

# Heritage and well-being: Therapeutic places past and present

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## Abstract

Ancient sites such as Stonehenge, UK, and Santiago de Compostela, Spain, have long been directly associated with healing and the promotion of well-being. It is a dimension of heritage that continues into the present day. This chapter contextualizes public perceptions and aspirational public policies in relation to heritage and well-being by reviewing the development of interest in therapeutic places, and summarizing the achievements of projects that promoted physical and mental well-being through access to heritage landscapes, encounters with museum collections, participation in archaeological fieldwork, and journeys around ancient monuments. Three dimensions are common to many successful projects: the idea of journeying; structured engagements between people and places; and the opportunities offered for human interaction and making sense of empirical experiences.

## Introduction

Physical and mental well-being are universal concerns amongst human societies. Many ancient sites, from prehistoric stone circles to great medieval churches, hosted ceremonies to maintain or restore the health of peoples' bodies and souls. The World Heritage Site of Stonehenge on Salisbury Plain, UK, is believed to have been a place of healing based on the presence of powerful stones brought to the site from the Preseli Hills of west Wales (Darvill 2016; Darvill & Wainwright 2014). Healing ceremonies have been held at the cathedral in Santiago de Compostela in Galicia, northwest Spain, also a World Heritage Site, for more than a thousand years because of the presence of powerful human remains believed to be those of St James the Apostle (Roux 2004). And in eastern Turkey, ancient Anatolian rock monuments closely connected with healing traditions are still used therapeutically by local communities who see them not as relics of the archaeological past but as part of the lived present (Harmanşah 2015: 150). So can heritage play a role in promoting health, well-being, and quality of life in modern western societies?

Recent surveys suggest that many people certainly think so (Fujiwara et al. 2014a). The "Taking Part" survey aimed at providing a measurement of how engaging with sport and culture might increase people's happiness found that those who "visited a heritage site in the last 12 months are significantly happier than those who had not" (DCMS 2014: 4; 2016a). A study by the Heritage Lottery Fund found that 81 per cent of residents questioned said that local heritage was important to them personally, of whom 50 per cent estimated that it had an impact on their personal quality of life which they rated at 7 out of 10 or higher (HLF 2015: 5). In addition, the economic value of visiting heritage sites in terms of improved well-being has been calculated at £1646 per person per year, based on the amount of money that would have to be taken away from a

person to restore them to their level of well-being had they not visited a heritage site (Fujiwara et al. 2014b: 26).

Against such a background it is not surprising that the contribution of heritage to well-being is deeply enshrined in legislation and public policy at many levels. The Council of Europe's 2005 *Framework Convention on the Value of Cultural Heritage for Society* (also known as the Faro Convention) emphasised that: "the conservation of cultural heritage and its sustainable use have human development and quality of life as their goal" (CoE 2005: Art. 1). In Britain at the same time Tessa Jowell, then Culture Secretary, issued a personal essay entitled *Better Places to Live* which discussed the role of the historic environment in building and maintaining identity, noting that historic places form part of peoples' lives and that "we should do more to make this connection between people and places" (Jowell 2005: 13–14). A decade later the Government's *Culture White Paper 2016* contained an undertaking to "develop and promote the contribution of the cultural sectors to improving health and well-being" (DCMS 2016b: 9), acknowledging that "we are beginning to understand better the profound relationship between culture, health and well-being" (DCMS 2016b: 13). Throughout the paper there was strong emphasis on the role that culture plays in the well-being both of society as a whole and of individuals, including contributions to improving mental health (DCMS 2016b: 15).

In this chapter we contextualize these public perceptions and aspirational public policies by reviewing the development of interest in therapeutic places, and summarizing the achievements of heritage-based projects that promote physical and mental well-being through engagements with landscapes, encounters with museum collections, and participation in archaeological fieldwork. We conclude with a brief account of the Human Henge project based in the Stonehenge landscape. This programme aims to provide qualitative and semi-quantitative assessments of the impact of using cultural heritage to enhance mental well-being, and allows consideration of some of the implications for developing further initiatives in this field.

## **From pilgrimage roads to designed gardens**

Stonehenge and Santiago de Compostela were, like many sacred sites closely associated with healing across the ancient world, places of pilgrimage, and it is in this simple activity that we find the roots of the connection between heritage and well-being. Pilgrimage itself concerns spiritual renewal, emotional enrichment, renunciation of the past, guidance about the future, performing rites of passage, or searching for physical and spiritual healing (Armstrong 2012: 21). But as Slavin points out, the pilgrim's journey is not merely a means to an end; it is a process of personal development, an opportunity to be reflective, and a healing experience (2003: 17). Monuments and structures along the route, as well as those at the journey's end, are significant and form enduring locations in changing landscapes (2003: 6). Powell discusses the performative aspects of medieval pilgrimage, specifically that related to St Æbbe, in which pilgrims had to follow a prescribed series of movements through difficult terrain to reach the healing location (Powell 2014: 84). This itinerary defining how places are encountered gives a commonality of experience and also allows the pilgrims a sensation of preparing themselves to be healed, heightening their anticipation that, when they correctly complete the set requirements, they will increase the likelihood of a cure or miracle. Doughty (2013) also explores the pilgrimage to Santiago de Compostela as a way of experiencing a landscape in a bodily sense, as well as being an opportunity to socialize with others and accumulate the physical

benefits of the activity itself. Tim Ingold comments further on the social potential of moving around the landscape with others; interacting and constantly adjusting to their presence (Ingold 2000: 196). Pilgrimage as a tool for self-healing is suggested by Rountree (2006), while Edensor (2000) explores walking as a way of distancing oneself from the everyday (2000: 84 and 103) and as a restorative activity (2000: 86).

Pilgrimage involves an active engagement with landscape – conventionally defined as the natural or imagined scenery – and it was perhaps this link that triggered an interest in landscape as a therapeutic entity in Britain during the early nineteenth century. In the context of institutionalising those diagnosed with mental health conditions (Rutherford 2004: 28), asylum landscapes were designed to act as aids to recovery that facilitated the return of patients to a functional role in society. Indeed, the creation of such landscapes became a recognised specialization within landscape gardening (Rutherford 2005: 62). Examples include the grounds of Brislington House in Bristol, opened as a private asylum in 1806 (Hickman 2005: 47), where landscape features designed by Edward Long Fox included pathways, walks, leisure facilities, and a grotto were created in the hope of improving the emotional state of patients (Hickman 2005: 59).

As new clinically-based approaches to mental healthcare gained popularity in the mid twentieth century so the earlier focus on environment and landscape as therapeutic tools declined (Collins et al. 2016). But the tide has turned again, and over the last 30 years there has been renewed interest in the role of therapeutic landscapes built upon new research (Collins et al. 2016: 675).

A trigger for a re-evaluation of the environment as an element of recovery in a clinical setting came in 1984 with a paper by Robert Ulrich in *Science*. Here he outlined a study in which hospital patients with a view over a natural landscape recovered from surgery significantly faster, and with lower intake of painkillers, than those with a view of a plain brick wall (Ulrich 1984). In 1991, Ulrich and colleagues published a second study that examined the effect on stress recovery of watching videotapes; those watching films of natural environments recovered faster than those whose viewing was confined to urban environments (Ulrich et al. 1991). Significantly, these differences between rural and urban landscapes also appear in a later study by Hartig and colleagues who used clinical measurements to show that exposure to rural environments had a calming and restorative effect, whereas the urban environment exacerbated negative factors such as feelings of anger and aggression (Hartig et al. 2003: 121–2; Hartig & Cooper Marcus 2006).

The work that Ulrich and others started was extrapolated to underpin the concept of a “therapeutic landscape” by Wil Gesler in 1992. He described how landscapes might be experienced as “therapeutic” and how they become more than a passive physical entity in order to exert a restorative or healing influence (Gesler 1992). Gesler proposed a fusion approach, involving not only the medical community but also a range of other social sciences (Gesler 1992: 744). Expanding on this, Gesler then proposed that a medical geographic response was an appropriate way of addressing the perceived crisis in modern healthcare which he characterized as being based on a largely biomedical approach to well-being (Gesler 1993). Using the ancient healing centre of the Asclepian Sanctuary near Epidaurus, Greece, as an example, Gesler explored how its natural landscape setting, buildings, history, mythology, reputation, and appeal to experts, rendered it an accepted “therapeutic landscape” (1993: 178–184). He suggested that these factors could be applied more successfully to healing locations in the modern world, improving their effect on well-being by widening their remit to include physical, mental, and spiritual dimensions (1993: 186).

## Therapeutic landscapes in theory

Shifting from a biomedical approach to a socioecological one as Gesler (2006) suggested, means stepping beyond conventional understandings of the landscape as a physical entity to allow it agency and power. As Tim Ingold discussed, landscape in a cultural sense is “the world as it is known to those who dwell therein, who inhabit its places and journey along the paths connecting them” (Ingold 2000: 193). This approach expanded a landscape’s therapeutic potential beyond that which is physically experienced, known, or understood, to encompass what might in addition be felt or sensed through emotional and intellectual responses (Darvill 2015). This was an idea echoed by Edmunds Bunkše’s description of how a landscape is “a way of being in the world” (2007) and that reconciling an internal landscape with the external environment can be significant for shaping an individual’s place in the world (Bunkše 2007: 219). In a similar way Emma Rose (2012) suggests that a participant’s mind is an active component of a therapeutic landscape, as the perceived landscape is transformed by the participant just as it transforms them (2012: 1382–83). However, Rose also cautions that we need to distinguish between real and imagined landscapes, with negatives contained within the imagined landscape where they can be controlled and modified, and familiar real landscapes playing a role in psychoanalysis (2012: 1385–6).

Two other important dimensions of the ongoing relationship between landscapes and well-being emerged for discussion in the early twenty-first century. First was the matter of what was being achieved. Terry Hartig and Clare Cooper Marcus (2006: S36) sounded a timely alarm that “healing” is an unfortunate term when used in a medical sense, as it implies “cure” or complete recovery from a condition. They noted that more appropriate terms might be “therapeutic” or “restorative”. No engagement with an environment or landscape can promise a cure, but participants can be given the opportunity to experience some level of improvement in their conditions. This perspective sits well with work by Les Todres and Kate Galvin exploring the nature of well-being in existential terms, emphasising its individuality and the potential for wide-ranging differences of experience (Todres & Galvin 2010).

Second, was a recognition that the issue was multi-disciplinary. Whilst Ulrich’s original ideas regarding the nature of indoor medical or medicalized settings remain under discussion (e.g. Gesler & Curtis 2007), the concept had been expanded to include anthropological considerations, population-specific landscapes, and some locations which might be considered both therapeutic and harmful. Kaplan had earlier been concerned that a greater connection between disciplines and a synthesis of approach was still needed when considering the therapeutic landscape, also arguing that both physical and non-physical engagement with a landscape could have a therapeutic effect (Kaplan 1995: 179–80). These concerns were echoed by Andrews (2004). Williams’ edited volume *Therapeutic Landscapes* (2007) presented papers which expand the concept to include interior and cognitive, as well as exterior environments and a range of interpretations of what might be considered “therapeutic”.

Why therapeutic landscapes have the effects that are claimed, and what exactly they represent, remains far from clear (Cleary et al. 2017: 122). Different population groups are probably affected in different ways (Ward Thompson 2011: 194), and the perception of and interaction with such landscapes differs between individuals; there is no “one-size-fits-all” intervention (Ward Thompson 2011: 126). Reviewing a range of sources on landscape and well-being, Abraham and colleagues concluded that the highlighted benefits derived from opportunities for physical activity,

relaxation, and social support, that led to improved concentration and emotional stability (Abraham et al. 2010: 66), all traits that can be seen in recent case studies.

### **Therapeutic landscapes in action**

Through the first two decades of the twenty-first century many residential institutions have embraced the idea of landscaped gardens as a therapeutic element, although Moon and colleagues have argued that in many cases these were as much a marketing ploy as a therapeutic strategy (Moon et al. 2006: 145). At the same time, the move towards non-institutionalised care (Gleeson & Kearns 2001: 61) has increased opportunities for project-based initiatives that build on the theme of therapeutic landscapes, as the following case-studies show.

Livability Holton Lee in Dorset is described on its website as “a well-being discovery centre” (Livability Holton Lee 2016) which offers engagement with nature and outdoor activities in a natural landscape, as a way of coping with mental health issues and other disabilities. Conradson’s (2005: 342–5) discussion of the impact of the centre is based on direct feedback from users, but does not attempt to use formal assessment methods. Three key benefits of the centre’s approach are emphasised: distancing from the attendees’ usual environment; interaction with the natural environment; and the creation of new social contacts (Conradson 2005: 346).

Engaging with walkers on the coastal footpath around the southwest of England, resulted in a study by Bell and colleagues (2015a) which emphasised that the coastal landscape has value as a therapeutic environment, with well-being in this study measured using a methodology based on GPS and geo-narratives (Bell et al. 2015b). It is a project that may link across into the recreational and respite opportunities offered by seaside resorts (Darvill 2009: 371), suggesting that this is a particular kind of therapeutic landscape in its own right.

“Thrive” is the name of a small-scale social and therapeutic horticulture project in Reading. Its promotional material lists a series of benefits linked to the type of outdoor exercise and activity encouraged by gardening, including improved mental health through a sense of purpose and achievement, the opportunity to connect with others thereby reducing feelings of isolation or exclusion, and “Just feeling better for being outside, in touch with nature and in the 'great outdoors'” (Thrive 2016). At a slightly different scale, the NHS Forest initiative is currently planting areas of woodland on NHS-owned land to provide a potential therapeutic resource (NHS 2016). No evaluation of the impact of these projects appears to be taking place, although this field of research is still developing. They show how gardens of various kinds remain important in the range of therapeutic landscapes utilized, although Parr cautions that the nature of outdoor engagement is not inherently inclusive. Some of the target participants may lack the physical ability to engage in planned activities, which may also be limited – or reduced in therapeutic effect – by uncontrollable factors such as poor weather (Parr 2007: 558).

### **Museum collections**

Weather is not such a problem when treating museums and their collections as a kind of in-door therapeutic landscape. The Arts Council funded “Happy Museum Project” launched in 2011 was set up to investigate ways in which museums could “develop a holistic approach to well-being and sustainability” (HMP 2016). The project sought to re-imagine museums so that they could support

institutional and community well-being and resilience (HMP 2016). Work was undertaken at more than a dozen institutions, with formal statistical analysis – the Wellbeing Valuation approach (Fujiwara & Campbell 2011) – used to examine effects on well-being. This work showed that visiting museums has “a positive impact on happiness and self-reported health” (Fujiwara 2013: 35). Similarly, a study of the benefits of health interventions in museums and galleries outside the usual medical settings concluded that physical and institutional distance from traditional locations is a benefit of this approach (Camic & Chatterjee 2013: 69).

Taking artefacts to hospitals and care homes provides an experience that has been well trialled with UCL’s 2008 pilot “Heritage in Hospitals” project (Chatterjee et al. 2009). The work has given rise to a number of publications and further studies, as well as the development of the “Museum Wellbeing Measures Toolkit” (Thomson and Chatterjee 2013). Chatterjee and Noble (2009) documented a training exercise for medical students where it was found that physically interacting with archaeological artefacts provided a useful improvement in the quality of patients’ lives whilst in hospital, measuring well-being with visual analogue scales (Chatterjee and Noble 2009: 45). Ander and colleagues discussed the difficulties inherent with measuring well-being outcomes in this type of project and proposed the use of a standardised “Well-being Outcomes Framework” (Ander et al. 2011). They went on to use grounded theory method data collection and analysis (Ander et al. 2013: 233) supported by the New Economics Foundation’s well-being indicators (Ander et al. 2013: 231) in a qualitative study of museum artefact handling in hospitals. This demonstrated that engagement with museum artefacts in a hospital setting provided a range of benefits to patients with both mental and physical health issues, and that this approach was accessible and versatile (Ander et al. 2013: 240). Working in an unspecified NHS psychiatric hospital in the UK Solway and colleagues (2015) confirmed short-term benefits to older psychiatric in-patients when they undertook museum artefact handling.

A Bournemouth University initiative explored the therapeutic effects of engagement with maritime archaeology for people with dementia (Cutler et al. 2016). This tied in with the “Prime Minister’s Challenge on Dementia 2020” (DoH 2015), the aim of which was that people with dementia should be helped to “remain active and engaged, with regular opportunities for social interaction and activities focused on the individual” (DoH 2015: 33). It also addressed the integrative societal aspect of dementia caring raised in Green and Lakey (2013). Data collection took the form of ethnographic field notes, end of session discussions, and evaluation forms, with a data coding system and a thematic psychological analysis method (Cutler et al. 2016: 2). However, the published paper does not include the detailed results of this dataset, limiting itself to a summary of perceived benefits that included access to information, access to activities, access to education and learning, and access to support (Cutler et al. 2016: 3).

“Doing” as well as “looking” can be important, as shown by an all-male occupational therapy group run as a pilot at Beamish Museum (Kindleysides & Biglands 2015). This explored the opportunities afforded by the open-air heritage environment to improve health issues and social isolation. Participants engaged in a range of “Do It Yourself”, building and toy-making activities using traditional tools from the museum collections (Kindleysides & Biglands 2015: 273–274). Whilst observation and monitoring revealed definite benefits for the participants (Kindleysides & Biglands 2015: 276), it concluded that the Well-Being Measures Toolkit (Thomson & Chatterjee 2013; 2015) was not particularly effective at evaluating this type of therapeutic activity (Kindleysides & Biglands 2015: 274) and that alternatives were needed.

Slightly different again was the “GalGael” project in Glasgow, a community-based charitable initiative that seeks to “offer hospitality to the margins” (GalGael Trust 2016a) through involvement with traditional boatbuilding and associated heritage skills and crafts. Whilst it has no aspirations to academic engagement or the formal measurement of participants’ well-being, the case studies provided on their website illustrate the positive benefits to some participants (GalGael Trust 2016b). As with other aspects of the therapeutic landscapes movement, participation is emphasised.

## **Archaeological fieldwork**

The most visible way in which heritage and well-being are connected is through archaeological fieldwork of various kinds, mainly under the wide-ranging banner of community archaeology that developed strongly in Britain from the 1980s (Marshall 2002). Many community archaeology projects include an intention to promote well-being in various ways, although few provide measured assessments of their impact.

Faye Sayer conducted research across six archaeological excavations, to explore whether participation in such fieldwork had an inherent capacity to improve the happiness of those taking part (Sayer 2015). The 170 participants were a mix of students undertaking the work as part of their educational courses, and volunteers involved with community projects. Formal measurement techniques included the Positive and Negative Effects Schedule (PANAS) and Modified Visual Analogue Scale (MVAS) (Sayer 2015: 251–2). Sayer concluded that archaeological work alone did not necessarily improve well-being because other external factors were significant. For example, volunteers in community projects scored more highly under the MVAS measurements than students undertaking mandatory fieldwork, suggesting that choice in participation may be a critical factor (Sayer 2015: 257). Similarly, the PANAS results indicated more negative outcomes for the students when compared with the community volunteers. External influences on negative outcomes might include factors such as the weather, which was poor during the pilot project, and tensions within the participant group (Sayer 2015: 258). A factor which significantly increased satisfaction, was making archaeological discoveries, but this is a random occurrence and could not be planned or anticipated (Sayer 2015: 258). Key positive findings highlighted the benefits of the physical activity involved in archaeological work, together with the interactions with other participants and levels of job-satisfaction. Sayer concludes that it is possible to design archaeological fieldwork projects that factor-in many of the attributes identified as providing positive improvements to the participants’ well-being (2015: 258).

Inclusivity is a major theme running through most community archaeology projects. One such project in Bristol sought to involve the homeless community in an archaeological investigation of their own city landscape, as they experience it. The project, undertaken in 2009, was designed to involve a minority community in an activity not usually open to them and they excavated a contemporary location used by the homeless community at “Turbo Island” in Stokes Croft, Bristol (Kiddey 2014). The impact on some participants was significant, apparently giving them the motivation to move beyond their situation at the beginning of the project (Kiddey & Schofield 2011: 20).

The Workers’ Educational Association Heritage Lottery Funded project “Digability” aimed to involve disadvantaged people in a range of structured archaeological activities including surveys, small-scale excavations, artefact handling sessions, finds processing, creative workshops, and field

trips across Yorkshire and Humberside from 2011 to 2014. Target participants included those with mental health issues (WEA 2016a) although therapeutic benefits to participants were initially seen as something of a side issue. Later, the project aims were updated on its website to “demonstrate how archaeology can develop a wide range of skills, both specific and transferable, build confidence and self-esteem and promote a sense of well-being and help community cohesion.” (WEA 2016b: aim 3). An online forum related to the project encouraged discussion of the question “How can we measure and evidence the health and well-being benefits of participation in heritage activities?” amongst others, although it was noted that there was limited engagement with this (Beauchamp et al. 2014: 36). Anecdotal structured feedback from participants was very positive (Beauchamp et al. 2014: 39–42), with outcomes described as “significant and in some cases life-changing” (Beauchamp et al. 2014: 74).

“Past in Mind” was a Heritage Lottery Funded project run by Herefordshire Mind, to explore the potential for mental health recovery offered by engagement with archaeological activities (McMillan 2013; Lack 2014). The work suggested that archaeology as an analogy to uncovering and discovering elements of mental health in a way that promoted self-awareness and might prompt the recovery of participants (Lack 2014). Participants were involved in documentary research, surveys, and excavations at the lost medieval village of Studmarsh on the National Trust’s Brockhampton Estate. Whilst the reported results were positive, no formal methods were used to measure the well-being of participants at the start, during the work, or at the conclusion of the project. Reported outcomes cover the ways in which participants developed and pursued interests in history and archaeology, and how the community became engaged with the project (McMillan 2013: 199).

Elmet Archaeological Services Ltd ran a 24-week therapeutic archaeological initiative, “The Mental Wellbeing Project”, in partnership with the NHS Rotherham Commissioning Group (EASL 2016) The aim of this initiative was to deliver mental health therapies and services within the framework of archaeological activities by reducing social isolation, providing access to physical activity, and a variety of psychological health interventions including mindfulness, relaxation, and positive visualization. No assessment of its impact appears to have been published to date.

Operation Nightingale is a Ministry of Defence initiative founded in 2012 by the Defence Archaeology Group working in partnership with a range of archaeological units and universities, to provide rehabilitation for military personnel recently returned from operations in Afghanistan through participation in archaeological excavations (DAG 2017; MOD 2012; University of Glasgow 2015; University of Leicester 2014; Wessex Archaeology 2016). Excavations have been undertaken at Barrow Clump and Chisenbury Midden, Wiltshire, Caerwent, Glamorgan, and on the route of the A1 near Catterick, North Yorkshire. Whilst the project has an internet presence across various partner websites, little has been published concerning formal evaluation of its benefits. However, Alan Finnegan (2016) reviewed two Operation Nightingale excavations that took place in 2015 based on semi-structured interviews with participants and also a short survey to provide demographic background information. This revealed biological, psychological, emotional, and social benefits, with a suggestion that monitoring long-term benefits would be useful (Finnegan 2016: 21). It was also noted that the archaeological work was part of a broader set of activities that participants felt had been of use to them (Finnegan 2016: 21). It highlighted the benefits of working in a non-medical setting and accepting that the enjoyment of doing archaeology was as much a valued output as the academic knowledge that the research produced. Interestingly, Operation Nightingale has also been adopted as a military rehabilitation initiative in the United States (ONUSA 2016).



Big Heritage's 2015 "Dig Blacon" project near Chester, Cheshire, was a community archaeological dig partly funded by the local Public Health Team as a health and social inclusivity initiative (BH 2016). The work focused on the area around St Theresa's Catholic Primary School, Blacon, and involved surveys, test-pitting, excavations, and finds processing. The project issued a Health Evaluation report which stated that this was the first UK project where archaeological work had been commissioned by a Public Health Team specifically in order to improve health and well-being (BH 2015: 3). Formal evaluation of the planned benefits formed part of the project design and measurement was carried out using a variety of techniques. Two volunteers wore Fitbit technology to monitor their physical activity as they participated in the excavation of archaeological test-pits (BH 2015: 6–10). Qualitative results were gathered through feedback from participants and participating group organisers (BH 2015: 12–18) and a structured survey (BH 2015: 19–24), although the survey did not follow a previously established methodology. Approximately 92 per cent of respondents felt that the social aspect of the project had improved their health and/or well-being (BH 2015: 22). The project concluded that monitoring over a more sustained period of time would be beneficial.

### **Human Henge**

Drawing on the results of many of these projects, Human Henge was undertaken in 2016–17 in the Stonehenge landscape to combine archaeology and creativity as a way of improving mental health and reaching out to marginalized communities. Run by the Restoration Trust in partnership with Bournemouth University, the Richmond Fellowship, English Heritage, and The National Trust, participants take journeys of discovery to explore relationships between people and place in the past and the present (Human Henge 2016). The aim was to open up new ways of looking at the landscape and thereby break down some of the emotional barriers that underpin many mental health issues. By spending time at a selection of the sites, singing, dancing, making music, and looking both inwards and outwards it became possible for participants to connect with the landscape, the skyscape, the monuments, and, most importantly, with themselves and with other participants.

Each programme involved ten half-day sessions held in different parts of the landscape, including Durrington Walls and Woodhenge, the Cuckoo Stone, the King Barrow Ridge Barrow cemetery, and the reconstructed houses and displays at the Stonehenge visitor centre. A night-time walk along the Cursus provided a chance to experience the largest monument in the landscape under a star-lit sky. Each programme culminated in an early-morning ceremony inside Stonehenge, designed and executed by the participants themselves. Linking back to Rose's point (2012: 1395), the Stonehenge landscape becomes a familiar landscape, and one that allowed participants to move away from compartmentalised thinking in clinical settings and permitting a range of non-standard, creative, cross-disciplinary ways of thinking to influence care and therapeutic decisions, putting people back into the centre of care processes (Galvin & Todres 2007; Todres et al. 2009).

Unlike some of the previous project mentioned in this chapter a key aspect of Human Henge was the formal evaluation that ran alongside the project. This research set out to review the impact of Human Henge on the mental well-being of its 25 participants through a mixture of qualitative and semi-quantitative surveys. At the start participants completed a baseline questionnaire capturing their thoughts and feelings about the project; the Short Warwick Edinburgh Mental Wellbeing Scale (Tennant et al. 2007) was used, supplemented by questions regarding their interests in history,

heritage, and archaeology. The same questionnaire was repeated in the middle and at the end of the 10-week programme, and will be run again in 2018 a year after the sessions finished. Additionally, participants, volunteer helpers, and staff were involved in a series of focus groups to assist with evaluating the project and its impact using thematic analysis.

## Conclusions

Heritage and well-being have deep-rooted and ancient connections extending back to the early days of pilgrimage. In modern times there have been many projects forging links between dimensions of heritage and well-being, and running through these are a number of common themes, three of which may be highlighted here. Especially important is the idea of journeying, a concept that can be applied at many scales; it is not only the physical act of moving through space, but also to the emotional and intellectual progress towards improved well-being as part of the metaphysical journey of life. Second is the principle of structured engagement with people and places. And third is the range of opportunities offered for human interaction and making sense of empirical experiences. Much of the work undertaken to date highlights the value of inter-disciplinary approaches, the urgent need for more fully evaluated studies, and the opportunities to theorize the relationship in such a way that it generates productive approaches to managing heritage sites in sensitive, imaginative, and meaningfully engaging ways.

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## Bibliography

- Abraham, A., Sommerhalder, K & Abel, T., 2010. Landscape and well-being: a scoping study on the health promoting impact of outdoor environments. *International Journal of Public Health*, 55, 59–69.
- Ander, E., Thomson, L., Noble, G., Lanceley, A., Menon, U. & Chatterjee, H., 2011. Generic well-being outcomes: towards a conceptual framework for well-being outcomes in museums. *Museum Management and Curatorship*, 26 (3), 237–259.
- Ander, E., Thomson, L., Noble, G., Lanceley, A., Menon, U. & Chatterjee, H., 2013. Heritage, health and well-being: assessing the impact of a heritage focused intervention on health and well-being. *International Journal of Heritage Studies*, 19 (3), 229–242.

- Andrews, G., 2004. (Re)thinking the dynamics between healthcare and place: therapeutic geographies in treatment and care practices. *Area*, 36 (3), 307–318.
- Armstrong, K., 2012. Pilgrimage: why do they do it? In: V. Porter (ed), *Hajj. Journey to the heart of Islam*. London: The British Museum Press. 8–25.
- Beauchamp, V., Hindle, R. & Thorpe, N., 2014. “Digability”: *Inclusive archaeology education project. Evaluation report*. [Available from: <https://digability.files.wordpress.com/2015/01/archie-report-master1.pdf>. Accessed 10 May 2017]
- Bell, S., Phoenix, C., Lovell, R. & Wheeler, B., 2015a. Seeking everyday wellbeing: the coast as a therapeutic landscape. *Social Science & Medicine*, 142, 56–67.
- Bell, S., Phoenix, C., Lovell, R. & Wheeler, B., 2015b. Using GPS and geo-narratives: a methodological approach for understanding and situating everyday green space encounters. *Area*, 47, 88–96.
- BH [Big Heritage], 2015. *Dig Blacon: health evaluation*. Chester: Big Heritage. [Available from: <http://bigheritage.co.uk/files/2015/07/Dig-Blacon-Health-Evaluation-2016-1.pdf>. Accessed 10 May 2017]
- BH [Big Heritage], 2016. *Dig Blacon: project overview*. Chester: Big Heritage. [Available from: <http://bigheritage.co.uk/digblacon/>. Accessed 10 May 2017].
- Bunkše, E., 2007. Feeling is believing, or landscape as a way of being in the world. *Geografiska Annaler* (Series B, human geography), 89 (3), 219–231.
- Camic, P. & Chatterjee, H., 2013. Museums and art galleries as partners for public health interventions. *Perspectives in Public Health*, 133 (66), 66–71.
- Chatterjee, H., & Noble, G., 2009. Object therapy: A student-selected component exploring the potential of museum object handling as an enrichment activity for patients in hospital. *Global Journal of Health Science*, 1 (2), 42–49.
- Chatterjee, H., Vreeland, S. & Noble, G., 2009. Museopathy: Exploring the healing potential of handling museum objects. *Museum and Society*, 7 (3), 164–177.
- Cleary, A., Fielding, K., Bell, S., Murray, Z. & Roiko, A., 2017. Exploring potential mechanisms involved in the relationship between eudaimonic wellbeing and nature connection. *Landscape and Urban Planning*, 158, 119–128.
- Collins, J., Avey, S. & Lekkas, P., 2016. Lost landscapes of healing: the decline of therapeutic mental health landscapes. *Landscape Research*, 41 (4), 664–677.
- Conradson, D., 2005. Landscape, care and the relational self: Therapeutic encounters in rural England. *Health & Place*, 11, 337–348.
- CoE [Council of Europe], 2005. *Council of Europe Framework convention on the value of cultural heritage for society. Council of Europe Treaty Series – No. 199*. Strasbourg: Council of Europe. [Available from: <http://www.coe.int/en/web/conventions/full-list/-/conventions/rms/0900001680083746>. Accessed 10 May 2017]
- Cutler, C., Palma, P. & Innes, A. 2016. Tales of the sea: Connecting people with dementia to the UK heritage through maritime archaeology (innovative practice). *Dementia: The International Journal of Social Research and Practice*. [doi: 10.1177/1471301216666171]

- Darvill, T., 2009. Review of 'Therapeutic landscapes' Edited by Allison Williams. *Time and Mind* 2 (3), 271–74. [doi: 10.2752/17516909X12464529903533]
- Darvill, T., 2015. Making futures from the remains of the distant past. Archaeological heritage, connective knowledge, and the promotion of well-being. In: M. van den Dries, S. van der Linde & A. Strecker (eds), *Fernweh: crossing borders and connecting people in archaeological heritage management. Essays in honour of Prof. Willem J.H. Willems*. Leiden: Sidestone Press. 42–46.
- Darvill, T., 2016. Roads to Stonehenge: a prehistoric healing centre and pilgrimage site in southern Britain. In: A. Ranft & W. Schenkluhn (eds), *Kulturstraßen als konzept: 20 jahre straße der Romanik*. Regensburg: Schnell und Steiner GmbH. 155–166.
- Darvill, T. & Wainwright, G., 2014. Beyond Stonehenge: Carn Menyn Quarry and the origin and date of bluestone extraction in the Preseli Hills of south-west Wales. *Antiquity*, 88, 1099–114.
- DAG [Defence Archaeology Group], 2017. *Defence Archaeology Group*. London: Defence Archaeology Group. [Available at: <http://www.dag.org.uk/>. Accessed 10 May 2017]
- DCMS [Department for Culture, Media and Sport], 2014. *Culture, sport and wellbeing: an analysis of the Taking Part survey*. London: Department for Culture, Media and Sport. [Available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/476322/Culture\\_Sport\\_and\\_Wellbeing\\_-\\_An\\_analysis\\_of\\_the\\_Taking\\_Part\\_Survey.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/476322/Culture_Sport_and_Wellbeing_-_An_analysis_of_the_Taking_Part_Survey.pdf). Accessed 10 May 2017]
- DCMS [Department for Culture, Media and Sport], 2016a. *Taking Part Survey*. London: Department for Culture, Media and Sport. [Available online at: <https://www.gov.uk/guidance/taking-part-survey>. Accessed 10 May 2017]
- DCMS [Department for Culture, Media and Sport], 2016b. *The culture white paper*. London: Department for Culture, Media and Sport. [Available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/510798/DCMS\\_The\\_Culture\\_White\\_Paper\\_\\_3\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/510798/DCMS_The_Culture_White_Paper__3_.pdf). Accessed 10 May 2017]
- DoH [Department of Health], 2015. *Prime Minister's challenge on dementia 2020*. London: Department of Health. [Available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215101/dh\\_133176.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf). Accessed 10 May 2017]
- Doughty, K., 2013. Walking together: the embodied and mobile production of a therapeutic landscape. *Health and Place*, 24, 140–146.
- Edensor, T., 2000. Walking in the British countryside: reflexivity, embodied practices and ways to escape. *Body and Society*, 6 (3–4), 81–106.
- EASL [Elmet Archaeological Services Ltd], 2016. *The Mental Wellbeing Project*. Rotherham: Elmet Archaeological Services Ltd. [Available online at: <http://www.elmetarchaeology.co.uk/mentalwellbeing.html>. Accessed 10 May 2017]
- Finnegan, A., 2016. The biopsychosocial benefits and shortfalls for armed forces veterans engaged in archaeological activities. *Nurse Education Today*, 47, 15–22.
- Fujiwara, D., 2013. *Museums and happiness: the value of participating in museums and the arts*. Stowmarket: Museum of East Anglian Life. [Available online at:

- <http://happymuseumproject.org/happy-museums-are-good-for-you-report-publication/museums-and-happiness/>. Accessed 10 May 2017]
- Fujiwara, D. & Campbell, R., 2011. *Valuation Techniques for Social Cost-Benefit Analysis: Stated Preference, Revealed Preference and Subjective Well-Being Approaches*. London: Department for Work and Pensions and HM Treasury. [Available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209107/greenbook\\_valuationtechniques.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209107/greenbook_valuationtechniques.pdf). Accessed 10 May 2017]
- Fujiwara, D., Cornwall, T. & Dolan, P., 2014a. *Heritage and wellbeing*. London: English Heritage. [Available online at: <https://content.historicengland.org.uk/content/heritage-counts/pub/2190644/heritage-and-wellbeing.pdf>. Accessed 10 May 2017]
- Fujiwara, D., Kudrna, L. & Dolan, P., 2014b. *Quantifying and valuing the wellbeing impacts of culture and sport*. London: Department for Culture, Media & Sport. [Available online at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/304899/Quantifying\\_and\\_valuing\\_the\\_wellbeing\\_impacts\\_of\\_sport\\_and\\_culture.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/304899/Quantifying_and_valuing_the_wellbeing_impacts_of_sport_and_culture.pdf). Accessed 10 May 2017]
- GalGael Trust, 2016a. *GalGael: roots*. Glasgow: The GalGael Trust. [Available online at: <http://www.galgael.org/about-us/roots>. Accessed 10 May 2017]
- GalGael Trust, 2016b. *GalGael: case studies*. Glasgow: The GalGael Trust. [Available online at: <http://www.galgael.org/folk/case-studies>. Accessed 10 May 2017]
- Galvin, K. & Todres, L., 2007. The creativity of 'unspecialization:' a contemplative direction for integrative scholarly practice. *Phenomenology and practice*, 1 (1), 31–46.
- Gesler, W., 1992. Therapeutic landscapes: medical issues in light of the new cultural geography. *Social Science and Medicine*, 34 (7), 735–746.
- Gesler, W., 1993. Therapeutic landscapes: theory and a case study of Epidaurus, Greece. *Environment and Planning D: Society and Space*, 11, 171–189.
- Gesler, W., 2006. Geography of health and healthcare. In: B. Warf (ed), *Encyclopedia of human geography*. Thousand Oaks: SAGE Publications, Inc. 205–206.
- Gesler, W. & Curtis, S., 2007. Application of concepts of therapeutic landscapes to the design of hospitals in the UK: the example of a mental health facility in London. In: A. Williams (ed), *Therapeutic landscapes*. Aldershot: Ashgate. 149–164.
- Gleason, B. & Kearns, R., 2001. Remoralising landscapes of care. *Environment and Planning D: Society and Space*, 19, 61–80.
- Green, G. & Lakey, L., 2013. *Building dementia-friendly communities: A priority for everyone*. London: Alzheimer's Society. [Available online at: [https://www.alzheimers.org.uk/downloads/file/1916/building\\_dementia\\_friendly\\_communities\\_a\\_priority\\_for\\_everyone](https://www.alzheimers.org.uk/downloads/file/1916/building_dementia_friendly_communities_a_priority_for_everyone). Accessed 10 May 2017]
- HMP [The Happy Museum Project], 2016. *The Happy Museum: about*. London: The Happy Museum Project. [Available online at: <http://happymuseumproject.org/about/>. Accessed 10 May 2017]
- Harmanşah, Ö., 2015. *Place, memory and healing: An archaeology of Anatolian rock monuments*. Abingdon: Routledge.

- Hartig, T. & Cooper Marcus, C., 2006. Essay: healing gardens – places for nature in healthcare. *The Lancet*, 368 (Supplement 1), S36–S37.
- Hartig, T., Evans, G. W., Jamner, L.D., Davis, D.S. & Gärling, T., 2003. Tracking restoration in natural and urban field settings. *Journal of Environmental Psychology*, 23 (2), 109–123.
- HLF [Heritage Lottery Fund], 2015. *20 years in 12 places. Improving heritage, improving places, improving lives*. London: Heritage Lottery Fund. [Available on-line at: <https://www.hlf.org.uk/about-us/research-evaluation/20-years-heritage>. Accessed 10 May 2017]
- Hickman, C., 2005. The picturesque at Brislington House, Bristol: the role of landscape in relation to the treatment of mental illness in the early nineteenth-century asylum. *Garden History*, 33, 47–60.
- Human Henge, 2016. *Human Henge: About*. London: The Restoration Trust. [Available online at: <http://humanhenge.org/about/>. Accessed 10 May 2017]
- Ingold, T., 2000. *The perception of the environment*. Abingdon: Routledge.
- Jowell, T., 2005. *Better places to live. Government identity and the value of the historic and built environment*. London: Department for Culture, Media and Sport.
- Kaplan, S., 1995. The restorative benefits of nature: toward an integrative framework. *Journal of Environmental Psychology*, 15 (3), 169–182.
- Kiddey, R., 2014. Turbo Island, Bristol: excavating a contemporary homeless place. *Post-Medieval Archaeology*, 48, 133–50.
- Kiddey, R. & Schofield, J., 2011. Embrace the margins: adventures in archaeology and homelessness. *Public Archaeology*, 10 (1), 4–22
- Kindleysides, M. & Biglands, E., 2015. 'Thinking outside the box, and making it too': Piloting an occupational therapy group at an open-air museum. *Arts and Health*, 7 (3), 271–278.
- Lack, K., 2014. *Past in mind. A heritage project and mental health recovery*. Hereford: Privately Published.
- Livability Holton Lee, 2016. *Livability Holton Lee: a place to discover wellbeing*. Poole: Livability Holton Lee. [Available online at: <http://www.holtonlee.org/>. Accessed 10 May 2017]
- Marshall, Y., 2002. What is community archaeology? *World Archaeology*, 34 (2), 211–219.
- McMillan, I., 2013. Making a mark on history with the past in mind. *Mental Health and Social Inclusion*, 17 (4), 195–201.
- MoD [Ministry of Defence], 2012. *Op Nightingale*. London: Ministry of Defence. [Available online at: <http://www.army.mod.uk/royalengineers/units/32526.aspx>. Accessed 10 May 2017]
- Moon, G., Kearns, R., & Joseph, A., 2006. Therapeutic landscapes and the (re)valorization of confinement in the era of community care. *Transactions of the Institute of British Geographers (New Series)*, 31 (2), 131–149.
- NHS, 2016. *NHS forest: Growing forests for health*. London: NHS Forest. [Available online at: <http://nhsforest.org/>. Accessed 10 May 2017]

- ONUSA [Operation Nightingale USA], 2016. *Operation Nightingale USA*. Michigan: Operation Nightingale USA. [Available online at: <http://www.opningaleusa.com/>. Accessed 10 May 2017]
- Parr, H., 2007. Mental health, nature work, and social inclusion. *Environment and Planning D: Society and Space*, 25 (3), 537–561.
- Powell, H., 2014. Pilgrimage, performance and miracle cures in the twelfth century *miracula* of St Æbbe. In: E. Gemi-Iordanou, S. Gordon, R. Matthew, E. McInnes & R. Pettitt (eds), *Medicine, healing and performance*. Oxford: Oxbow Books. 71–85.
- Rose, E., 2012. Encountering place: a psychoanalytic approach for understanding how therapeutic landscapes benefit health and wellbeing. *Health & Place*, 18 (6), 1381–1387.
- Rountree, K., 2006. Performing the divine: neo-pagan pilgrimages and embodiment at sacred sites. *Body and Society*, 12 (4), 95–115.
- Roux, J., 2004. *The roads to Santiago de Compostela*. Vic-en-Bigorre: MSM.
- Rutherford, S., 2004. Victorian and Edwardian institutional landscapes in England. *Landscapes*, 5 (2), 25–41.
- Rutherford, S., 2005. Landscapers for the mind: English asylum designers, 1845–1914. *Garden History*, 33 (1), 61–86.
- Sayer, F., 2015. Can digging make you happy? Archaeological excavations, happiness and heritage. *Arts & Health*, 7, 247–260.
- Slavin, S., 2003. Walking as spiritual practice: the pilgrimage to Santiago de Compostela. *Body and Society*, 9 (3), 1–18.
- Solway, R., Thomson, L., Camic, P. & Chatterjee, H., 2015. Museum object handling groups in older adult mental health inpatient care. *International Journal of Mental Health Promotion*, 17 (4), 201–214.
- Tennant, R., Hiller, L., Fishwick, R., Platt, P., Joseph, S., Weich, S., Parkinson, J., Secker, J. & Stewart-Brown, S., 2007. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Development and UK validation. *Health and Quality of Life Outcome*, 5:63. [doi: 101186/1477-7252-5-63]
- Ward Thompson, C., 2011. Linking landscape and health: the recurring theme. *Landscape and Urban Planning*, 99 (3–4), 187–195.
- Thomson, L. & Chatterjee, H., 2013. *UCL museum wellbeing measures toolkit*. London: University College London. [Available online at: <https://www.ucl.ac.uk/culture/resources?nid=673>. Accessed 10 May 2017]
- Thomson, L. & Chatterjee, H., 2015. Measuring the impact of museum activities on well-being: developing the Museum Well-being Measures Toolkit. *Museum Management and Curatorship*, 30 (1), 44–62.
- Thrive, 2016. *Thrive: what is social and therapeutic horticulture?* Reading: Thrive. [Available online at: <https://www.thrive.org.uk/what-is-social-and-therapeutic-horticulture.aspx>. Accessed 10 May 2017]
- Todres, L. & Galvin, K., 2010. "Dwelling-mobility": An existential theory of well-being. *International Journal of Qualitative Studies on Health and Well-Being*, 5 (3), 1–6.

- Todres, L., Galvin, K. & Holloway, I., 2009. The humanization of healthcare: a value framework for qualitative research. *International Journal of Qualitative Studies on Health and Well-Being*, 4 (2), 1–10.
- Ulrich, R., 1984. View through a window may influence recovery from surgery. *Science*, 224 (4647), 420–421.
- Ulrich, R., Simons, R., Losito, B., Fiorito, E., Miles, M. & Zelson, M., 1991. Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology*, 11 (3), 201–230.
- University of Glasgow, 2015. *Archaeologists and veterans to explore what lies beneath Waterloo Battlefield, 200 years on*. Glasgow: University of Glasgow. [Available online at: [http://www.gla.ac.uk/news/headline\\_392886\\_en.html](http://www.gla.ac.uk/news/headline_392886_en.html). Accessed 10 May 2017]
- University of Leicester, 2014. *Military operations on the archaeological front*. Leicester: University of Leicester. [Available from: <http://www2.le.ac.uk/offices/press/press-releases/2014/may/military-operations-on-the-archaeological-front>. Accessed 10 May 2017]
- Wessex Archaeology, 2016. *Operation Nightingale*. Salisbury: Wessex Archaeology Ltd. [Available online at: <http://www.wessexarch.co.uk/OperationNightingale>. Accessed 10 May 2017]
- Williams, A. (ed), 2007. *Therapeutic landscapes*. Aldershot: Ashgate Publishing.
- WEA [Workers' Educational Association], 2016a. *Digability: About the project*. Leeds: Workers' Educational Association Yorkshire and Humber Regional Office. [Available online at: <https://digability.wordpress.com/about/about-the-project/> Accessed 10 May 2017]
- WEA [Workers' Educational Association], 2016b. *Digability: Stated aims of the project*. Leeds: Workers' Educational Association Yorkshire and Humber Regional Office. [Available online at: <https://digability.wordpress.com/about/stated-aims-of-the-project/> Accessed 10 May 2017].



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