The English Stately Home as a Therapeutic Servicescape During World War I and II

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Introduction
Throughout history, the notion of healing or therapeutic spaces has been recognised, whether they be natural (waters, mountains) or built (temples, monasteries, sanatoriums). Places where the sick can seek restoration of health have been associated with certain qualities: natural, magical or contrived and delivered either through the care of mortals or the divine. However, these spaces are not always positive. In regard to curated physical spaces, as care of the sick was moved away from religious institutions to the care of medicine in the 18th century, the modern hospital was often a chaotic and frightening space. Here, unfortunately, the most vulnerable of society received treatments and conditions that often failed to maximise outcomes for them. Likewise, the demands of accommodating and providing medical assistance for military personnel wounded in battle has often been overwhelming for those charged with administration of care. Before the 20th century, the complexities of handling mass casualties and the social disorder that ensued meant that care was often haphazard and risky, assembled together in spaces that were temporary and curated as best possible within the circumstances that prevailed. This all too often resulted in a poor prognosis for physical and mental recovery and all too often, even survival.

Although by no means the first to recognise the important link between the physical landscape and built environment and health, the work of Florence Nightingale in the Crimean War stands out as a turning point in the fortunes of those admitted to military hospitals. As a result of her efforts to redesign both hospital buildings and the organisation of nursing care within them, significant improvements were gained in mortality and morbidity. Nightingale’s work is attributed to nursing service models that endured for decades to follow. Nightingale wrote extensively on her approach to the bricks and mortar arrangements of hospitals (see Nightingale 1863) that not only influenced soldiers’ physical outcomes but also positively impacted emotional wellbeing. Nightingale’s recognition of the significance of place as a specifically curated environment to facilitate the restoration of health, or a comfortable death, fits well into what is known today as the servicescape, a concept integral to services marketing.

This work draws on the concept of the therapeutic servicescape to examine the accommodation and care of convalescent military personnel in English stately homes during WW1 and II and how the assemblage of physical, ambient and natural dimensions contributed to wellbeing and recovery. Here the concept of servicescape is used as a means to analyse how these private homes served as hospital settings and the extent to which their repurposing transformed them into effective therapeutic and healing spaces.

To date, a gap exists in the historical analysis of therapeutic servicescapes, despite the phenomenon in a historical context being discussed in other disciplines such as human geography and medical social science, albeit with different terminology.

Periodization, Data Sources and Method
The periodization for this study covers the two discrete chronological periods of WWI (1914-1918) and WII (1939-45). During these two wars specifically, stately homes were requisitioned by the UK Government and/ or volunteered for use by their owners for the purpose of makeshift military “hospitals”. Injured and convalescent servicemen were sent “home” from conflict zones abroad to these hospitals to regain their health for return to active service, or if not possible, to convalesce with the hope of eventual discharge home to families.

In order to examine the phenomenon of the “stately hospital” a wide sweep of data sources was taken. For example, material relating to the English stately home was valuable for descriptions of house design and how individual spaces facilitated large numbers of people to congregate (e.g., Tinniswood, 2016). Knowledge of this provided better understanding on how rooms could be co-opted to oversee patients in a typical (of the time) ward style configuration. In order to understand how these homes functioned as hospitals, data has also been drawn from contemporaneous writings of the time, including published articles and records. Some personal memoirs contain material about the hospital experience and are also
referenced. More recent literature such as books published on the use of the English stately home for the war effort were also included (e.g., Robinson, 2014).

In order to draw insights together, the dimensions of the therapeutic servicescape was used as a guiding organising framework. This is not to attempt a retrofit of servicecape concepts per se, but to provide a means whereby inclusion of the holistic nature of such an assemblage was assured. For the purpose of this short writing, the terms restorative, healing and therapeutic are used interchangeably. Likewise, the stately home is also called the country estate.

**Theoretical Lens: Servicescapes**

The concept of servicescape was first introduced into marketing by Bitner (1992), who identified physical dimensions that make up the built environment or tangible dimensions of a service. By emphasising or focusing on these dimensions, customer satisfaction with a service experienced can be heightened. Rosebaum (2009) and Rosebaum and Massiah (2011) further expand Bitner’s (1992) model of physical dimensions to include social, socially symbolic and natural dimensions of a service setting. The natural dimension in particular provides opportunity for leveraging the restorative potential of a servicescape. In the same way, casting a lens over therapeutic or restorative landscapes reveal their restorative or healing qualities for either environmental, individual or societal reasons (Kearns and Collins, 2000). Foley (2010) studied the concept of the therapeutic landscape as a model made up of an assemblage of material, metaphoric and inhabited dimensions. In a study of holy wells, Foley (2010) claims to link a traditional or historic setting to more contemporary theory in order to study “performances” of health.

**Study Context: The English Stately Home as Hospital**

At the start of WWI several owners of stately homes were keen to offer their houses for use in the war effort through a sense of public duty and patriotism. They also felt that if they offered their asset for a particular purpose and laid down conditions, they would have more control. For relinquishing owners, schools or storage of works of art were most popular, with hospitals the third preferred use. Again in April 1937 a need for a supply of useable buildings caused the Imperial Defence Committee to commission a secret survey of buildings that could be utilised. The military were told to focus on country houses with requisitioning carried out through the War Office (Birmingham Daily Post, 29 September 1939). The role of the stately home in WWII was somewhat different than WWI, as with the advent of the tank, trench and infantry warfare were less common, resulting in less hospital conversions being required. Putting the stately home to good use was supported by Country Life magazine. In their expressed opinion: “the most unmanageable white elephant of a mansion is now securely harnessed to the war-time machine” (September 30, 1939, p. 325).

**Findings and Conclusion**

Findings reveal that the English stately home indeed provided a space and place where staff and patients could engage in health service interactions that supported restoration of health. The dimensions of physical, social, symbolic and restorative stimuli are all observed. While many of these hospitals had rudimentary operating theatres and surgical facilities to accommodate more acute diagnoses, for the most, the needs of patients were centred on convalescence and adjusting to a new “normal” or adequate state of physical and mental capacity. The design, size and ability to cater for large numbers of people under the umbrella of “hospitality” meant that these homes lent themselves well to a temporary interpretation of healing or restorative space. Many patients and staff also found these spaces both calming and a respite from the horrors of the battlefield, or a place to shelter in until life changing injuries or disfigurement were accommodated (Morning Post, July, 1917). In particular, the natural landscape and large garden settings of these houses addressed the ambient and restorative dimensions. Unfortunately for many of these homes, war service further threatened the survival of the English stately home, many of which were already on a trajectory toward destruction prior to becoming requisitioned or volunteered.

In conclusion the transformation of the English stately home to hospital during World War I and II can be explained and examined through the lens of therapeutic or restorative servicescape. This work also provides evidence that restorative servicescape theoretical frameworks can be applied to historical research in services marketing.

**Sample References**
Country Life (September 30, 1939), p. 325.
Morning Post (July, 1917). “Facial surgery for Sailors and Soldiers”.