Health & Place 85 (2024) 103157

Contents lists available at ScienceDirect

Health and Place

journal homepage: www.elsevier.com/locate/healthplace

“It is like post-traumatic stress disorder, but in a positive sense!”: New territories of the self as inner therapeutic landscapes for youth experiencing mental ill-health

Andrea Barbieri [a], Eleonora Rossero [b,*]

[a] ASL CN1, Mental Health Department, Cuneo, Italy
[b] University of Turin, Turin, Italy

ARTICLE INFO

Keywords:
Therapeutic landscape
Recovery
Youth mental health
Vineyard
Mental landscape

ABSTRACT

The manuscript reports on a study conducted on a youth mental health intervention, proposing a novel framework to look at the therapeutic potential of viticultural landscapes. Drawing on care studies applied to agricultural contexts, the work explores how the attention-based practice of manual grape harvest in a specific natural and social environment can produce a “therapeutic landscape of the mind”. Through ethnographic research, we investigate how the spatial and social context of the viticultural environment influences the experience of a group of young people with mental-ill health, eventually supporting their process of recovery. Findings describe how the lived experience of caring for the vines while interacting with professional wine-growers in a one-to-one relationship allows participants to explore new territories of the self. It is argued that this powerful experience is not only beneficial as it unfolds, but also at a later time. Its therapeutic potential resides in the fact that the “landscape of the mind” can be recalled by the person, while positive identities associated with it and newly discovered “ways of being” can be re-enacted. The paper furthers the reflection on place-making practices of public health services and the way they can support the identification and cultivation of enabling places, particularly for vulnerable populations (e.g. young people) that can benefit from interventions conducted in non-medical, non-stigmatizing environments. The work is the result of an interdisciplinary collaboration between a psychiatrist (designing and coordinating the intervention) and a sociologist (designing and conducting the ethnographic study).

1. Introduction

The concept of “therapeutic landscape” (Gesler, 1992) was initially understood as an environment capable of fostering the healing process thanks to its own beneficial characteristics. Human geographical scholarship has developed the concept in reference to the promotion of health and well-being deriving not from intrinsic elements, but from the interweaving between several factors: material, aesthetic, social, cultural, personal and affective (Williams, 2007). The role of place in the amelioration of mental health problems, particularly in the process of recovery, is well established in the literature (Curtis, 2010). A place can become important in the process of mental health recovery insofar as it engenders social resources (opportunities for interaction and creation of social networks), material resources (opportunity to create, share or have access to tangible benefits), and emotional resources (generation of positive emotions and feelings) – that promote the acquisition and development of skills and opportunities for action related to the sphere of well-being (Cummins et al., 2007). Such health-promoting environments have been called “enabling places”, a notion that entails a relational account of place (Duff, 2011). The concept understands place as a web of associations and processes involving social, affective, spatial, symbolic, and discursive elements (ibidem). Since therapeutic qualities are not intrinsic to a place but emerge as beneficial by virtue of place-making processes, mental health services can promote interventions that support the identification and cultivation of enabling places, engaging service users themselves and the broader community they live in (Duff, 2012).

Drawing on literature concerning therapeutic landscapes and enabling places, this work presents the results of a qualitative research on a pilot intervention pursued by local mental health services. The

* Corresponding author. University of Turin, 10124, Turin, Italy.
E-mail addresses: andrea.barbieri@aslcn1.it (A. Barbieri), eleonora.rossero@unito.it (E. Rossero).

https://doi.org/10.1016/j.healthplace.2023.103157
Received 26 February 2023; Received in revised form 26 November 2023; Accepted 27 November 2023
Available online 3 December 2023
1353-8292/© 2023 Published by Elsevier Ltd.

intervention has been designed by a clinical psychiatrist (first author) in charge of the rehabilitation area of the Mental Health Department of Cuneo (Italy). The pilot involved adolescents and young adults who experienced different forms of mental ill-health in local practices of manual grape harvest, with the aim of exploring the vineyard as a potential enabling place. The dynamic interpretation of place described above (Duff, 2011) differentiate the intervention from other approaches which see the natural environment as inherently health, such as “green care” (Sempik, 2010). A sociologist external to the service (second author) carried out an ethnographic study of the whole intervention. The aim of the study was to understand participants’ experience of place and grape harvest, as well as their self-image, emotions, and thoughts in that setting, that constitute their therapeutic landscape of the mind (Gastaldo et al., 2004). The study had both a scientific and a pragmatic purpose, as it was meant to provide mental health services with qualitative data on the pilot project and its results. As the dedicated section on methods describes in detail, research techniques included participant observation in the vineyard and individual semi-structured interviews, conducted by the same researcher (second author). The paper is the result of an interdisciplinary work of analysis and interpretation, performed together by the two authors.

Before moving to the description of the methodology of the study, we provide additional information on the pilot intervention. Especially, we wish to describe the reasons behind the decisions: 1) to host the intervention in the viticultural environment (specifically in a biodynamic vineyard); and 2) to focus on the youngest population of mental health service users.

The vineyard has been identified as a place loaded with symbolic meanings, collective memories and traditions, particularly in historic wine-producing areas such as that of Langhe (North-West of Italy). The iteration of acts, in this case ancient viticulture and winemaking practices, is fundamental in the maintenance of identity and the continuity of being (González-Ruibal et al., 2011). Viticultural practices intersect multiple dimensions of care, temporality, and transformation (Authors). Care – whether it is for human or for non-human beings, such as the vines – is intended as a practice entailing a situated, experiential knowledge to be carried out (Mol, 2008).

The application of care theory to farming and breeding is quite recent (Herman, 2015; Linn, 2019; Pitt, 2018). Studies on this topic focus on what farmers are experiencing, and on practices through which they interact with the nonhumans (animals, plants) they care for. Farmers’ (as well as winegrowers’) expertise resides in their ability to observe the environment, to be attentive and responsive to its needs (Krzywoszynska, 2016). This particular type of care has been defined as “local care”, namely a pattern of actions « practiced with its typical flexible adaptation and an acceptance of uncertainty» (*ibidem*: 303). Care studies have grown to include soil care as well (de la Bellacasa, 2017). In the framework of “immersed ecological care” (*ibidem*), soil is not seen as an object related to productivity, but as the basis of a soil community where humans both care for and are cared for. The human-soil relationship unfolds through attention-based modes of farming production and entails the development of affective and sensorial involvement with soils (“haptic engagements in care”; cfr. de la Bellacasa, 2017: 197). The same theoretical background has been used to conceptualize sustainable practices in agriculture (Curry, 2002) and viticulture, highlighting how vine work unfolds through multiple sensory practices that make vine growers attuned to the plants’ world (Brice, 2014).

To host the intervention in a context where this attentive and caring attitude was at its best, a vineyard practicing biodynamic viticulture was selected. Crucial to this kind of practice is the relationship that vine growers establish with their vineyards, and the effort they make to adapt their techniques to the logic and needs of the vegetable and animal species that inhabit them (Tippetts, 2012; Authors). Although vine care always entails some physical engagement with the natural environment, the rationale was that of choosing a context as distant as possible from the productivist paradigm and the extractive logic of intensive agriculture. Instead, a biodynamic vineyard privileging manual over mechanical operations, which represents itself as sensitive to the balance of ecosystems, biodiversity, and respect for the rhythms of nature, appeared as the ideal environment for the intervention.[1]

The focus on young population follows from the acknowledgment of youth as a particularly vulnerable group with respect to mental health: 50% of mental disorders emerge for the first time under the age of 15, while 75% see an onset by the age of 25 (McGorry et al., 2022). Despite the strategic purpose that prevention aimed at young people has in terms of public health, services aimed at adolescence are often deficient, underfunded, and poorly integrated with adult services. From this inadequacy follows the need to develop innovative programs, capable of reducing cultural barriers to service access, promoting inclusiveness, de-stigmatization and community involvement. To pursue such goals, the project identified the vineyard as a possible therapeutic landscape, culturally close to the participants and their community, but, at the same time, different from their everyday home, school or work settings. This feature allowed to first theorize and then to observe the beneficial effects of “relocation” (Conradson, 2005), because on the days when harvesting was performed – two whole days per week, for five weeks, in August–September 2022 – participants could distance themselves from their ordinary environments.[2]

In consideration of the young population that the project involves, the vineyard was hypothesized to represent an appropriate context being not medically connoted, suitable for hosting non-stigmatizing interventions. Indeed, extant research shows the importance of lowering barriers to mental health interventions for youth; stigma represents a major barrier which highly impacts young people (Sheikhan et al., 2023). Stigma toward mental illness is found throughout all levels of society and it includes several stereotypical beliefs – e.g. that a person with mental illness is weak, different, dangerous, or has poor self-control (Elkington et al., 2012). When designing the programme, it was assumed that the viticultural environment could be perceived as accepting and non-judgemental, as other nature encounters have proved to be (Birch et al., 2020). As we will show, the hypothesis was confirmed: the diversity which characterises the natural as well as the social environment of the vineyard made participants feel welcomed. Moreover, an unexpected outcome emerged: some participants felt to have actively contributed to reduce prejudices toward mental illness among the group of winegrowers that have worked with (see below the excerpt from the interview with T., paragraph “*The therapeutic potential of the wine-growing landscape*”). These insights are consistent with the literature indicating social contact as a key ingredient of anti-stigma interventions (Maunder and White, 2019).

In the following paragraphs, we describe the results of the research that investigated the initiative outlined above.

[1] In full accordance with the wine producer who hosted the intervention, we decided not the disclose the name of the vineyard. We argue that this information is not relevant for the present paper and the findings that it presents. On the contrary, it would risk portraying the citation as a marketing operation meant to promote or give visibility to the winery.

[2] This opportunity was of particular value for socially isolated participants, who usually did not go out of their home if they had no working or school activities, as it is during the summer. Broadly speaking, the opportunity to experience unusual situations can be beneficial as it entails a break from everyday routine and from normalized settings. New environments provide people with the chance to train their relational skills and play roles that differ from the usual ones. Moreover, social encounters with figures external to the family and to the mental health service expose the youth to novel styles of communication, allowing him/her to distance from usual identities (e.g. that of the “patient”) and to perform new ones (Goffman, 1956, 1963). As we will show, the issue is found in the empirical material as participants discuss self-presentation and self-disclosure (*ibidem*) in the interaction with vine growers.

2. Materials and methods

Moving from the apparent conflation of recovery and social inclusion (Duff, 2016), the pilot project was designed to engage participants in a one-to-one relationship with vine growers. The first phase was hosted in the vineyard, a place where care is provided to vines and other human and non-human beings: people working in the vineyard care for each other while they cooperate to perform their activities, and viticultural practices in this specific location are attentive to the wellbeing of the other plants, animal species, and the soil (Alarcon et al., 2020). A group of 12 young people was selected by mental health professionals working at the Mental Health Department of Cuneo (Italy). These professionals have been informed about the project by the psychiatrist who designed it (first author). Inclusion criteria were age (between 18 and 25) and good psychopathological compensation (i.e. absence of acute psychopathological state, absence of hospitalization in the month prior to the intervention, absence of auto- and hetero-aggressive behaviour in the year prior to the intervention, adherence to treatment). Diagnosis was not a selection criterion; instead, transdiagnostic factors (e.g. social anxiety symptoms, low self-efficacy and poor social skills) were taken into consideration. Participation to the project was on a voluntary basis. In June 2022, mental health professionals described the intervention to service users that met the inclusion criteria and discussed with them whether they wish to take part to it. The unusual and – to some extent – adventurous nature of the project was welcomed with enthusiasm by most candidates (4 out of 5). The main reason for declining consent to participation was having plans incompatible with the activity (e.g. being away for summer holidays); in one case, the person did not feel to join the initiative for personal reasons.

The selected group was made of 12 young people, who participated two days per week, for five weeks (August–September 2022), in manual grape harvest. The group used to leave early in the morning (7:30 a.m.), reach the vineyard by bus (owned by the service and driven by a mental health worker) in about 40 min, and work in the vineyard until 2 p.m. In the afternoon the weather was too warm even for experienced workers, so the group left after having shared lunch with vine-growers. Attendance was high and constant: each day, 10 to 12 people have been present in the vineyard. Two to three mental health workers (e.g. nurse, mental health educator), known to the youth, were always present on the field, participating themselves in the activity (paired with each other or with a vine-grower). Opportunities for debriefing and sharing were possible on the way back and/or at the mental health service, with psychologists and other health professionals. The group had the opportunity to work together with experienced vine-growers, witnessing and participating in the special relationship they establish with the vines. This encounter represents the experiential dimension of the project, allowing one-to-one interaction between participant and vine-grower to unfold as the manual activities are carried out.

During this first phase of the project, participant observation was conducted throughout the days spent in the vineyard. The group of participants was accompanied in the field, not only by the health workers of each service involved, but also by a social researcher (second author) engaged in the ethnographic activity. The researcher knew the service, where she conducted her doctoral research two years earlier, but she did not know the participants prior to the study. Participant observation entailed a complete immersion in the context. The researcher worked with winegrowers and participants, learnt with them how to correctly cut and select the bunches of grapes, and shared with the group lunch breaks and journeys to and from the vineyard. This mode of immersive research represents an "experiment of experience" (Piasere, 2002), i.e. a fundamental moment of ethnographic work that consists of sharing fragments of experiences with the community of interest. This choice stems from the awareness that an ethnographer's main knowledge tool lies in the ability to imbue oneself with analogies, metaphors, ironies, and emotions of others' culture, and to internalise their meanings through empathy rather than through reasoning (ibidem). This methodological posture is particularly pregnant in the study of the relationship with space and its materiality, which calls into question the body and thus the incorporated and tacit knowledge that is constituted through it (Doughty, 2013). For the researcher, investigating grape harvesting meant subjecting herself to the physical exertion of climbing up a slope, suffering the pain of the foot constricted in a safety shoe, and feeling the viscosity of the shears soaked in grape juice. Such bodily sensations allowed the researcher to understand with immediacy and authenticity the nuances that bring to life the inner landscape derived from this experience. During participant observation, data were recorded through written notes (jottings during the activity and well-developed fieldnotes afterwards), voice notes (later transcribed), photographs and sketches of relevant situations (visual data). Fig. 1 represents the physical landscape and the moment when the whole group – participants, health professionals and the research – arrived at the vineyard each morning, waiting to begin the activity with the vine growers.

The second phase of the project entailed the collection of participants' individual accounts of the first phase. The aim of the project was to explore the ways and the extent to which the vineyard had become a therapeutic landscape, able to promote positive feelings and imprint itself as a subjectively valuable and beneficial lived experience. This translation from the spatial to the psychological domain qualifies the vineyard as a therapeutic landscape of the mind: a psychic place, structured around the emotional and sensory contents of experience itself (Gastaldo et al., 2004). Interest for the psychological landscape stems from the acknowledgment that, besides the physical spatial experience of a place, a mental lifeworld exists. The latter crosses the boundaries of time and space (i.e. co-presence) and, through imagination and memory, it produces places that are located in the mind (Andrews, 2004). These mental representations can affect the expression and relations inherent to the self as they leak into everyday life and potentially influence it (Vanolo, 2014). Their therapeutic effect can be seen as the opportunity or challenge that they represent for the individual's subjectivity (Gastaldo et al., 2004). In this sense, the lived experience of the vineyard (and of oneself in that situation) can become a therapeutic landscape of the mind, which generates a sense of well-being as participants recall how they felt valued and accepted, how they managed interaction with vine growers and with other participants, how they succeeded although they feared they would not.

These images can be shared as discursive landscapes, through stories that articulate the potential therapeutic effects of landscapes of the mind (Gastaldo et al., 2004). To explore these narratives, the second phase of the project entailed discursive interviews with participants. Interviews were conducted by the same researcher (second author) who carried out participant observation in the vineyard. Participation to the interview was on a voluntary basis. All of the participants accepted to be interviewed. Written consent, containing information about the purpose of the study and the possibility to withdraw at any time, was provided by each interviewee. Consent was given also for audio recording: all interviews have been recorded to be transcribed, prior anonymization, for the analysis. The individual conversations between the researcher and each participant were guided by open questions and maintained a degree of flexibility to allow for the emergence of unforeseen themes. This flexible mode of interaction provided participants with the opportunity to shape their own discourse according to subjectively determined trajectories. Interviews were carried out approximately one month after the conclusion of the vineyard activities. Prior knowledge between the interviewees and the researcher, which qualifies these conversations as ethnographic interviews, significantly facilitated the dialogue around the experience in the vineyard. This was the case not only by virtue of the confidence gained from working side by side along the vine rows, but also of the possibility of referring to common memories. This feature has proved helpful to situate the narrated events, support mutual understanding and "warm" the encounter through a feeling of emotional proximity.

Fig. 1. The group waiting to begin the activity in the vineyard.

The analysis of the empirical material included ethnographic notes, visual data and verbatim transcriptions of interviews. Data management, coding and analysis were performed using the qualitative analysis software Atlas.ti. The coding procedure followed the template analysis approach (King, 2012): a first set of deductive codes are created, based on the research questions; then, an additional set of inductive codes are generated throughout the process of analysis, and the analytical template is modified accordingly. Once the corpus of data had been coded, a more focused analysis was performed to identify associations, patterns, and explanations within the data. To improve the robustness of the analysis and maximise interdisciplinary exchange, emerging themes were discussed between the two authors during the whole process. The discussion was also helpful to balance direct knowledge of the field (second author) with the external viewpoint of the first author. Preliminary results have been discussed with participants (in a dedicated meeting) and with mental health workers who participated in the vineyard activities, to improve the research trustworthiness. Both the analysis and discussions were performed in Italian to avoid language barrier limitations. Illustrative quotations were extracted and then translated into English to be included in this paper.

3. Results

This section reports the results of the research conducted, first examining the contents of the experiences narrated by the participants, and then the emerging therapeutic aspects of the context that hosted them. The section includes quotations of illustrative excerpts from the empirical material: ethnographic notes (written on the field by the second author) and interviews (identified with a fictitious initial of the interviewee's name, to ensure anonymity). This way of presenting results by moving back and forth from data allows to alternate the voice of the writers (interpreting data) and the voices from the field: that of the researcher (ethnographic notes) and that of participants.

3.1. The grape harvest experience

> I leave Turin on the 7.22 a.m. train to reach Fossano, where, as agreed, O. (health worker of the therapeutic community) will pick me up. I am enthusiastic about starting, even though I hardly slept last night because of the excitement. I am dressed in shorts and T-shirt, a rucksack and a fanny pack, I am wearing safety shoes bought for the occasion. The vineyard where we'll be harvesting today is in Vezza d'Alba; yesterday G. [the agronomist] sent me the location on Google Maps, which I shared with the groups that will be taking part in this first day: 3 guys from a therapeutic community, 4 from two day centres, and 4 from an eating disorders specialized centre. A few minutes after my arrival at the station, O. arrives in a white 9-seater minibus, which I discover is identical to those used by the vineyard workers. I get in the front with him, while in the seats behind us are three men. O. introduces them to me by calling them by name - A., P. and R. - I turn to introduce myself and shake their hands. We set off chatting about this and that […] commenting that we seem to be followed by Fantozzi's cloud as it continues to drizzle the whole time. I switch on the navigator to reach our destination, we continue on to Vezza climbing up rather narrow hilly roads. One last bend and we arrive at a small car park and we stop. […] Shortly after, V. (health worker in another day centre) arrives, she parks a van similar to ours and gets out, together with D. (25 y.o.) and L. (22 y.o.). The guys shake hands with each other to introduce themselves, they do not know each other. […] The atmosphere is all in all serene, although I sense a minimum of tension, probably due to not knowing what awaits us. One of the boys, R., talking to the health worker O., asks how many other groups we are expecting, and when he replies 'two', he laughs and comments: 'here comes social anxiety!'.
>
> Second author, Fieldnotes (30th August 2022)

The excerpt introducing the ethnographic diary expresses in a few lines so many of the factual and emotional aspects that characterised the first phase of immersion in the vineyard landscape: the necessity to be early risers; the journey of operators and participants to destinations that differed from time to time depending on the ripeness of the grapes and the producer's harvesting decisions; the waiting for the missing groups (who affectionately became familiar, with the passage of time, as "the usual latecomers"); the fears and uncertainties of the young people (and the researcher!) associated with meeting strangers and participating in unusual activities. For most participants, the arrival at the vineyard was marked by concern and anxiety due to novelty, "not knowing what to expect", fear of not being able to complete what was required from a practical point of view, or not being able to "fit" into the social context appropriately. The experiences, while showing a certain degree of overlapping due to shared imagery and emotional vocabularies, appear to be characterised by individual elements derived from

past experiences and a certain personal symbolism that associates the context with subjective meanings (Bell et al., 2015). An example of this is the relative calmness of one participant, R., who tells me that he has worked on several occasions as a picker of different types of fruit. Mindful of his previous experience, he faced the grape harvest with an above-average degree of self-confidence, drawing gratification from the greater speed of his hands compared to those of his peers.

The attitude of people responsible for organising harvesting activities mitigated initial negative feelings for most participants. Their friendly, welcoming approach and the way they immediately directed the group's attention to the "doing" – how to handle the shears, how to grasp the bunch so as not to risk cutting one's finger - soothed the widespread insecurities and favoured immediate experimentation in manual work. After receiving the tools (from time to time lent and returned to the producer) and a series of elementary instructions, the group is invited to "go down into the vineyard", joining the workers already at work along the rows from the early hours of the morning.

Harvest activities have been organised in pairs (as they are usually performed) by placing each one of the participants alongside one vineyard worker (see Fig. 2). One-to-one relationship represents a geometric form of social life that is reassuring compared to group situations that require individuals to expose themselves to a multiplicity of others. The unstable nature of the worker–participant dyad, constrained by intimacy and prevented from indifference (Simmel, 2018), is mitigated in the vineyard by the practical work that the two harvest companions carry out together. By bringing the focus of the interaction to the practical activity of harvesting grapes, manual labour relaxes social norms governing behaviour, normalise silence, allows physical proximity to be

Fig. 2. Participants and vine growers working in pairs in the vineyard.

sustained without discomfort in the absence of confidence without speaking (Doughty, 2013). The attention brought to the task also reduces the opportunities for eye contact, thereby mitigating the emotional intensity of the encounter that can burden social interaction. This aspect emerged several times during the interviews, confirming the intuition that, in the design phase, identified one-to-one interaction as the most appropriate way of conducting the intervention. Interaction in pairs, repeated meeting after meeting throughout the project, also represented a means of gradual, indirect (and therefore more accessible) approach to the wider group. This emerged from exchanges that began to animate the team after a few days of work. Upon arrival in the vineyard, participants were greeted with warmth and enthusiasm, very often called by name. They usually reciprocated, and they wandered among the vines in search of their favourite workmate, often asking other workers to point him/her out to them (e.g., "hello Elena, where is Giovanni today?"). As the couples moved around and met in small groups between the rows, the emerging climate of greater familiarity gave way to jokes, friendly comments and references to personal characteristics of the participants (and workers) that became known to the whole group. These expressions testify to a recognition of the person to whom the joke is addressed, in a spirit of growing confidence and sense of ease that allows one to joke and expose oneself, albeit shyly. It is reasonable to imagine that these elements of sociability, nurtured by the time spent together, could consolidate and open up to deeper integration within projects of longer duration. The mediating entity that normalises interaction by finalising it to a practical operation (the red box in which to deposit the bunches) represents a resource that can be modelled and exported to other contexts. The object works as an expedient introducing to group interaction, which typically represents an obstacle to sociality. In this sense, engagement in a pair activity such as harvesting comes to constitute a protected place from which to view the outside world, subjectively experienced as less judgmental, less threatening and therefore practicable, with gradually decreasing fear.

Working side by side was also an ideal condition for transmission of practical knowledge from the winegrowers to the participants. Specifically, verbal and non-verbal components of learning came into play, through explanations accompanied, or more often replaced, by a practical demonstration. Each participant, by repeating the observed gesture and perfecting it as they went along, was thus able to 'understand by doing'. Manual harvesting was described in the interviews as a relatively simple activity, requiring at the same time skills that are not immediate and that can be fine-tuned through practice. The difference between grapes, in particular between white and black grapes, adds an element of complexity. Indeed, black grape requires a special attention to the selection of bunches:

> There is a lot of difference, because white grapes [with which] Arneis wine is made are picked, they are thrown into the basket, they are picked as quickly as possible. Whereas with the black grapes you make Barolo, you make Nebbiolo, and so the grapes have to be more valuable, all the rottenness has to be cut, cleaned, taken care of, and the grapes must not be green. [It's a matter] of precision, of care, because if you miss a rotten grape you could ruin a bottle, so you have to be careful. […] I am very precise, so I liked the black grapes better.
>
> Interview with F. (boy, 21 y.o.)

As this interviewee recounts, the two types of harvesting require different skills: speed in the case of white grapes, accuracy in the case of black grapes. The different activities gave rise to different harvesting experiences, which may be more or less attuned to each person's predisposition. In this case, the predilection for precision goes well with the attentive care required by black grapes. The salience of these aspects highlights the importance of considering individual inclinations with respect to the content of the proposed intervention, and thus the subjective component of the experience. It is well known, in fact, how even situations or environments commonly associated with feelings of well-being and relaxation – for example, an afternoon at the beach (Collins and Kearns, 2007) or a walk in the woods (Milligan and Bingley, 2007) – in some cases can turn out to be a source of anxiety and concern. Once again, the experience of a place or activity responds to the subjectivity of the specific case.

Among the elements that most strongly imprinted participants' experiences is the vine growers' profound knowledge of their working environment, a place that appears almost undifferentiated to the eyes of an external observer. L.'s words below are very eloquent in this regard:

> I worked with A., a Romanian lady who had been working there for 15 years, and she knew everything, she even knew about a plant that did not, did not fruit anymore because it was sick. "It was that plant there, it hailed that time, that didn't fruit anymore and had to be replanted" [quoting A.]. She really knew-, every single inch of the vineyard, she knew it.
>
> Interview with L. (boy, 22 y.o.)

Knowledge of the vineyard is often acquired by means that are not cognitive in a mental, notional or mnemonic sense. A young worker, H., who has been involved in vine work for more than six years and has recently enrolled in oenological school to become an agronomist, provides a description of the difference between the two forms of knowledge:

> "My schoolmates recognise [vine] disease in books but have no direct knowledge of it. I learnt to recognise it on the plants first. You can smell powdery mildew here (she says, bringing a bunch of grapes to her nose). In books you cannot learn the smell!" (quoting H., a vine grower).
>
> Second author, Fieldnotes (7th September 2022)

The embedded knowledge that the girl shows to master, with a certain pride, resonates with what L. pointed out in the previous quotation: workers' knowledge is so precise that it enables them to recognise each plant, to remember and recall its history (in this case, a history of illness). During the harvest activities the theme of disease, together with that of vulnerability and imperfection, allowed to establish continuous, sometimes implicit, connections between the human world and the vine world, often speaking of the latter to say something about the former.

> Winegrower E. tells us: "They (the vines) are like us, they are all different. The hang you get working on one vine is not helpful to work on the one next to it".
>
> Second author, Fieldnotes (1st September 2022)
>
> A sentence said by that A. [a vine worker] struck me: "this bunch is not perfect, but it is useful like all the others". At the time I didn't pay attention to it, but then in the evening on the way home I thought: "it's a discourse that, I mean, it's not just related to the bunch", I mean it's true, maybe I'm chasing a perfection that in the end doesn't exist, or that has to be questioned, and nonetheless I can do my part for others. […] It struck me because an apparently simple sentence can be the starting point for many deeper reflections. I can expose myself in first person as I make it clear that I am not perfect. […] I am a person who pursues perfection in an almost obsessive way, and that single sentence turned my way of thinking upside down. It helped me.
>
> Interview with S. (girl, 20 y.o.)

Imperfection as an admissible characteristic and diversity as a value turned out to be constitutive features of the viticultural environment, facilitating the acceptance of the project with naturalness. We can read in the ethnographic diary of the third day:

> Worker D. tells me that there were no problems for them in welcoming the group to the vineyard. She supports her argument by referring to the diversity that characterises the team, in terms of nationality and language, and to the fact that they are used to the encounter with the different, with the "other". This is the second time that I hear vineyard workers talk about diversity: that of the team, that of the plants they care for. Diversity here appears as a fact (from which it derives the need to adapt to the characteristics and needs of each companion, of each vine specimen, of each degree of grape ripeness, of each atmospheric condition). It is not an obstacle (to collaboration, to working side by side) but a resource, actively sought out. This is the case with the biodynamic approach and the attention to biodiversity, to the juxtaposition of different species that help and balance each other.
>
> Second author, Fieldnotes (5th September 2022)

Another transversal and recurrent element in the narratives of participants is fatigue, physical exertion and, to some extent, the pain associated with working in the vineyard. In almost all interviews, the most challenging elements of the experience were said to be those involving the body and its ability to move: the slope of the vineyard, the heat of the midday sun, the struggle with the bunches of grape most reluctant to leave their shoot. From a physical point of view, grape picking is not an immediately pleasant activity, but rather a tiring one. What is interesting is how, despite the fatigue and suffering involved, this experience led to feelings of personal satisfaction, goal achievement and, consequently, well-being. This juxtaposition refers to the complexity of the notion of well-being itself and to the difference between hedonic pleasure (derived from pleasurable activities in the here-and-now) and eudaimonic pleasure (expressed in self-realisation through practices that are not immediately pleasurable) (Ryan and Deci, 2001). The latter is more effective in describing the experiences of well-being derived from harvesting activities. The ability to withstand the difficulties of the environment and challenging weather conditions was inspired by vine growers themselves. Their presence and attitude testified to the possibility of 'making it' regardless of gender, age, physical constitution. They were of inspiration for the participants, who were able to mirror themselves in the face-to-face interaction. The long-term outcome, namely participants' gratification in seeing, often with surprise, that they were able to complete the task, contributes to the therapeutic potential of the wine-growing landscape, illustrated in the following section.

3.2. *The therapeutic potential of the wine-growing landscape*

The therapeutic power of a place is not stable, constant, nor intrinsic and therefore immutable, but rather depends on a multiplicity of factors – individual, social, material – that contribute to the constitution of the subjective experience. Among these are the imaginaries culturally associated with a given context, the emotional state of the person at the moment of being in that place, the environmental conditions and the weather that accompany the experience. These observations underline the dynamic and relational nature of the therapeutic properties of a place, which are highly dependent on the interactions that take place there. The research therefore sought not only to understand if and how the wine-growing environment could represent a "therapeutic landscape", but also to identify the elements of the encounter between the individual and the landscape that contribute to wellbeing, the conditions and modalities through which the space of the vineyard (or, by extension, of a similar context) can become therapeutic.

The first element identified as pivotal in the establishment of a mental health therapeutic landscape is undoubtedly the opportunity for social interaction. This took place through heterogeneous forms, involving both the relationship of each participant with the peer group, and the encounter with the environment of the vineyard and the vine growers. As already noted with regard to physical fatigue and the motivational effect of working side by side with a person who is 'making it', intersubjective exchange actively contributes to the shaping of the self. The most effective metaphor in this regard is the one used by an interviewee, N., who recounts her own experience in the vineyard with these words:

> In my opinion, working with people in pairs is like having a mirror in front of you, and seeing that the mirror reflects something positive back to you helps you work better and maybe even endure fatigue, because working under the sun is not easy, but seeing that they managed to do it and they didn't complain was a great help to me. [...] I was close to people I didn't know but with whom I was able to talk, I was able to relate. Entering a completely new group, in my opinion, and being next to someone you don't know, mmh … I don't know how to explain it … They are like a mirror for me: if they are very open, I want to learn more, to get to know them, to be open to them, whereas if I see a mirror that is closed, unhappy with the work it does, not willing to collaborate, I also feel less willing to collaborate and be open.
>
> Interview with N. (girl, 19 y.o.)

Just as in front of a mirror, interaction was often accompanied by verbal and non-verbal forms of communication, such as body movements involved in harvesting. In this sense, viticulture emerges as a discursive practice, articulated through modes of operation that are also expressive. The practice unfolds as a silent dialogue, manifesting both physical and psychological subjective dispositions. This aspect is evident in the attuning of winegrowers' and participants' work rhythms, which presupposes a recognition of the other's needs. While participants attempted to quickly acquire adequate manual dexterity so as not to slow down the team's work schedule, the workers adapted their own pace and were accommodating to the need to take a break, smoke a cigarette, have a drink or grab a bite to eat. Thus, the participant with a previous experience in fruit-picking is jokingly invited to slow down ("don't go so fast, you can calm down a bit, you're not doing forced labour!"; Interview with R., 20 y.o.). On the other hand, the more fatigued participant is acknowledged in his need for frequent breaks ("it made me realise that in the context of work everyone puts a bit of personality into it, and maybe you can even afford to say: OK, I've worked 1 h, I'll have a cigarette"; Interview with D., 24 y.o.). In general, interviews describe a mood that was "very familiar, very friendly: if you want to work fast, you work fast, if you want to work slower, you work slower. If there were very sunny days, maybe someone was a bit more tired, then the pace was a bit slower" (Interview with L., 22 y.o.). Attuning the activity to the difficulties encountered, whether individual or resulting from the weather conditions, reduced the pressure to perform and made participants feel more welcomed and accepted in their own way.

Extending our gaze to the broader group, we can highlight the therapeutic importance of shared experiences, i.e., the therapeutic power of sharing bodily and emotional experiences. Among the former, we identify physical sensations (e.g., tiredness), the experience of being subjected to the same atmospheric conditions, whether ordinary (exposure to the sun) or extraordinary (e.g., a thunderstorm), and to common needs, such as strictly bodily ones. As the following excerpt highlights, the immediate comprehensibility of others' feelings, mediated by objective environmental conditions, fosters an empathic disposition, such as the ability to make "novices" feel included through relaxed and informal styles of expression.

> The first day, when it started raining, we were all under the rain and waiting for the bus that didn't arrive, and then we went under some hazelnut trees, we had lunch there … it was something … I haven't brought anything to eat that day, and vine growers gave me biscuits, they gave me what they had, and they said: "If you want more, tell us, tell us!" … I have no words to describe this. Then they would say the most intimate things, like: "OK, I'm going to pee now" … And it's

> fine, I mean [he laughs] they were very open with everyone, even with us who were new … I mean, [it was] a girl by the way … so, it's fine, go and pee [he laughs again]. I read that in a positive light because I would have done it too …. If I was one of them, I would have done it too, I would have tried to engage the new guys like that.
>
> Interview with M., (boy, 20 y.o.)

Among the emotional experiences, the perceived commonality between internal states, stimulated by the surrounding socio-environmental context, also emerges. One participant, recalling the other young people, recounts: "They all seemed very happy to participate, we all felt the same, I think we all felt the same emotions because they were all very happy to participate, very excited, and generally happy to be able to have this experience" (N., 19 years old). The co-presence of other people, particularly those who are perceived to be close (in terms of age, but also in terms of emotional state and values), represents a crucial element with respect to the possibility of experiencing a place as therapeutic (Bell et al., 2018). The immediate perception of a common – and therefore social – orientation towards the environment, supported by a sensitivity to the landscape, its materiality and its constraints (e.g., the need to raise one's voice to be heard by others), favoured experiences of connection and belonging opposite to the isolation and sense of loneliness experienced in other areas of the participants' lives.

In this regard, it is relevant to note how first-hand involvement of mental health professionals and the researcher, engaged with participants in grape-picking activities, contributed to nurturing a group feeling of mutual commitment and genuine interest in the project.

> I chat for a while with L. "Wow, you have patience", he says. "Why patience?", I ask. "Well, coming all the way here from Turin, by train …". "It's not patience, it's that I like what I do, I care about it". Later, he tells me that he is happy that I come here to work with them. I reflect on the fact that perhaps this proof of commitment and recognition of the importance of the project can be a motivational element for the group and for the young people: I think that the project itself can constitute something they can feel a part of, besides the harvesting process in which we are materially engaged.
>
> Second author, Fieldnotes (1st September 2022)

In the subsequent phase of conducting the interviews, the perception of the broader project and the emotion associated with feeling an active part of it was evident. One participant in particular, T. (19 y.o.), showed to have attached a special meaning to his participation to the project: that of contributing to raising awareness and challenging commonplaces about eating disorders (EDs):

> In my opinion [vine growers] have become aware that [EDs] is a real problem, that it exists, because otherwise it often remains something distant, hidden, not talked about. There is the stereotype that, that it is a purely female problem. Instead, it is a problem that touches all gender identities, women, men and so on, and consequently certain disorders should not be linked to a certain type of image: you can be anorexic, or bulimic, without being underweight. Everyone, I think, before they get a bit of information, has the prejudice that being anorexic, that being bulimic, it is the stereotype of the model, of the Victoria's Secret model who eats salads and has her bones sticking out, that's it. That is a preconception. It is very misleading! Because it creates a psychological barrier, because then it happens that you don't feel sick enough to ask for help. […] In my opinion those who have seen me in the vineyard, just seeing a boy can already make you think: "then [ED] is not just a female thing". Moreover, by looking at people who are physically healthy, you understand that it's not just a physical thing, that it's not always visible. How many people are suffering right now, although it's not visible? So, I felt to go and kind of destroy two misconceptions of the disease that are so widespread: that it's a woman's disease, and that it's a disease that makes you thin as a stick. It isn't.
>
> Interview with T. (boy, 19 y.o.)

4. Discussion

The results presented so far allow us to articulate the therapeutic potential as a phenomenon emerging from the overlapping of beneficial effects operating on several levels.

First of all, it is possible to identify immediate ameliorative effects which take place in the present time of the experience. Often, this is an outcome derived from the perception of being able to make oneself useful to others, especially after a few days of practising and perfecting one's skills in the vineyard: "With respect to myself, I have to say that if on the first day I was excited, a little frightened by what I was about to do. On the following days I was much looser and I knew how to help the people I was working with. Also, I was more curious to know about their life, and therefore I was asking a lot more questions than on the first day when I had to settle in a little more" (Interview with C., girl, 18 years old). As the girl points out, increasing confidence allows for the expression of unprecedented interest and desire for openness, which in turn facilitates interaction and communication with workers. At other times, immediate beneficial effects derive from moments of immersive well-being, of contemplation of the surroundings, characterised by increased sensitivity to external stimuli and, in parallel, to inner movements.

> My inner landscape is a landscape that is actually real, I mean, I have been there: it's the landscape where we ate lunch on the last day, so a little bit on the, on the ridge of the vineyard. There was a patch of grass and we put our blanket there. At the end of this experience, I imagine myself sitting there and looking at the surrounding landscape, so the vineyard, mmh, the small villages, the small towns … I'm sitting in the shade, sheltered but not completely, sheltered in the sense of under a tree, but not sheltered from the wind, from the sun … The day is sunny, but it's not a hot sunny day, it's a nice day, there's a soft breeze blowing, and you can smell the grapes we've just picked, mmh, there are no people around me, it's just me sitting there looking at the landscape. I feel calm, happy, excited, and relaxed. My thoughts go to the experience I just had and the fact that I can now rest and look back on it as a memory, a beautiful memory. What will remain for me, I think, is the fact that work can also be conceived of as joy, which is something I carry in my heart, because school, which for me is my job, is perceived as a bit of a duty, something you have to do, and it doesn't always bring me joy. I'd like to learn to be a bit more like that in my life.
>
> Interview with N. (girl, 19 y.o.)

The concept of the therapeutic landscape of the mind (Gastaldo et al., 2004) is particularly fertile in highlighting how a place can support the exploration of territories of the self that are not lost the moment the physical place is abandoned, but remain with the person. They are retained in the memory of how s/he has felt, of what s/he has done, of the person one has been and can be. This is the result of unprecedented "ways of being" experienced in that context, that operate on previous structures of thought and action. The place allows the person to explore identities that are not normally implicated in her daily routines and contexts, that surprise the person herself when they reveal unsuspected capacities. In other words, the therapeutic properties of a place are not merely extemporaneous, that is, beneficial in the here-and-now. Rather, they are (re-)actualised in the capacity of a given landscape to imprint itself in the person's experience, intervening on self-representations. The words of P., a 22-year-old boy with a particularly troubled personal history, are evocative of the power of such process:

> I talked about this project with my family and then I told my girlfriend, my friends about it. I told them about this project that was taking place in Alba [main town in the region of Langhe] … [He names the wine the producer]. They replied: "oh, he is so famous!" [imitating them]. That's a lot. When I told them about the first day - how it went very well - they were surprised, and also happy. Surprised that … that I made it, because it's a quite hard work. And … I was also amazed, to be honest, because I thought I couldn't do it. It was hard, but then I did it and … I was relieved that I did it and … I have to say that this project was a lot of stuff, in the sense that … I never, NEVER expected to do this, to pick grapes in Alba! For that wine producer, which is one of the most famous in the world. So it really was, in my opinion, it was far too much. I mean, working for a company that is famous all over the world, for the first time … And it was ME … it's really nice.
>
> Interview with P. (boy, 22 y.o.)

The surprise revealed by P.'s words is also found in the experiences of other participants, explored through the professional tool of the "bodily map of emotions", employed by mental health professionals before and after each day in the vineyard. This is a topographical self-report method that requires people to draw maps of bodily sensations associated with different emotions as they recall a specific experience (Nummenmaa et al., 2014): in this case, grape harvesting. The tool revealed feelings of pride directly related to having successfully completed the project and astonishment resulting from self-observation. To give voice also to the clinical viewpoint involved in the programme and in the evaluation of its results, the following quotation is extracted from a report written by a psychologist after the use of the "bodily map of emotions" with one participant: "The final emerging emotional state was amazement, confirmed by the user. The emotion is associated with her having successfully changed the vineyard each day and managing to have lunch at half past eleven without being upset by it: an experience of flexibility as opposed to the rigidity that had accompanied her for years" (clinical report shared with researchers at the end of the project, with the consent to its anonymous integration into the empirical material).

On the basis of these findings, it is possible to identify some transformative effects of the therapeutic landscape (Kaley et al., 2019) which extend to other times and places in the person's life, catalysing deeper changes in their biographic and illness trajectory. In this regard, the story of N., a 19-year-old girl being treated for an eating disorder, is exemplary. During the second day in the field, the young woman's participation in the grape-picking activities is precluded by a significant drop in blood pressure, which prevents her from autonomously joining the rest of the group at the top of the hill (the girl will later be kindly accompanied by a worker with a four-wheel-drive car). This episode, which can be traced back to the disorder the girl suffers from and the physical repercussions it entails, is recorded in the notes of the eating disorder centre to which she is referred (here shared prior consent):

> On the second day of the grape harvest, N. experienced general physical malaise and low blood pressure, which prevented her from carrying out the activity. This event triggered in her the choice to fight the illness, so much so that she communicates this decision to the psychotherapist that evening. [The psychotherapist] reported to the équipe who worked with N. that she was at a crossroads: whether to choose the illness and thus the umpteenth hospitalisation that she herself required, or to choose her desire to make plans. From that moment on, N. became an active part of her treatment pathway, starting to plan her school career, to think realistically about her possible enrolment at the University, to engage in extracurricular groups. With regard to the eating plan, she asked to be able to switch to traditional cooking, overcoming rigid patterns and fears about particular foods, and relying on the dietician. She describes this as "a return to autonomy". In the activities after the [assisted] meal, N. participates actively, while before she usually isolated herself by colouring mandalas.
>
> Clinical notes, Eating Disorder Centre

The outcomes described above, although limited to a few cases and the short time span of a pilot project, encourage a series of reflections and insights into the potentially promising application of the therapeutic landscape concept, to which the following section is devoted.

5. Conclusions

People experiencing mental illness are at greater risk than other social groups of being excluded from full participation in community life (Parr, 2008). Consistently, sociality can be regarded as both an indicator of recovery and a practical mean of its achievement (Duff, 2016). Places that avail opportunities for social interaction, sustaining an atmosphere in which sociality is normalized, are of particular value (ibidem). Drawing on this theoretical background and the human geographical notions of "therapeutic landscape" (Gesler, 1992) and "enabling place" (Duff, 2011), the paper presents the results of a qualitative study investigating a place-based pilot intervention in the field of youth mental health.

Research findings suggest that the therapeutic potential of the viticultural landscape that hosted the pilot is expressed through multiple elements. The first one is the possibility of one-to-one interaction, and therefore access to sustainable social resources, offered by the grape harvesting activity. The second element is found the experience of mirroring in the other (the harvesting partner) and the consequent shaping of the self, experienced within the encounter and interaction. Third, the sense of connection given by the sharing of bodily and emotional experiences. A fourth issue is the development of an empathic disposition and the experience of attuning to the instances of the vineyard and the workers who take care of it. Lastly, the association of personal meanings to the broader project, which unfolds through the contribution of each person and then reaches unexpected places and recipients.

The approach that characterised the first phase of the project also showed how, thanks to the group dynamics of imitation and behavioural modelling (Bandura, 1971), participants assimilate the norms of the context they are part of and experiment social skills even in the absence of a specific intentionality (i.e., without explicitly expressing the (re) socialising nature of the intervention). It is well known how, within a group (in this case: the pair and the whole ensemble of participants, vine workers, health workers and researchers), actions of each individual influence and are at the same time influenced by the actions and reactions of others (Lewin, 1948). In this sense, the project reproduced a micro-social context located in the "real world", in a natural (i.e. not artificial or simulated) environment. This context enabled the learning of social skills, such as negotiation (e.g., of breaks and work rhythms with one's harvesting partner), collaboration (the harvesting activity but also each one's participation to all phases of the project) and engagement in conversation (alternating active participation and listening to the other). These re-socialising activities are sustainable for participants insofar as they are inscribed in the practical activities of the vineyard. They support people with relational difficulties and allow them to experience reciprocity and a sense of belonging, often fragmented or lost due to the process of isolation that can accompany the onset and progression of mental illness. The landscape of the mind structured around this experience, by virtue of its relational nature, is also a powerful self-narrative tool that allows the person to tell his or her story, reinforcing and constituting his or her own self-image within the relationship with the other (the listener).

The results of the study point to the need to implement more extensive programmes, encompassing broader time perspectives and long-term goals for participants. Moreover, further research into the transformative potential of therapeutic landscapes could be helpful to

assess whether and how the beneficial effects experienced in a given place can cross its boundaries and extend to ordinary places of life, sustaining well-being and stimulating change. In order to explore the wider-ranging effects, future studies should examine broader time intervals and also involve participants' significant others (formal and informal caregivers, family members, friends) prior consent. The extension of the focus in a spatial, temporal and social sense may sustain a more articulated exploration of the therapeutic effects, revealing the transformative power of the place-related experience and the elements that generate long-term beneficial effects.

In this regard, it would be crucial to understand – through a longitudinal study – how the place-related experience becomes part of each participant's memory, as a resource available to the person for different purposes: to re-actualise a perception of self as a capable and adequate person, although such feelings are usually lacking; to recall a sense of connection and sharing with others; to stimulate self-recognition and appreciation of one's own person. These psychic places, defined in the literature as therapeutic landscapes of the mind (Gastaldo et al., 2004), represent a resource as they anchor certain aspects of subjectivity that are functional to well-being to the physical places, activities and interactions that allowed their emergence and progressive development.

The results concerning the beneficial elements of the therapeutic landscape structured through this project may hopefully inspire the design of new interventions in the field of mental health, including the direct involvement of participants themselves and of other stakeholders outside the healthcare context. Mental health services play a crucial role in fostering social inclusion, participation and citizenship which are pivotal to social recovery (Mezzina et al., 2006). We argue that this goal can be fruitfully pursued through place-making practices, such as the exploration and cultivation of enabling places (Duff, 2012) in the community. Place has a preeminent role in recovery-oriented practice, although – as we have stressed in this article – its therapeutic potential is a dynamic feature rather than a set of inherently beneficial characteristics. To understand and expand this potential, we agree that it is fundamental to consider the lived experience of people with mental illness and to develop place-based strategies accordingly (Doroud et al., 2018). We add that the notion of place can be productively extended beyond physical sites – to explore also inner landscapes of the mind – and beyond co-presence, thus embracing the effects of a therapeutic landscape in the long term, when the person no longer attends the place. The contribution of place-based interventions to the definition of one's self-image makes therapeutic landscape a mind bridge that allows for a state of ubiquitous belonging, already explored for other vulnerable subjectivities such as those of migrants (Gastaldo et al., 2004). We argue that this understanding of therapeutic landscapes deserves further investigation in the field of mental illness and recovery, for both scientific and pragmatic purposes.

Funding

This research was supported by the Association "The Vineyard Landscape of Piedmont: Langhe, Roero and Monferrato", UNESCO World Heritage Site (Alba, CN).

Photo credits

Veruschka Verista photographer.

CRediT authorship contribution statement

Andrea Barbieri: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing. **Eleonora Rossero:** Data curation, Investigation, Methodology, Writing – original draft, Writing – review & editing.

Declaration of competing interest

None.

Acknowledgements

We are immensely grateful to the young participants, to the vinegrowers and the wine producer who hosted the intervention and the research. We thank Dr. Francesco Risso, the organizations and the professionals who participated in the project: ASL CN1 (Centri Diurni di Cuneo e di Mondovì, Centro per i Disturbi del Comportamento Alimentare di Cuneo, Centro di Salute Mentale di Cuneo), Cooperativa sociale Proposta 80, Istituto di Istruzione Superiore Govone di Alba, Eclectica+ Research and Training). We are thankful to the editors and the anonymous reviewers, whose feedback and advice were deeply appreciated.

References

Alarcon, M., Marty, P., Prévot, A.C., 2020. Caring for vineyards: transforming farmer-vine relations and practices in viticulture French farms. J. Rural Stud. 80, 160–170.
Andrews, G.J., 2004. (Re) thinking the dynamics between healthcare and place: therapeutic geographies in treatment and care practices. Area 36 (3), 307–318.
Bandura, A., 1971. Analysis of modeling processes. In: Bandura, A. (Ed.), Psychological Modelling: Conflicting Theories. Routledge.
Bell, S.L., Phoenix, C., Lovell, R., Wheeler, B.W., 2015. Seeking everyday wellbeing: the coast as a therapeutic landscape. Soc. Sci. Med. 142, 56–67.
Bell, S.L., Foley, R., Houghton, F., Maddrell, A., Williams, A.M., 2018. From therapeutic landscapes to healthy spaces, places and practices: a scoping review. Soc. Sci. Med. 196, 123–130.
Birch, J., Rishbeth, C., Payne, S.R., 2020. Nature doesn't judge you–how urban nature supports young people's mental health and wellbeing in a diverse UK city. Health Place 62, 102296.
Brice, J., 2014. Attending to grape vines: perceptual practices, planty agencies and multiple temporalities in Australian viticulture. Soc. Cult. Geogr. 15 (8), 942–965.
Collins, D., Kearns, R., 2007. Ambiguous landscapes: sun, risk and recreation on New Zealand beaches. In: Williams, A. (Ed.), Therapeutic Landscapes. Ashgate Publishing, pp. 15–32.
Conradson, D., 2005. Landscape, care and the relational self: therapeutic encounters in rural England. Health Place 11 (4), 337–348.
Cummins, S., Curtis, S., Diez-Roux, A., Macintyre, S., 2007. Understanding and representing place in health research: a relational approach. Soc. Sci. Med. 65 (10), 1825–1838.
Curry, J.M., 2002. Care Theory and "caring" systems of agriculture. Agric. Hum. Val. 19, 119–131.
Curtis, S., 2010. Space, Place and Mental Health. Ashgate, London.
de La Bellacasa, M.P., 2017. Matters of Care: Speculative Ethics in More than Human Worlds, vol. 41. University of Minnesota Press.
Doroud, N., Fossey, E., Fortune, T., 2018. Place for being, doing, becoming and belonging: a meta-synthesis exploring the role of place in mental health recovery. Health Place 52, 110–120.
Doughty, K., 2013. Walking together: the embodied and mobile production of a therapeutic landscape. Health Place 24, 140–146.
Duff, C., 2011. Networks, resources and agencies: on the character and production of enabling places. Health Place 17 (1), 149–156.
Duff, C., 2012. Exploring the role of 'enabling places' in promoting recovery from mental illness: a qualitative test of a relational model. Health Place 18 (6), 1388–1395.
Duff, C., 2016. Atmospheres of recovery: assemblages of health. Environ. Plann. 48 (1), 58–74.
Elkington, K.S., Hackler, D., McKinnon, K., Borges, C., Wright, E.R., Wainberg, M.L., 2012. Perceived mental illness stigma among youth in psychiatric outpatient treatment. J. Adolesc. Res. 27 (2), 290–317.
Gastaldo, D., Andrews, G.J., Khanlou, N., 2004. Therapeutic landscapes of the mind: theorising some intersections between health geography, health promotion and immigration studies. Crit. Publ. Health 14 (2), 157–176.
Gesler, W., 1992. Therapeutic landscapes: medical issues in light of the new cultural geography. Soc. Sci. Med. 34 (7), 735–746.
Goffman, E., 1956. The Presentation of Self in Everyday Life. Doubleday.
Goffman, E., 1963. Stigma: Notes on the Management of Spoiled Identity. Prentice-Hall, Englewood Cliffs, New Jersey.
González-Ruibal, A., Hernando, A., Politis, G., 2011. Ontology of the self and material culture: arrow-making among the Awá hunter-gatherers (Brazil). J. Anthropol. Archaeol. 30 (1), 1–16.
Herman, A., 2015. Enchanting resilience: relations of care and people–place connections in agriculture. J. Rural Stud. 42, 102–111.
Kaley, A., Hatton, C., Milligan, C., 2019. Therapeutic spaces of care farming: transformative or ameliorating? Soc. Sci. Med. 227, 10–20.
King, N., 2012. Doing template analysis. In: Symon, G., Cassell, C. (Eds.), Qualitative Organizational Research. Sage Publications, pp. 426–450.

Krzywoszynska, A., 2016. What farmers know: experiential knowledge and care in vine growing. Sociol. Rural. 56 (2), 289–310.
Lewin, K., 1948. Resolving Social Conflicts; Selected Papers on Group Dynamics. Harper.
Linn, A., 2019. Making milk with conscious care: raw milk ontologies and the practices of 'bath milk' producers in Victoria, Australia. J. Rural Stud. 65, 135–142.
Maunder, R.D., White, F.A., 2019. Intergroup contact and mental health stigma: a comparative effectiveness meta-analysis. Clin. Psychol. Rev. 72, 101749.
McGorry, P., Mei, C., Chanen, A., Hodges, C., Alvarez-Jimenez, M., Killackey, E., 2022. Designing and scaling up integrated youth mental health care. World Psychiatr. 21, 61–76.
Mezzina, R., Davidson, L., Borg, M., Marin, I., Topor, A., Sells, D., 2006. The social nature of recovery: discussion and implications for practice. Am. J. Psychiatr. Rehabil. 9 (1), 63–80.
Milligan, C., Bingley, A., 2007. Restorative places or scary spaces? The impact of woodland on the mental well-being of young adults. Health Place 13 (4), 799–811.
Mol, A., 2008. The Logic of Care: Health and the Problem of Patient Choice. Routledge, London.
Nummenmaa, L., Glerean, E., Hari, R., Hietanen, J.K., 2014. Bodily maps of emotions. Proc. Natl. Acad. Sci. USA 111 (2), 646–651.
Parr, H., 2008. Mental Health and Social Space: towards Inclusionary Geographies? Wiley Blackwell, London.
Piasere, L., 2002. L'etnografo Imperfetto. Laterza.
Pitt, H., 2018. Questioning care cultivated through connecting with more-than-human communities. Soc. Cult. Geogr. 19 (2), 253–274.
Ryan, R.M., Deci, E.L., 2001. On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. Annu. Rev. Psychol. 52, 141.
Sempik, J., 2010. Green care and mental health: gardening and farming as health and social care. Ment. Health Soc. Inclusion 14 (3), 15–22.
Sheikhan, N.Y., Henderson, J.L., Halsall, T., Daley, M., Brownell, S., Shah, J., et al., 2023. Stigma as a barrier to early intervention among youth seeking mental health services in Ontario, Canada: a qualitative study. BMC Health Serv. Res. 23 (1), 1–12.
Simmel, G., 2018. Sociologia. Meltemi Publisher or. ed. 1908.
Tippetts, J., 2012. The science of biodynamic viticulture. Gastronomica: J. Food Cult. 12 (1), 91–99.
Vanolo, A., 2014. Locating the couch: an autobiographical analysis of the multiple spatialities of psychoanalytic therapy. Soc. Cult. Geogr. 15 (4), 368–384.
Williams, A. (Ed.), 2007. Therapeutic Landscapes. Ashgate, London.