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Beyond cultural heritage therapy: human and ecological heritage, storytelling, and well-being

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ABSTRACT

It is widely accepted that visiting culturally humancentric heritage sites is potentially therapeutic, although how this process unfolds is still relatively understudied. Most studies reviewed see interventions through the lens of Cultural Heritage Therapy or, if human heritage is not foregrounded, ecotherapy. In this paper, these approaches are critiqued for their polarised stance, leading to a suggestion that an interdisciplinary approach could be applicable where human and ecological heritage overlap. A new ontology is suggested, that of *archaeotherapy*. We use a qualitative study of accounts from a sample of thirty-one participants. A hybridised methodology, where Westernised analysis tools are utilised in tandem with Indigenous Torres Strait, Māori and Australian Aboriginal perspectives on land, ancestors, and cultural belonging, to better understand participants' experiences. Ecologically enmeshed qualities of place, which include human ones, are identified as pivotal to ideas of connectedness, healing, and understanding. This study revealed that a five-stage narrative process is employed by respondents, highlighting individually chosen sites as meaningful: (1) Physical site arrival, (2) Connection made, (3) Transformation point reached and passed, (4) Outcome of connectedness, understanding, or health and healing, (5) Incorporation or sense making. The five stages are transcended in specific order, over varying timescales.

Introduction

Within the UK, 'social prescribing', which is the delivery of non-clinical practices supporting mental health and overall well-being, encourages heritage access as part of the model (Darvill et al. 2019; Gallou, Uzzell, and Sofaer 2022). 'Well-being' is the presence of positive feelings, not the absence of illness (Galvin and Todres 2013; WHO 2022). A person can have well-being when also presenting with pathologies and disease. Globally sourced anecdotal (Foster and Little 1998; MacCartney 2018; Johnson 2021) and some UK-

focussed academic evidence (Everill, Murguila, and Lomitashvili 2020; Heaslip et al. 2020) further support the idea that access to heritage sites has a significant role to play in enhancing well-being and has measurable positive outcomes and health benefits (Darvill et al. 2019; Heaslip et al. 2020). Projects such as 'The Past in Mind' in 2014 supported mental health and heritage (Lack 2014), Operation Nightingale (Finnegan 2016), 'Between the Barrows in 2014 (Elmer 2017), and the 'Later Prehistoric Norfolk project', in 2023 (Brownlie et al. 2024) all focussed on well-being and mental health. Nolan (2019) confirms in their study of Stonehenge and Avebury that meaningful encounters at ancient landscapes support notions of well-being, and Sayer (2024) also suggests that visiting a heritage site improves feelings of well-being. In 1990, 'therapeutic landscapes' were explored by Wil Gesler, describing humanist and structuralist concepts of the 'three environments': physical, ecological, and symbolic, ones that support or create well-being (Kearns and Milligan 2020). Taking the UK as an example of global policy shifts, such interventions lead to reductions in National Health Service (NHS) intervention, improved community connection, and personal health growth targets being met (Naramski et al. 2022).

Cultural Heritage Therapy, or CHT (Darvill et al. 2019), assumes human-centric therapeutic benefits can be gained from access to cultural heritage sites and structures, but falls short of embracing an ecological epistemology. Subsequent practical applications of 'therapeutic landscapes' have equally remained within human-centric narratives, exploiting landscapes for human benefit (Kearns and Milligan 2020). This paper takes the concepts found within Gesler's work with CHT further, supposing an animist worldview, where heritage is part of a living ecology whose integrative nature should be more prominent in discussions around any well-being benefits that therapeutic landscapes and CHT promote. Ecotherapy currently supports practices of nature connection, generally removing human influences on the landscape (Brazier 2017). In the ecotherapeutic model, a site is not merely a static place, one to be exploited, but is alive and ecological. Incorporating human-made landscape changes into this model shifts focus from human-centric to wider awareness; room is made for emergent, integrative experiences, where human and natural landscapes entwine. *Archaeotherapy* is suggested as a therapeutic model that sits at the intersection of human-focussed heritage therapeutics and ecotherapy, merging the two concepts.

This paper explores 31 cases of site and place encounters, identifying inputs that were required for personally identified benefits to occur. These sites were self-selected, chosen by the participants, needing to include a 'human' aspect to the site, as the only stipulation upon recruitment. This brings a unique insight into the study of health and place, focussing on ways heritage-based therapeutic support often occurs within both heritage narratives as well as ecopsychological spaces (Brazier 2017). This bottom-up approach has helpful implications for our understanding of why some site *visits* are therapeutic, rather than why some *sites* are. By 'bottom-up' it is assumed that the participants are exploring sites on their own free will, are having emergent and innovative experiences, and no expert is telling them an educated, top-down version of what to expect or to feel (Headey et al. 1991;, Headey 2010; Ide 2020).

The term 'therapy' is used in this paper to encapsulate practices, experiences or interventions that are deemed to be therapeutic to the person, which is grounded in anthropological and psychological understanding, where 'therapy' is emergent and responsive, as opposed to biomedical (Davies 2009). It is not a demonstration of 'therapist'

skills. The concept of 'therapeutic' used in this study is thus framed by concepts of meaning making, well-being improvement and positive health outcomes that are subjective, varying accordingly. The 'therapeutic process' is determined by the client, a path taken that reaches, for them, meaningful outcomes (Orlinsky 2001). There does not need to be another person involved in the process, a person undertaking a 'therapist' role, although in formal arrangements, there is, with other-than-humans often playing a significant role. Influencing factors within the therapeutic process may include landscape, dreams, conversations, touch, music, art and ritual (Rust 2021).

Westernised clinical narratives of 'expert-client' binaries de-power the individual (Yunkaporta 2020). This self-determined relationality highlights that the site itself is an active participant in the encounter, directly influencing the quality of the participants' therapeutic experience. This is a notable difference from CHT or ecotherapy alone; thus far, human cultural and physical remains have been separated from ecological processes, and CHT has firmly existed within this assumption, focussing exclusively on human-made locations. For an example of this, see the Human Henge project, Darvill (2018).

In this paper, we outline the data collection rationale and method, the methodologies used in analysis, the findings made, and the conclusion. We also explore where the findings of this paper could be further developed in future studies.

Data collection

The aim was to understand in greater depth the qualities experienced during meaningful encounters at heritage (human activity) sites. This parameter required that participants could describe what they affirmed they had experienced, and the researcher joined with their consensus on the event. The recruiting research framework clearly stated from the outset that a descriptive account collected via interview was requested. Interviewing is a well-used, reliable method of data collection of bottom-up experiences (Braun and Clarke 2022).

These were then analysed initially using the thematic analysis (TA) approach suggested by Braun and Clarke (2022), with subsequent methodological hybridisation (Frazer and Yunkaporta 2019) used to further analyse the data.

A purposeful sample of respondents was sought so that the phenomenon of going to any site in the world and experiencing something they deemed to be therapeutic could be meaningfully captured (Robinson 2014). Purposeful sampling ensured information-rich cases were presented that offered insight into this central phenomenon. To be recruited to the study, people answered a gatekeeper question, seen below in Table 1.

Participants were only recruited if they answered stage A in the affirmative. A 'gatekeeper' question is highly effective for research that seeks experiences within potentially many, many eligible respondents. Thirty-one responses were considered enough to depict the broadest view of the phenomenon (Braun and Clark, 2022). Once they had been identified, questions in stage B were asked via an online questionnaire. In addition to these questions, some key biographical data regarding age, location of site, gender and how they heard about the research were also collated. As the study was interested in the participants' perceptions of their experiences, no data were gathered regarding the mental health status of the participants. Nor were data gathered about participants' physical health, nor their typical behaviour with the outdoors of any kind.

Table 1. Gatekeeper question asked at recruitment stage A, with subsequent descriptive questions and request for a 500 word limit to responses at stage B.

A. *Have you ever had an encounter with a place in the landscape that is human-made (not natural) that made you feel healed, better, understood or connected somehow*
B. Please describe this as best you can. With ONE example in mind, please answer the following questions, in 500 words or fewer:
• Where did you go, please describe the site? (For instance; age of site, type of site, local to you, familiar, unfamiliar.)
• How were you feeling when you first arrived?
• Please describe the sense of healing, well-being, connectedness or being understood that you said you experienced.
• Is there anything else you would like to describe that you feel may be helpful to understand your experience?

This is in keeping with the non-clinical nature of this study, focussing as it does upon meaningful experiences as opposed to medically sanctioned interventions. Analysis is not to discern the validity or impact of what each participant shared as meaningful or therapeutic to them, but rather to account for the qualities present in the encounter itself.

Recruitment occurred in 2021–22 and consisted of a relatively homogenous North American and Western European demographic. Due to the restrictive nature of the ongoing COVID pandemic, participants were purposefully recruited via several online channels, where the selective 'gatekeeper' question was initially posed. Channels of recruitment included social media: Facebook, LinkedIn, Twitter, as well as personal and Bournemouth University networks.
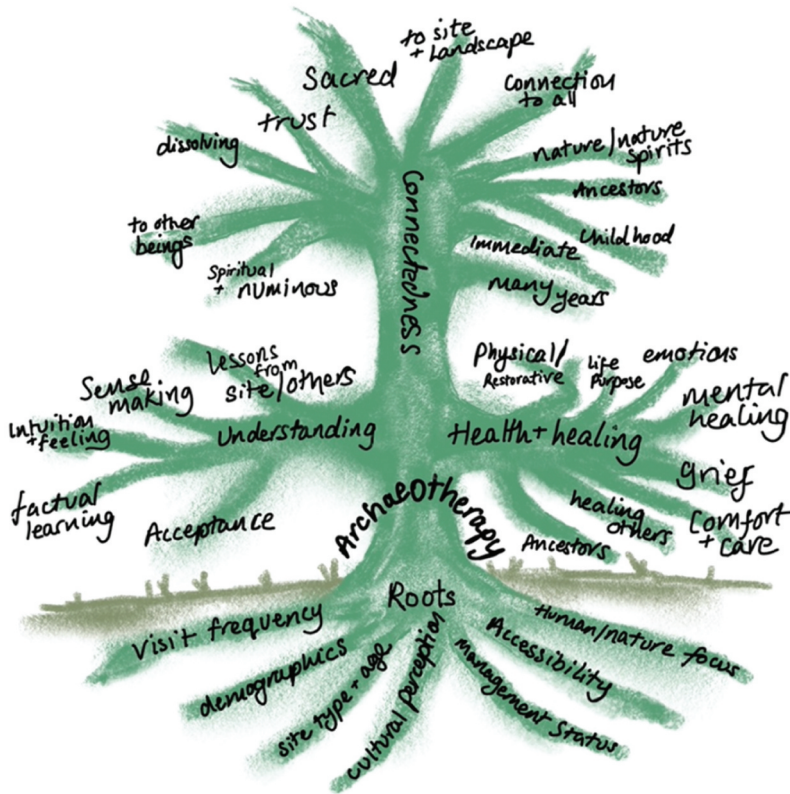
Analysis

To reiterate, analysis is not to discern the validity or impact of what each participant shared as meaningful or therapeutic, rather it is to account for the qualities present in the encounter itself. This approach foregrounds meaning encoded within the narrative of each description itself, allowing the 'truth' of the stories to be subjective and remain unanalysed.

In analysing these data, we were very aware of Frazer and Yunkaporta's (2019) suggestion that Western qualitative analysis and interpretation can inadvertently impose colonial mindsets on the data, reducing it to potentially meaningless bytes, and in the process losing connection with and belonging to context. It is suggested that by bringing in ritual process (Mackean, Shakespeare, and Fisher 2022; Yunkaporta and Moodie 2021), using an organic mapping system such as a Polynesian approach (Suaalii-Sauni and Fulu-Aiolupotea 2014), and introducing stages of subjective self-reflection, connection and guardianship as found in Kaupapa Māori data analysis (Elder and Kersten 2015), colonial reductionist assumptions may be circumnavigated, or at least reduced in dominance. Accordingly, data for this study were studied using a hybrid methodology, combining Westernised thematic analysis (Braun and Clarke 2022) and Indigenous methods of ritual, organic mapping, and self-reflection (Gee et al. 2014). The resultant organic mapping tool was developed: *Organic Analysis of the Living Whole* or OALW *(See* illustration 1).

This model depicted data as a tree to analyse themes and codes. By dividing each participant's data into three distinct aspects: roots, trunk and branches, the phenomenon is rooted in facts, with the roots supporting the tree and nourishing the phenomenon's identity or experience. Dimensions of this experience are then expressed through the branches, which are the 'codes', that describe what happened and how it happened, for

each participant's encounter with a site. This depiction mirrors a living organism much as a magnolia tree's essence is rooted in the ground, held by the trunk, and expressed through the branches and flowers. This can be a helpful visual depiction of qualitative, descriptive data, and can easily be cross-referred to the transcript.


Illustration 1: organic analysis of the Living Whole (OALW) of the phenomenon of archaeotherapy, here the overarching name for the sum of data collected from all cases. Three themes are identified: roots, trunk, and branches. The trunk is the phenomenon, while branch and root offer descriptions of what constitutes each theme.

Findings

The following findings are significant when considered within the framework of what underpinning 'rooted' facts were obtained, such as demographic, geographic and management status information. This information was analysed using the OALW method.

Roots

Ages ranged from 10 years old to 70's old for all the participants, 15 of whom do not appear in this paper, but are all represented in the chart above. Figure 1 shows demographic information regarding the participants' gender and age at the time of the encounter they descibed. Most people were adults when the encounter occurred. Of the 31 participants, two were male. This bias toward female respondents is noted, as it may have limited the study by
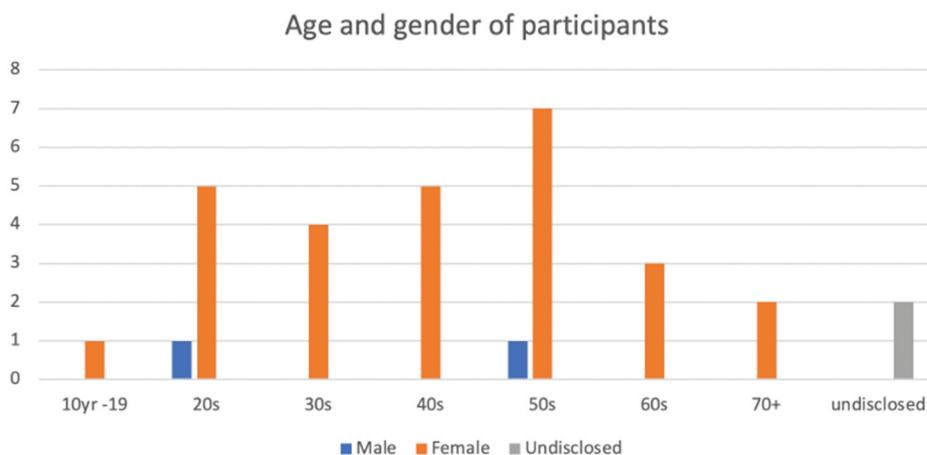
Figure 1. Demographic of all participants' gender and age at time of encounter.

skewing the results towards a female-focussed analysis. Both men's accounts are quoted in this paper, but not all the women's. Only some cases have been chosen to publish here, to illustrate notable aspects of the discovered PCTOI process.

Of the 31 sites visited, four were private sites and inaccessible to the public, twenty were open-access sites, and seven required paid access. Seven encounters were on a landscape-sized scale, with one being a mountain, and two describing valleys. Twenty-four were small-scale sites. A natural presence was emphasised at two, being a botanic garden and a natural landscape. Solely archaeological aspects, without obvious natural aspects, in other words, were emphasised at seventeen sites, and a combination of human-with-nature focus occurred at twelve sites.

Although the overall study captured thirty-one encounters from many countries, only sixteen cases are quoted in this article, and three countries, namely, the USA, Portugal and the UK. The table below outlines the encounters. All names given have been randomly generated to depict gender, but to retain confidentiality.

Stages of archaeotherapeutic encounter

Common themes of understanding, connectedness and health and healing were identified to be present as the encounters unfolded. These key themes are present as outcomes of the therapeutic encounter, but also describe how the participants initially presented at the beginning, too. It was clear, therefore, that therapeutic themes present in different ways at different stages of the encounter, although how this could be understood within the context of the phenomenon needed clarification of the stages of the event. With further analysis of the encounters, a processual, five-stage pattern emerges, with the core themes weaving through the encounters. The five stages of encounter identified are these: (1) physical arrival at the site, (2) a connection is made, (3) a *transformation point* is reached and passed through, (4) the outcome of the connection, understanding or health and healing, (5) incorporation or sense making. This process can be repeatedly

Figure 2. The five stages of archaeotherapeutic encounter: PCTOI.

experienced and is thus represented as a cycle, hereby referred to as *PCTOI* (Physical, Connection, Transformation, Outcome, Incorporation). Each of the five stages is explored in detail in the following sections, see Figure 2.

Physical arrival

In this stage, the participant arrives at the site. Key qualities and details, such as the type of site, its management status and accessibility, are relevant, as they situate the individual in place by being unchanging factors, rather than changeable dynamics. Here we identify how the person is feeling, what kind of site they are visiting and why, if disclosed. Cases also include encounters with sites deliberately sought out for their challenging nature. We identify if the person has deliberately gone for self-care reasons, or if what is to unfold was entirely unexpected.

The connective act

Once at a place, individuals become involved in 'connective acts'; ritual acts, incidental acts, deliberate pilgrimage, visions, encountering something significant, contemplative acts, and acts that bring a sense of safety. These are self-initiated and unplanned, in many cases intuitive, often emerging from the site itself as the participant develops a relationship to it. Examples of a connective act include: unexpectedly finding a stone circle where it doesn't appear on the OS map, *'stepping into the middle of a thicket and leaning my whole weight on it'* (Bronwen); finding the backwater of Bristol dock *'I tried to climb down the muddy, slippery banks to the water'* (Karen); and seeing a sculpture of an angel at the entrance of the garden (Jaquie).

Transformation point

Arising from the connective act, they experience a *transformation point*, henceforth referred to as a TP. A TP is a common feature in all encounters, regardless of how participants present or in what manner an event occurs. It demarks the movement from the connective act (stage 2) to the outcome (stage 4), shifting consciousness for the participant. For example, when looking out across Lindisfarne, Northumberland, one participant noted:

> I was, as I said, off on my own, staring out towards St Cuthbert's Isle and the sea and generally thinking about life, death and the situation in general. I had a very strong feeling of connectedness-particularly of how I fitted in to the huge flow of time … It was a strong feeling that he had lived, and that there would never come a time when he had not have lived- and his life, short though it was, had changed the world forever … That did not make me stop being sad about his death- but it was deeply consoling … I think that was the moment at which real healing started for me (Carey)

Thus, the TP is triggered by staring out towards St. Cuthbert's Isle.

In another example, a TP changes their sense of belonging and understanding of the ancestors, from unseeing, to suddenly seeing things differently:

> I explored the landscape and discovered them [the archaeological remains]. I had lived in the valley for much of my adult life on discovering this site, I felt connected to the distant past in a way I hadn't felt before. I was just out walking the dog before, looking at the pretty view (Ellie)

Thus, the TP is preceded by exploring the landscape.

In another case, the TPs are accumulated, and give meaning over multiple visits:

> It is always a joy to arrive at the Bathing House. To the peace of the river. Throwing off the shackles of work, I like to wander down the pathway between the pool and the river (Leonor)

Thus, the TP occurs on more than one occasion immediately after arriving and seeing the stones at the Bathing House.

A TP, therefore, is the moment itself that the participant passes over a meaningful threshold of encounter to reach beyond, towards a therapeutic outcome.

Participants can easily describe the activities that immediately precede TPs, as well as the outcomes. Very few try to describe the TP itself. Some, conversely, try to explain the moment of the TP and find words to be wanting; there is something in this moment that is

somatic, experiential, even beyond words. Simple phrases may do: *'The whole experience was transformative'* (Henry). Descriptions of dissolving, death, strange perceptions of time, not being in control, the site doing something to them, and existential awareness, often occur when participants attempt to explain this stage:

> I didn't want this feeling to end. I also had a sense of death being all around and of being dead. This feeling was intoxicating and I felt I should try and snap out of it or something beyond my control might happen to me (Mabel)

There is evidence within the data that the TP has a strong quality of *site anima* (or *spirit of place*, to use a phrase with religious overtones), in that this is the stage where the participant is in direct communication with their surroundings: the archaeology and heritage, site ecology, and an intangible quality of *being* that is often described in the data as an earthly energy:

> I felt very connected from that space to the seen and energetic landscape beneath and all around me (Donna)

and:

> This experience placed me into a sense of perspective in which all daily and material matters and concerns withered ... felt in that moment connected to the deepest energies of the earth. Physical and beyond (Nick)

There appears to be a strong dissolution of the human/nature dichotomy at the TP stage, with participants experiencing direct communication and healing from non-human beings:

> There are giant redwood sequoia trees and I hugged a few of them and I really did feel held by their presence – their bark was soft and comforting (Jacquie)

and something subliminal in the dissolution:

> I could name this The Sublime. But a sublime that did not feel like a human made experience (Nick)

as well as experiencing humans as nature:

> all the places where I have felt the deepest nourishment, healing, connection, understanding have been at natural sites OR have had a powerful natural element as part of them. I don't see how one can separate these. Any human created site is located in a specific context and location of the earth and is going to be influenced by that relationship (Rani)

As such, the TP is something beyond human construction, with traces of intuitive, animistic, (in that in animism, the person is aware of, and part of, the greater-than consciousness of beings which includes themselves) relational, and contextual influences that, when woven together, create a significant experience which the participants find difficult to describe. These qualities seem shamanic (Harner 2013); bending consciousness, shifting reality and how agreed physical forces affect the participant, incorporating a quality of otherworldliness to a transitional moment.

A TP suggests that transformative conscious or subconscious insights and real-time events occur simultaneously. The physical context within which an insight occurs creates meaning. It is the messages received from being of this world, at that

particular place, in that time, with the heritage there to be seen, that is part of the story of transformation. The *genius loci* is an active participant in the quality of insight. This includes the grigomeric attributes of human-induced sacred sites, where a site accrues significance due to human attention (Devlin 2023). This is particularly helpful when exploring how humans attribute meaning to sites, affirming its significance over many years and generations.

The TP of the encounters occurs equally at sites well known to the individuals, recreation sites, spiritually significant sites, surprising or unknown sites. This suggests that something transformative is occurring despite any preconceived notions. Most of the encounters (nineteen out of thirty-one) occurred when visiting for the first time. The remaining twelve cases occurred at sites that were well known to the participant. These long-term relationships suggest that, for many, a sense of embodied belonging is intrinsically part of the well-being experienced. Some of the twelve long-term relationships to the site developed because there was a perceived therapeutic aspect to this connection, sought out time and time again.

Outcome: connectedness, understanding, health and healing

Stage four is where the therapeutic outcome is recognised and described by participants, and which can be thematically organised into three broad categories: connectedness, understanding, or health and healing.

Connectedness may be inward looking, to the participant themselves; *'The New Cut calls to me to heal something within myself and within this tox, racist, privileged system of Capitalism'* (Karen); the site's own anima, *'I knew that the Earth was alive and conscious, but this extraordinary gift was beyond anything I have ever experienced'* (Bronwen); the ancestors, *'The feeling was one of connection to past people'* (Ellie); to family members and loved ones, *'I had a quiet excitement for new possibilities of being in better relationship with her [daughter]'* (Ursula); to nature spirits, *'I can remember encounters with two (maybe three) trees- . . . but it had "called me" to look closer'* (Jacquie); or to the recent dead, *'Was it a gift of grace from the bamboo, a visit from the spirit of my husband, a message from the presiding spirit of the place?'* (Bronwen).

Understanding, equally, could be to or of a variety of things, such as understanding of self; *'I understood myself better'* (Ursula); of relationships, *'I felt socially accepted for who I am'* (Donna); of heritage narratives, *'a battle between Tecumseh's army and the European settlers . . . I felt/saw' all the shock, horror and death and the agony of the original people and the pain of the earth . . . '* (Rani); of perceived justice, *'All that I could find written about their work was that there had been a big drunken brawl when the job had been finished!'* (Karen); of ritual, *'I was given the insight that for our ancestors, they would not have wanted to bury their beloved family members somewhere scary'* (Barb).

Healing is also varied and does not automatically imply the healing of the self. Healing of fractured relationships; *'Doing my thankfuls [as a ritual] . . . Many of my family and friends are back in the UK to the north, (. . . Canada and . . . Europe).'* (Frankie); of learning to accept death, *'a visit from the spirit of my husband? . . . I have no idea. It happened and I remain deeply touched, grateful, stunned'* (Bronwen); of physical respite from immediate risk, *'We stopped at the circle to investigate it and also to sit and rest on the stones . . . chatting about how weird that they weren't on the map. We stayed for quite a while until we felt rested'* (Anna); of

Table 2. Table of 'root' facts of respondents' encounters quoted in this article. Note that 'private' includes sites that are not accessible to the public as well as those that are accessible to the public with an entrance fee paid.

Name	Age band	Location of site	Type of site, age	Management type and access
Anna	50	UK	Prehistoric single phased	Unmanaged, ruinous, open
Barb	50	UK	Prehistoric single phase	Managed, restored, open
Bronwen	70	USA	Natural history garden	Private, managed, open
Carey	20	UK	Multi-phase medieval site	Managed, spiritual, open
Connie	50	UK	Contemporary, civic	Managed, open
Donna	40	UK	Multi-phase, continuous use	Managed, civic, open
Ellie	40	UK	Prehistoric multi-phase landscape	Unmanaged (grazing), open
Frankie	50	Portugal	Unknown multi-phase	Unmanaged, open
Henry	20	UK	Contemporary, ritual	Managed, impermanent, private
Jaquie	20	UK	Contemporary, natural history	Managed gardens, private
Karen	Undisclosed	UK	Industrial era, urban	Unmanaged, civic, open
Leonor	60	UK	Contemporary, natural history	Managed gardens, private
Mabel	40	UK	Prehistoric multi-phase	Managed, restored, open
Nick	50	UK	Prehistoric single phase	Managed, open
Rani	60	USA	Colonial era-battle	Managed, open
Ursula	50	UK	Contemporary urban civic	Managed urban, open

Table 3. Themes of connectedness, understanding and health and healing with key codes identified.

Connectedness
- Stepping over a threshold
- Connection through dismantling and dissolving of self/connection to space-time
- Site ownership feelings/Connection to site over many years
- A sacred connection to site/Connection to site spirit/ancestors
- Nature connection/nature spirits/Earth connection
- Family and self-connection/belonging with humans
- Connection to childhood and memories
- Connection to the recent dead
- Physical contact/COVID restrictions

Understanding
- Self being understood by site/spirit/the dead
- Understanding the self
- Factual understanding of site/issue/heritage
- Being given a teaching by the site
- Information through non-rational means
- Understanding through trial

Healing and health
- Physical healing
- Emotional, grief healing
- Numinous/spiritual healing
- Healing of others
- Mental well-being improved

fear, *'My fear of the causeway route diminished and I saw an alternative perspective, the old and the new'* (Connie), are all present in the data. Other broader outcome subjects are present in the data but are too numerous to list here. An expansion of the main codes is found in Table 2 below.

Further analysis by utilising the OALW method identified three core themes of connectedness, understanding and health and healing, and are shown here in Table 3, with the key codes identified:

Incorporation and sense making

This is an important stage in the process for nearly half of participants. It was not explicitly requested from the participants, yet, as it was included in fourteen of the thirty-one cases, it stands out as a significant aspect of the process of site encounter.

Phrases such as *'looking back', 'context', 'I can recall . . . to this day', 'was it . . . ?' 'I guess . . . 'I still carry it', 'perhaps it watched me grow up?'* suggest ongoing meaning-making over a prolonged period. This continual sense-making ensures that new light and revised interpretations on aspects of themselves and their memories occurs for many years.

One such example of this kind of long-term sense making is described here, showing that the encounter shifts one's perspective:

> The experience afterwards was of having touched and felt something that was a gift to carry with me in this life and I still carry it . . . The power of the experience and the 'realness' of it has somehow provided a place of perspective from which to view the various challenges of life (Henry)

Meaning making that occurs over many years grows and changes with the life experiences of the participant:

> . . . added to by spiritual encounter with at least two trees (possibly with spirit of place- but wasn't operating at that level consciously then, so I can't say with certainty) (Jacquie)

It may be that for some participants but not all, stages five (incorporation) and one (physical arrival) overlap and in fact become the same. For many, incorporation *is* a returning to and reforging of an enduring old/new relationship to the site. By these stages being partly transmogrified, the beginning and ending of this process become indistinct, indiscernible, and ultimately more significant to one another.

Discussion

Studies in therapeutic heritage confirm the importance of connection or reconnection to a site or place at the very outset of an encounter (Aked et al. 2008; Darvill et al. 2019; Dobat et al. 2020). This is reflected in the first and second stages of the PCTOI model described above. Dobat et al. (2020) note how site familiarity is key to the progress of participants' experiences, contributing to the sense of connection felt. Site familiarity was an important factor for some of the respondents in this study, but not for all. Connection to the site is created in various ways in other studies, such as by being in personal, 'hands-on dialogue' with a site and artefacts, as is emphasised in a metal detecting as well-being study (Lykkegård-Maes and Dobat 2022). These studies support the findings in this research that the type of site visited, other than having some kind of human impact, was not important and did not dissuade a therapeutic encounter from occurring. Although this paper does not explore the kinds of outcomes at sites that have shared characteristics, this is an interesting inquiry and would benefit from further study.

Studies have confirmed the importance of therapeutic heritage being a shared experience (Evans et al. 2019; Heaslip et al. 2020), which emphasises a sense of belonging to human groups who are having, or have had a shared experience. A small percentage of the case studies in this paper included other humans, but most did not.

There is, however, ample evidence of animist connections to *other* than humans; a sense of belonging, community and connection is given by other actors, such as the site itself, the *genius loci*, the ancestors, plants, and other non-human beings, and the recent dead. Important evidence to support these findings comes from non-Westernised research, such as in the Māori philosophy of 'old story', *korero tahito* (Harvey 2005), where everything is encompassed in one place: ancestors, the past, future, the living and the dead, good and evil, the land and sky, friends and enemies, and all dualistic ends of all spectra of the lived experience. *Korero tahito* is an encoding of a relationship. This animist concept is also described in the American First Nations philosophy of *all my relations*, giving validation to the presence and impact of more-than-human realms of existence and relationships upon occurrences in human beings' lives (*Ibid*. p.51).

Studies that have included a focus on ritual transformational process (Ayot 2015), the use of 'council circles' as ritual containers for TPs to occur (Wallace 2019) reflect a similar stage in therapeutic transformation, where a person or people are brought through encounter and connection, to an event or act that catalyses the possibility of a TP to occur. The encounters at deliberately challenging sites include aspects of a rite of passage, with emphasis on healing through trial.

Indigenous ritual evidence affirms with emphasis how important the 'returning to the village' stage of encounter is (Ayot 2015), when the participant returns to an ordinary world existence. Without this phase of incorporation and meaning making the initiate is left ungrounded, unwelcomed back into the everyday. If left unincorporated, this may lead to a deterioration of the individual and community's well-being, as their soul is left within the otherworld (Somé 1995). Ethically, a transformation point, seen therapeutically, where the participant is in direct connection to animist actors and entities, requires skilled guidance to reintegrate the participants, for their own, and others' well-being (Schaepe et al. 2017).

What is new

An organic mapping depiction, which assists in thematic analysis, was created; the Organic Analysis of the Living Whole (OALW). Roots, trunk, and branches formed a structure where key themes, codes and facets were identified.

Storytelling is a universal and ancient human technology. However, this research has for the first time, identified and captured a staged process through which a participant moves when at a site, for the encounter to be interpreted as therapeutic. Simplified, this process of encounter can be summarised as explained in the five stages of (1) Physical arrival, (2) Connection, (3) Transformation point, (4) Outcome, and (5) Integration, or PCTOI, although the time scale required is fluid and undefinable, sometimes instantaneous, and sometimes taking many years to complete.

By breaking down the encounters into a process, it is possible to frame how archaeotherapy could be designed to support participants with various complex requirements, at a broad variety of sites, which include managed and unmanaged sites, be they publicly accessible or by paid entry. Direct connection to the site through various modes and in various locations can support the likelihood of a TP occurring. Direct therapeutic encounter between the site *anima* and the participant may be mostly non-verbal and transrational. Often removal of self from others is therapeutically critical for a TP to occur. Incorporation is a significant stage in the process and must be supported, over a prolonged period if practicable.

Next steps

This study was essentially a breath study of exploring the nature of therapeutic experiences at self-chosen human-made sites; in the future, a deeper exploration of selected aspects would be welcome. This may include asking:

- PCTOI may be tested against other data sets, to explore relevance
- does site-specific therapeutic activity affect themes or process, both of the kind of site and kind of outcome?
- what archaeotherapeutic techniques could be applied using PCTOI?
- limitation to the application of PCTOI. The narrative model requires testing.
- Can this be used with clients who present with specific therapeutic needs?
- Does an encounter with therapeutic heritage illicit long-term benefits, or only short term?

Conclusion

This study reveals that, when asked to describe a meaningful encounter that made them feel 'better, understood, or connected', participants describe any place in the world, which caused various outcomes. These include, but are not limited to standard concepts of well-being. Further, descriptions follow a five-stage process, herein called PCTOI. When no restrictions are imposed upon collecting data around the type of site that the individual considered therapeutic, a broad range of sites are presented. This study also shows that a bottom-up approach to what the participant deems to be necessary for personal benefit can help frame how sites are worked with therapeutically in the heritage sector. This heterogeny can be further explored in later papers. When analysed using Western epistemologies alone, limitations are identified in data leakage, misinterpretation and failure to consider subtle, enmeshed meaning in the encounters. Utilising a methodological hybridisation means some of these limitations can be circumnavigated. 'Archaeotherapy' takes CHT as well as ecotherapy forward towards ecologically enmeshed concepts of psychology, well-being and integration.

This research works backwards from an assumption that an outcome had occurred, uncovering a process through which all participants went. Using hybridised Indigenous and Westernised methodologies, revealed is essentially a mirror of the archaeological process: the most recent layer of 'outcome' then guided excavation backwards through archaeological, or in this case archaeotherapeutic, contexts, uncovering a stratified sequence of events, to reveal the PCTOI model. A depiction called Organic Analysis of the Living Whole, or OALW, helps visualise a narrative to aid analysis. The neologism *archaeotherapy* has been created to further contain encounters where CHT stops short; the process of working in a 'therapeutic landscape' that can incorporate heritage into onto-ecology.

Disclosure statement

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