferred to a password protected USB drive then deleted from the digital recorder. Interviews were transcribed and coded, and saved onto a password protected USB drive and stored in a locked safe. The information collected during these interviews will be securely stored for three years in accordance with Federal Guidelines, after which they will be destroyed. Part of the interview process, participants were informed of the study's purpose, the nature of their participation, and the benefits or risks of participating in this study.

Participants were informed that their participation was voluntary and that they had the right to stop or withdraw from the study at any point during the interview. Additionally, participants were informed they could decide not to answer any question. Participants were also informed that they had the ability to withdraw from the study after the interview had taken place as long as it was before May 15, 2014. Participants were informed, if they chose to withdraw from the study, their information would be removed from the study and immediately destroyed. No participants requested to be removed from the study, and all their information was used in this research. Participants were informed of the confidentiality agreement that ensured all of their responses were safely disguised in accordance with Federal guidelines.

Participants were provided with an informed consent form that delineated their participation in this study. This consent form was delivered to them in person prior to the interview and reviewed at the time of the interview. This consent identified that participants were not going to receive any form of compensation for their participation. Additionally, their responses provided important insight into what Prospect Meadow Farm activities are most beneficial to farm program participants. By gathering a better understanding of individual farm experiences, this information may help Prospect Meadow Farm leadership improve the experience for current and future farm program participants.

Data Analysis

Using MAXQDA to manually code and analyze the data thematically, this researcher was able to categorize all the responses into subcategories. The coded data was saved onto a password protected USB drive and secured in the researcher's locked safe. In this manner, this researcher was able to identify thematic patterns such as themes or phrases that emerge in the interviews.

CHAPTER IV

Findings

The purpose of this study was to identify what farming activities participants find most beneficial at Prospect Meadow Farm. For the purpose of this study beneficial activities were defined as aspects of the work experience that participants spoke about in positive terms (in terms of the affect and content of their comments).

This section contains findings from interviews with thirteen Prospect Meadow Farm clients. Interview questions were designed to be simple, clear and concise. The interviews focused on participants' experiences with farming activities at Prospect Meadow Farm. The information collected through the interviews was content analyzed and organized into common themes. Five primary themes were identified: (1) Working on the farm is more satisfying and fulfilling than previous work experiences; (2) Experience of hard work creates a sense of accomplishment (3) Working with animals contributes to a sense of well-being; (4) Interactions with farm staff and peers are beneficial; (5) Participation in farming activities (e.g., planting and harvesting crops) contributes to a sense of meaning and purpose.

Working at Prospect Meadow Farm is Satisfying and Fulfilling

A major finding of this research was that most participants identified their experiences prior to participation at Prospect Meadow Farm as “boring”, “wasting time”, “depressing”, “lonely” and “unproductive”, accompanied by feelings of being lonely and excluded from their community and society at large. Participants repeatedly and consistently characterized their time at the farm as productive, happy and fulfilling. One participant described it this way, “before,

when I haven't come here before, like when I...before, um, I was depressed. I was very depressed", "Since I have been here I have been doing stuff and you know just being myself now, because I am here taking care of things and being with people is very important too". Another participant went on to describe another positive aspect of the time spent on the farm, "For me there is people that I can talk to about, like you know some things that are going on at home, if I need too. There is that side too". To this point a third participant describes his time prior to coming to Prospect Meadow Farm, "I didn't have much of a job, I was hanging around, I got sick of hanging around my house, but I couldn't find much things to do or places to go. But I like coming here every few days".

For many participants, working at Prospect Meadow Farm creates benefits that extend beyond their time on the farm. One participant commented: "I use to come five days a week, but I changed to three days a week. I have stuff to do when I don't come here, shopping and my other stuff, I go to my medical appointments and stuff". This participant went on to elaborate on the pleasure of striking a balance between participating at the farm and developing a healthy home life. Another participant stated: "I am on disability, and without the farm I wouldn't have anything to do. It is nice to just have something to do, but they also treat me like I matter here". A third participant reported: "Sometimes I bring them (rabbits) treats, like carrots and lettuce, whatever I am not going to eat. I bring apples to the pigs and stuff, they love it (laugh)". The fact that participants think and consider their activities and contribution at the farm, while away from the farm, is instrumental to the success of the program as it increases individual's sense of social inclusion and purpose.

Experience of Hard Work Creates a Sense of Accomplishment

Interestingly, while many participants physical experience of working outdoors in harsh weather was unpleasant, their emotional experience was positive. All of the participants described experiencing pride, happiness, accomplishment or good feelings associated with not only completing farm tasks perceived as difficult, but also in attempting these tasks. Consider the following, “Shawn and Eric are nice, they have us take breaks a lot when it is cold, we all warm up in the garage together. Shoveling snow is hard, it is hard for me to shovel snow, and you have to use your legs that was hard for me. Winter is kinda hard for everybody, especially February, it was storming every week. I like coming here every few days”. Another participant identified it was in fact that “hard work” and the difficulty of the tasks at hand that instilled a sense of pride and accomplishment; “It usually brings like a, um, it is like a very nice feeling around you, it is like imaginary people are tapping your shoulders, saying a swell job, this is the way I feel”. Two participants described their hesitance in attempting a task that seemed difficult. Through encouragement from peers and staff the participants eventually accomplished the task and subsequently identified this task as their favorite farm activity.

Working with Animals Contributes to Sense of Well-Being

All thirteen participants interviewed identified caring for or spending time holding animals at the farm was beneficial. Although, in aggregate all farm animals were identified, there were a few animals that were consistently identified: chickens, goats (specifically baby goats) and rabbits. Two participants reported that holding and petting the animals gave them a sense of peace and happiness. The majority of participants, nine of thirteen, reported that caring for the animals provided them a sense of caring and love. One participant, of few words, responded to question three (see Appendix F), “good...it makes me feel so happy that the rabbits have

something to eat”. One participant described care for the animals as analogous to caring for children and the importance of such a task. Additionally, another interviewee identified the importance of never missing a day of caring for the animals on the farm, “Ah, well I was by myself, so this is hard work, either the snow, the winter time, rain, no matter what you have to work. You have to feed the animals”.

Interactions with Farm Staff and Peers are Beneficial

Twelve out of the thirteen participants mentioned farm staff, by name, as being helpful and easy to talk with. Three participants identified farm staff, specifically, as people that they feel safe talking to about personal and emotional problems. All participants regarded farm staff as easily approachable and reported that farm staff make them feel welcome and included in the overall operations at the farm. Farm staff seem to be very adept at identifying how each individual’s contribution adds to the collective outcome. This seemed evident in individual responses relating to how farm staff takes the time to explain the work being completed on the farm.

Many participants cited the benefits they derived from interactions with their peers. One participant stated the following, “My favorite activity is just mingling with the other people, trying to get a feel of how they feel. What kind of mood are they in? If they are in a good mood I will ask them to work with me. If they are not in a good mood, I just let them be. I will come back in like, an hour to see how they feel”. Throughout the interviews this theme of togetherness and an understanding that each person has an instrumental role in the success of the farm emerged.

Related to the theme of roles several participants talked about the opportunity to act as teachers. One participant stated, “I like to learn certain skills, I like to teach those skills to others,

I had been looking for a job where I could do that”. Three of the thirteen participants commented that certain peers are good at specific tasks, and that these participants are the people to go to with specific questions pertaining to certain farm tasks. The opportunity for participants to teach others, or view peers as subject matter experts, was a unique and gratifying experience.

Participation in Farming Activities Contributes to Sense of Meaning and Purpose

Virtually all farm tasks identified by participants, encompassing practically all farming activities, were described as beneficial. These tasks provided participants with a sense of accomplishment, belonging, mastery, physical well-being and meaning. For many participants the opportunity to learn a new skill and then teach it to others was particularly rewarding. Participants also cited the changing of the seasons and the planting and harvesting of crops as a meaningful aspect of their experience. One participant remarked, “Kinda, seeing what the farm has made, like um, even though I helped out, I don’t help with everything, like when they harvest, you get to see what the farm has produced”.

Conclusions

This writer’s hypothesis was that farming activities at Prospect Meadow Farm would be beneficial to people with mental illness and developmental disabilities. This hypothesis was partially based on this writer’s experience and therefore was a bias I brought to this study. I am happy to report that the hypothesis was supported by the data collected. Of particular note are several key themes.

Most participants identified their lives prior to coming to the farm as less gratifying, and happy with limited or no meaningful relationships. This is in stark contrast to identifications of excitement and joy related to their experiences after coming to the farm. This was seen in not only their work on the farm but extended to their life away from the farm.

Another theme that emerged was the significance of interactions with others (peers, staff, and visitors) at the farm. This was not entirely a surprise, again based on personal experience and the literature, but this writer underestimated its relevance. Twelve out of thirteen participants interviewed identified peer and or staff relationships as a beneficial aspect of their farm experience. It is not within the purview of this research to determine whether relationships with others on the farm or the farm activities themselves matter more or less. It is apparent that both aspects of the program are significant, to what degree only further research can determine.

Although not a universal theme, several participants spoke about the importance of becoming a subject matter expert and the gratification derived from teaching others. This finding seems ripe for further research revolving around the beneficial effects of developing individual mastery.

Overall, participants interviewed described their individual experiences at Prospect Meadow Farm as positive and beneficial in many ways. Participants identified relationships with others, caring for animals, witnessing the wonder of what the farm produced, spending time alone (both working and relaxing), having someone to talk to about whatever was on their mind, and a myriad of other descriptions and situations. Each participant identified, in some form or fashion, that life seems more hopeful and each day is a new opportunity. This theme seems striking in that it is so closely related to the agricultural experience. Each day on the farm something grows and changes, and with each day there is another chance to do something a little better and feel the metaphorical pats on the shoulder. Listening to the participants and holding that they are the experts in such matters that pertain to their experiences at Prospect Meadow Farm, the following interview segment summarizes this writers attempt to capture the meaning of such farming endeavors.

“If I feel I don’t do it (favorite farm task), and I don’t feel as proud as I should, maybe I could have done it better? You know, I think about the next day, well can I do a lot better? I come here next time and I can do that instead”.

There are many psychological and learning theories at play here, it seems daunting to understand all of them and where the overlap occurs. Further research in this area is needed. At the same time this writer cannot help but to hold the words of William Gould lightly. Gould was noted as frequently saying, paraphrased here, it is not important to research why participating on the farm works, it is important to see that it works (McKee, 1994). In many ways, this writer agrees with this sentiment, but at the same time within our zeitgeist it seems incumbent to consider the individuals biopsychosocial determinants. As social workers we should utilize the tools of discovery and identification, scientific method, medicine, occupation and environment in order to better understand how to help humans live a more meaningful and healthy life.

CHAPTER V

Discussion

This research is important because it challenges the orthodox conventions of psychiatric treatment in the United States. Furthermore, it is the first research done at Prospect Meadow Farm. The literature provides a historical context of the progress, missed opportunities and collaboration between blossoming professional occupations. Psychiatry, Occupational Therapy and Social Work occupations seem historically intertwined in progressing foundational theories related to this research. It seems that discounting, marginalizing or continuing to consider places such as Gould, Hopewell, Cooper Riis and Prospect Meadow Farms as “fringe” is a disservice to all humans. As previously discussed, such agricultural experiences could benefit all people. It seems that there is not one profession that holds a monopoly on curative interventions for the mentally ill or developmentally impaired. On the contrary, it seems more likely that it is the identification of the convergence of the various helping occupations that will provide curative results to those of us in need.

Farm work is satisfying and fulfilling than previous experiences

It seems interesting, specifically in reference to Kielhofner identification that “Enforced idleness” can further damage an ill individual’s mind and body. Furthermore, he ascertained that absence of work occasioned demoralization with the affiliated loss of ability to perform daily life occupations seems apparent throughout interviews conducted for this research (Kielhofner, 2009, p. 24). The findings of this research appear to support this idea, in that participants reported working on the farm as more satisfying and fulfilling than their previous experiences of idleness

and periods of joblessness. Consider the following comment from one program participant interviewed for this research, “I feel like when I do something here and I am done, um, I feel really pleased with myself”. This is in stark contrast to this same respondents comments about life prior to coming to the farm, “If you are just stuck in the house doing nothing you get more depressed, so I would rather be out and about”. This finding seems significant as the majority of participants interviewed described similar thoughts and feeling relating to their individual, pre and post, farm experiences.

Hard work creates a sense of accomplishment-- meaning and purpose

The finding of hard work and accomplishment could be related back to William Gould’s statement about the importance of empowering each participant to feel like he or she is responsible for the success of the farm and his reference to “real work” (McKee, 1994). What many seem to experience, including this writer, is that work on the farm is not easy. Along with the hard work and completion of farming activities comes a sense of accomplishment and mastery or ownership of skill set(s) needed to complete the task at hand. This finding seems evident throughout participant responses, from the metaphorical “pats on the back for a swell job”, to descriptions of learning and teaching specific farm tasks. It seems that in the doing, learning and teaching of such difficult tasks, participants are able to internalize each success in a manner that provides some sense of contribution to the whole fostering a sense of inclusion. Additionally, participants seem able to recognize, at some level, that attaining mastery of farming tasks perceived as difficult is not a guarantee, but is a process. One participant, as previously mentioned stated, “If I feel I don’t do it (favorite farm task), and I don’t feel as proud as I should, maybe I could have done it better? You know, I think about the next day, well can I do a lot better? I come here next time and I can do that instead”. This theme emerged throughout

the interviews conducted for this research. It seems important to further explore and dissect individual aspects of the experience relating to willingness to participate, doing, learning and mastery.

Working with animals contributes to a sense of well-being

Human animal interaction was not expressly discussed in this paper, there is a tremendous amount of literature relating to the benefits of human animal interactions. Therefore, it was not an unexpected finding that Prospect Meadow Farm participants identified beneficial experiences relating to caring and holding farm animals. Overall, participants identified caring for or spending time with animals as enjoyable and presumably beneficial to their overall farm experience. At least for some participants, it seems, that there may be an inability (presumably due to specific disability or cognitive levels) to grasp the ultimate farm value of these animals. In one instance a respondent referred to a specific farm animal as a pet. Indeed this animal is not ultimately a pet, but representative of providing food for the farm.

This is in stark contrast to many therapeutic interventions utilizing animals, such as equine therapy, where the animals are considered pets. This area is deserving of further research, as these farm animals and the humans that interact with them comprise a different relationship. It would seem interesting to explore this area further, specifically relating to the life and agricultural metaphor, change is constant and inevitable as the seasons. Additionally, William Gould's recollection of the lilies and more importantly, how they grow, is relatable. This idea poignantly relates to rebuke the narrative that mental illness is incurable and unchanging. Recalling Pinel's work (1801), "The successful application of moral regimen exclusively gives great weight to the supposition that, in the majority of instances, there is no organic lesion of the brain nor of the cranium" (Pinel, 1801).

Interactions with farm staff and peers are beneficial

One major theme from this research was that program participants identified the various farming activities were individually and collectively beneficial. It seems interesting to consider where the individual places themselves in this process, linking not only their individual contribution but their collective contribution. Many program participants identified that the beneficial results were due to the sense of community and safety they felt at Prospect Meadow Farm. This theme may be explained through the lens of self-psychology. Where an individual's self-esteem and self-cohesion are based on the attunement and empathy provided by others in the environment (Berzoff, Flanagan, & Hertz, 2011, p. 476). This is significant for social workers because it ascertains that clinicians must continue their clinical education, keep an open mind, and meet program participants where they are when working with different client populations. This standard, stated in section 1.04c of the Social Work Code of Ethics, is imperative in providing program participants with appropriate care.

Implications for Social Work

The profession of social work was and continues to be on the forefront of developing important aspects of Moral Treatment. Consider the Biopsychosocial Approach to social work, "the lens has to include the biological and the social factors that interweave throughout a client's life" (Berzoff, Flanagan, & Hertz, 2011). Social work can be termed as a profession adapted toward action and change, from the macro to micro levels of involvement. Of the helping professions social work gives way to a broad focus of arenas (Netting, Kettner, McMurtry, & Thomas, 2012, p.73). The research identifies the Moral Treatment model of recovery, demonstrating the need for clinicians, specifically social workers, to assist clients in developing an increased sense of well-being through engagement in meaningful activities. This further

reinforces the importance of following the Moral Treatment tenet to treat the individual client as an interesting personality and to take the time to get to know each person.

Social work as a profession is poised to continue to push the edge of how to care for the mentally and emotionally injured, socially excluded, and marginalized individuals. By looking back and noticing the present, this writer has gained a clearer trajectory of social work practice. It seems illogical to adhere to a plan that does not include further research into the convergence of mind, body and society. Places such as Prospect Meadow Farm are currently the laboratories where lessons in these matters are taking place. It seems shortsighted to not only consider such programs but to fully support them. Servicenet, should be praised and celebrated for such a bold move in establishing Prospect Meadow Farm (I don't work for Servicenet). It remains increasingly difficult to operate for-profit farms in the black, much less a therapeutic farm, where the bottom line is not the dollar. This writer ventures to say, that the Prospect Meadow and Gould Farms of today continue aspects of the Charity Houses of yore, which are suffused in the roots of social work. Where participants can engage in beneficial activities and occupation, learn and teach new skills, have a nutritious meal and a sense of safety and belonging.

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Appendix A



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

March 24, 2014

Frank Bayles

Dear Frank,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Seth Dunn, Research Advisor

Appendix B
Interview Instrument

1. What is it like for you to spend time at the farm? Why?
2. Do you have a favorite farm activity? What?
3. What about your favorite activity do you like?
 - a. Examples: being outside, animals, planting, harvesting, hard work
4. How do you feel when you accomplish your favorite farm task?
5. Would you like to say anything else about your experience at Prospect Meadow Farm?

Appendix C
Parent's or Guardian's script
(Used by farm manager and researcher)

Parent or Guardian,

I (for farm manager: the farm is working with Frank Bayles a Smith College School for Social Work MSW student, he is) am presently involved in a research project on beneficial effect of performing farming activities here at Prospect Meadow Farm. Information on this topic is valuable for determining what farming activities are most beneficial at Prospect Meadow Farm.

I would like permission for your dependent to be asked the following five questions relating to their time spent performing farming activities here at Prospect Meadow Farm. Specifically, relating to what their experience has been like at the farm and what they find beneficial about their farm experience.

There will be approximately 12 participants. Your dependent's participation in this research is voluntary, and you may decline to allow your dependent to participate in the study. You may change your mind about your dependent's participation. Your dependent may also decline to participate. There is no penalty to you or the dependent if he or she does not participate. Specifically, by not participating in this research your dependent's services will not be affected in anyway. Your dependent will not be penalized or excluded from farm activities, services or treated negatively in any way. Additionally, your dependent will not receive additional services or compensation for participating in this research.

Interview questions are:

1. What is it like for you to spend time at the farm? Why?
2. Do you have a favorite farm activity? What?
3. What about your favorite activity do you like?
(Examples: being outside, animals, planting, harvesting, hard work)?
4. How do you feel when you accomplish your favorite farm task?
5. Would you like to say anything else about your experience at Prospect Meadow Farm?

There are no known risks associated with your dependent's participation. Your dependent's responses will remain confidential, and the data will be stored securely at all times. All data will be destroyed within three years of the study's completion. In addition, no reference will be made in oral or written reports that could link your dependent to the study. Please understand that the use of this information will be primarily for my (for farm manager: for Frank Bayles) Smith College Thesis about what farming activities are beneficial to clients at Prospect Meadow Farm. In addition, if you agree to have your dependent take part in this research you will be asked to sign a parental/guardian permission form. I will also ask your dependent whether he or she wants to participate.

I appreciate your dependent's participation in this research. If you have any further questions about the study or the procedures, please feel free to contact Frank Bayles at XXX-XXX-XXXX or at fbayles@smith.edu. If you have any other concerns about your dependent's rights as a research participant, or if you or your dependent has any problems because of your dependent's participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Appendix D



**Consent to Participate in a Research Study
Smith College • Northampton, MA**

.....
Title of Study: Prospect Meadow Farm

Investigator(s): Frank Bayles. Smith College School for Social Work
.....

Introduction

- Are you willing to be in a research study of Prospect Meadows Farm?
- I am asking you because you are a current client/worker at Prospect Meadow Farm.
- Please read this form, or allow me to read this form to you, and ask any questions that you may have before agreeing to be in the study.
- You have the right to say NO to the research. There will be no punishment, bad or negative disadvantages for not participating in this research. If you say, no you can still come to Prospect Meadow Farm, just like before.

Purpose of Study

- We are doing this research to see what activities at Prospect Meadow Farm are helpful to the person doing them.
- I am doing this research so I can graduate from college and become a social worker.
- Ultimately, this research could be put in an educational book or magazine. But don't worry, anything I write about will be kept private and no one will know who you are.

Description of the Study Procedures

- If you agree to be in this study, you will be asked to do the following things: willing to walk or sit at the farm for about 30 minutes and answer five questions about activities you do at the farm.

Risks/Discomforts of being in this Study

- The study has the following risks. There are *no* reasonable foreseeable (or expected) risks.
- I do not think anything bad will happen if you decide to answer the five questions.

Benefits of Being in the Study

- You will be helping Prospect Meadow Farm learn what farm activities are most helpful.

Confidentiality

- This study is confidential. We will not tell anyone what you said about Prospect Meadow Farm activities.
- The answers to the questions of this study will be kept strictly private. I will lock up all the answers to the questions you are asked for this study.
- The data will be kept for at least three years according to United States Government regulations. After the three years, or whenever the data are no longer being used, all data will be destroyed.

Payments

- You will **not** receive any financial payment (money) for your participation.

Right to Refuse or Withdraw

- You change your mind about answering the research questions at any time.
- If you choose to stop, please tell the farm manager, any farm staff, or me. If you decide to stop doing the research, I will not use any of your answers or anything you said about Prospect Meadow Farm.
- You must notify the researcher of your decision to withdraw in person or by email or phone by May 15, 2014. After that date, your information will be part of the thesis, dissertation, or final report.**

Right to Ask Questions and Report Concerns

- You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study, at any time feel free to contact me, **Frank Bayles** at **Fbayles@smith.edu** or by telephone at **XXX-XXX-XXXX**. If you would like, a summary of the results of the study, it will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems because of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

- By signing your name on this paper, you are agreeing to answer five questions about what activities you do at Prospect Meadow Farm.
- You will be given a signed and dated copy of this form to keep.

.....
 Name of Participant (print): _____
 Signature of Participant: _____ Date: _____
 Signature of Researcher(s): _____ Date: _____

[If using audio recording, use next section for signatures:]

1. I agree to be audio taped for this interview:

Name of Participant (print): _____
 Signature of Participant: _____ Date: _____
 Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be audio taped:

Name of Participant (print): _____
 Signature of Participant: _____ Date: _____
 Signature of Researcher(s): _____ Date: _____