



Community Resilience and Recovery

Friel, B., Farrell-Banks, D., & McDermott, P. (2024). Community Resilience and Recovery: The Restorative Museum and Heritage Sector Response to Covid-19'. In V. Tischler, & K. Gray (Eds.), *Creative Approaches to Wellbeing: The Pandemic and Beyond* (pp. 114-133). (The Pandemic and Beyond; Vol. 2). Manchester University Press. Advance online publication. <https://doi.org/10.7765/9781526172600.00014>

[Link to publication record in Ulster University Research Portal](#)

Published in:
Creative Approaches to Wellbeing

Publication Status:
Published online: 28/05/2024

DOI:
[10.7765/9781526172600.00014](https://doi.org/10.7765/9781526172600.00014)

Document Version
Publisher's PDF, also known as Version of record

Document Licence:
CC BY

General rights

The copyright and moral rights to the output are retained by the output author(s), unless otherwise stated by the document licence.

Unless otherwise stated, users are permitted to download a copy of the output for personal study or non-commercial research and are permitted to freely distribute the URL of the output. They are not permitted to alter, reproduce, distribute or make any commercial use of the output without obtaining the permission of the author(s).

If the document is licenced under Creative Commons, the rights of users of the documents can be found at <https://creativecommons.org/share-your-work/ccllicenses/>.

Take down policy

The Research Portal is Ulster University's institutional repository that provides access to Ulster's research outputs. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact pure-support@ulster.ac.uk

Community resilience and recovery: the ‘Restorative Museum’ and responses to COVID-19

Breda Friel, David Farrell-Banks and Philip McDermott

The COVID-19 pandemic and the lockdown measures implemented by governments globally are crises that have affected us at individual, community and societal levels. The impact of the disease on citizens and their families and the context of the ‘new normal’ is likely to have a long-lasting legacy. While museums may not necessarily be the first place that people, or indeed policymakers, might think about in the context of community recovery, the unprecedented nature of COVID-19 has provided a unique opportunity for innovative, unique interdisciplinary approaches to community resilience to emerge in museum practice. If properly funded and supported, museums can utilise new and innovative approaches which emerged during the COVID-19 pandemic to consolidate their role as sites of community wellbeing and renewal in the years ahead.

The Museums, Crisis and COVID-19 (MCC) project at Ulster University (2020–22) connected academics, heritage professionals, curators and grassroots representatives to explore how museums in Northern Ireland can contribute to community resilience and wellbeing in the light of the COVID-19 pandemic.¹ Discussions during the project indicated that these institutions in Northern Ireland may become important locations for telling the story of COVID-19 in the future. Moreover, museums will become places for commemorating what has been a traumatic event for society and the communities within it, thus meeting important therapeutic needs. The multiple roles played by museums in curating the past and engaging with disparate groups make them a location in which people can reflect on the impact of COVID-19. These roles, we argue, should receive greater attention from policymakers because of their potential importance in the wider context of supporting community

health and wellbeing. Debates of this kind become especially pertinent given the ways in which the museum sector's engagement work within their wider communities was so severely impacted by the pandemic (Samaroudi et al., 2020). While much of the work we discuss in this chapter focuses on the context of Northern Ireland, many of the issues that we identify are also relevant to museums more broadly in other regions of the UK.

In this chapter, the arguments centre on a discussion of some of the findings from the MCC project. We consider emerging evidence of the role of museums as places of narrating and commemorating the psychological impact and trauma of the COVID-19 period. This was explored through a pilot study titled 'Reflective Space and Wellbeing: Mindfulness Self-Care and the Museum' that explored the use of guided mindfulness practice within museum or heritage spaces as a method of enhancing wellbeing, relaxation and reflection. During the pandemic, psychotherapist, trauma debriefing specialist and lead author for this chapter, Breda Friel, conducted a series of regional and national wellness and self-care programmes across statutory and community voluntary agencies in Northern Ireland and Ireland (2020–21). The workshops helped inform the structure of the pilot project in the museum space, drawing on the combined expertise of the authors, bridging psychotherapy (Friel), museums, identity and belonging (Farrell-Banks), and access to heritage for minority groups (McDermott). Qualitative surveys were used to collect data on participants' perceptions of mindfulness and wellness practice in the museum setting and their methods of self-care during COVID-19.

The use of this practice was led by Friel's experience in providing management and recovery services in the aftermath of crises. While the longer-term impacts of the COVID-19 pandemic may not be entirely evident for some time, the onset of the pandemic represented a crisis or severe emergency event, and it is in the nature of such events to be overwhelming, shocking and unexpected. The response capacities of those affected are unique. Individual impact is determined by several features, including previous trauma history, or if the traumatic event is an acute, one-off incident, or a chronic accumulation of events, such as bullying, domestic violence, the threat of terrorism or long-term health issues (Hodgkinson and Stewart, 1991). As in many regions, COVID-19 progressed into

a chronic crisis in Northern Ireland, exacerbating already existing traumatic histories in a region affected by long-term ethnic conflict and its aftermath (Ferry et al., 2017; Khoo et al., 2021; Ulmus and Hilarski, 2003). Friel has delivered trauma debriefing and therapeutic support to first responders, eyewitnesses and survivors of human caused conflict-related and natural disasters in Northern Ireland for over twenty years. The impact of persistent terrorist threat, conflict and contested society resonates across communities, resulting in well-documented levels of mental health issues, such as anxiety, depression and increased levels of hypervigilance (Ferry et al., 2017). Such was the impact of the COVID-19 pandemic that similar symptoms and mental health presentations were emerging; it was these themes that led to the development of this pilot project aimed at exploring the role of museum spaces in wellbeing and crisis management and recovery.

Museums can fulfil a role, as identified by crisis management theory, in complementing other state services in the management of traumatic events (Federal Emergency Management Agency, 2022). Museum spaces, not only in Northern Ireland but further afield, can contribute to the social support and therapeutic needs of both individuals and communities in a time of crisis as identified during COVID-19. Moreover, the museum as an institution and a social agent can assist in the wider rebuilding of communities in the aftermath of a traumatic event (Berren, Santiago, Beigel and Timmons, cited in Hodgkinson and Stewart, 1991: 37).

Community, museums and resilience

The pandemic has instigated deep reflection on the nature of society and the idea of communities. The term community is undoubtedly a complex one which captures the senses of belonging from a wider societal level through to smaller scale local networks (Tönnies, 1957). However, while sharing many values and beliefs, ‘communities’ are never wholly homogeneous (Delanty, 2003). A community can be a larger more geographically spread group such as those sharing the same nationality but can also be a much smaller scale collective living in a locality. It is this latter example which has permeated public policy discourse, including in the cultural

sector, where the term is often used in relation to ‘peripheralised’, ‘marginalised’ or ‘hard to reach’ groups (Tlili, 2008). Often in policy and government rhetoric the term is used interchangeably to refer to those who are in some way separated from wider civic life and might include so-called ‘vulnerable’ communities such as migrants, disabled people or those from working-class backgrounds. Public bodies have also often used the notion of the ‘local community’ as meaning those who live in the immediate environment of civic organisations such as museums (Crooke, 2008).

Indeed, museums and the heritage sector have, with the influence of the new museology of the 1980s (Vergo, 1989), recognised the need to alter their approaches and attract new audiences, particularly from those groups considered marginalised. ‘Community engagement’ in such instances can be read negatively as a problematic label imposed from those in authority to those who have been determined as vulnerable and needing assistance (Morse, 2020: 29). More recently, the idea of ‘engagement’ has given way to a debate about the more active notion of ‘participation’ where the museum becomes a place of community action and social change (Black, 2018; Sandell, 2013; Sandell and Nightingale, 2013; Simon, 2010). Such processes consider community as an overlapping notion incorporating ‘symbolic,’ ‘civic’ and ‘political’ elements (Crooke, 2008: 29). Therefore, successful community engagement approaches need to consider this multidimensional process and acknowledge that museum professionals, curators and policymakers are themselves also community members. In this regard, the nature of community work in a museum is a dialogue which should encapsulate the issues affecting all of us: regular visitors, museum professionals and those who live in the community environs surrounding museums but do not normally visit.

The unparalleled public health issue of COVID-19 provided a challenge for the sense of community cohesiveness at both national and local levels. Many opposing views were voiced on the political and public health response to the pandemic in relation to topics such as mask-wearing, shielding and social distancing (Morgan, 2020). These have often manifested as arguments between neighbours or the breakdown of the friendships which had been the bedrock of community togetherness (Grasso et al., 2021). Added to this has been the deep sense of grief and trauma for those who lost loved

ones or who were seriously ill with the disease and are still suffering its consequences. All these tensions have caused challenges and stress for personal health and wellbeing. Participants in our research noted that these elements of the pandemic experience had been notably absent from current museum approaches. In this chapter we show how the work of museums can consider these dynamics, as it moves beyond collection approaches to and into the realm of participation work around wellbeing with staff and visitors.

This approach becomes pertinent given that increased rates of anxiety and depression are now a major societal challenge, evidenced by the increase in mental health referrals during the pandemic (McNicholas et al., 2021). Awareness of the effects of socio-economic disadvantage, educational inequalities such as digital poverty for poorer pupils and postcode differences in access to health (especially mental health support) have also become more apparent as a result of the provision of care during lockdowns (Maffly-Kipp et al., 2021). While immense strength and resilience was evident within communities during the pandemic (Malone and Morris, 2021), those who experienced complex challenges prior to this period often witnessed an exacerbation of their situation, something which reflects the pandemic's uneven impact (Daher-Nashif, 2021; Suleman et al., 2021).

An emerging body of literature on the potential utility of the museum space as a location for the promotion of better health and wellbeing influenced the approach within the MCC project (Chatterjee and Noble, 2016; Chatterjee and Camic, 2015). Morse's work on the Museum as a Space of Social Care is particularly pertinent to reframing community and engagement work. Morse critiques the idea that community engagement work in the museum is too often considered as related to what that community work 'can do' for the museum, for its contributions to collections, or enhancing visitor numbers (2020: 31). Instead, she proposes that we centralise the notion of 'care for people, care for communities, care for place and care for ideas' within the remit of what, here, we call engagement work.

Such scholarship has guided our own attempts to integrate aspects of care and wellbeing in the museums in Northern Ireland. Our interviews during the pandemic showed us that museums were 'already on a journey' in terms of embracing this aspect of outreach

and engagement activity. For example, we were told about dementia support work that had been undertaken in collaboration with care homes and mental health outreach with youth groups, with these activities taking place across local authority museums, national museums, independent museums and Northern Ireland Museums Council (NIMC) projects. Much of this continued in some form, predominantly digitally, through the pandemic, demonstrating the commitment of the sector to maintaining wellbeing focused activity (see Crooke et al., 2022 for more detail). Our research suggests that this focus on care is a critical element of the engagement work those museums will seek to continue to do as communities, in all their diversity, emerge from the pandemic. However, it may be that ongoing financial and political uncertainty brought on by the cost-of-living crisis and the lack of a devolved government in Northern Ireland will impact on the ability of museums to fulfil this desire.²

The consideration of health and wellbeing as a wider societal and community issue requiring holistic approaches is not new in the heritage sector (White, 2009). Such approaches have witnessed shifts from a traditional individual medical model to that of a collective community model which recognises complex determinants for wellbeing. This has led to the development of community-based health promotion initiatives across many settings and the involvement of wider professional collaboration and partnerships beyond medical settings. There is no doubting that the COVID-19 pandemic has transformed heritage practice, this being evident in the programmes of museums (Mackarell, 2021). Simultaneously, isolation, withdrawal and recovery from COVID-19 are impacting wellbeing at a societal level. Services have witnessed increased referrals across geographic areas and age ranges, an impact captured by Mughal et al. (2022) in their assessment of cultural activity and wellbeing during the pandemic. Responding to this increased and still emerging need is a priority to which museums can contribute.

The mitigation of long-term mental health issues arising from the pandemic requires a strength-based prevention strategy to ensure health and wellbeing for citizens; such approaches involve a collaborative process between the person supported and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets (Duncan and Hubble, 1997). As such, it concerns itself principally with the quality of the

relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process. Museums and cultural organisations are well placed to offer spaces that facilitate a setting down of the traumatic narrative, in safe and reflective spaces. Museums can be considered as places of ‘therapeutic holding’; we define this as the creation of a safe and structured listening space alongside mental and emotional containment, that respects, supports and validates experiences (Friel and Beavis, 2022). Within this process, telling one’s story is a central component, and it starts with a link to the past, to the security of one’s routine, day-to-day and ordinary lived experience. Museums can, for those who feel able to visit them, afford very grounded spaces in which artefacts and sensory experiences enable a sense of calm and history, thereby creating conducive conditions for facilitated discussion.

The MCC project afforded the development of partnerships across academia, the museum sector and community agencies in Northern Ireland. There were also partnerships within the project team, which included digital design expertise, museum professionals, trained therapists and representatives from museum funders and advocacy bodies.

Our work included an exploration of how museum spaces can facilitate programmes focused on recovery by offering reflective spaces for guided mindfulness-based meditation. Resilience as a concept has been described as the capacity to navigate through crises, a protective process instigated by the individual’s system to manage stress (Ungar et al., 2013: 150). As a concept it is associated with the ability to recover from change or misfortune, through identified characteristics such as adaptability and general optimism (Pulley and Wakefield, 2011). Such individuation of coping or navigating adversity has been challenged (Coleman and Hagell, 2007: 6), a fundamental flaw being judgments about individual coping with limited recognition of the role of significant ecological adversity, such as the COVID-19 pandemic and its impact on individuals, groups and communities (Barber, 2013: 461).

Resilience, like ‘community’, is a term with multiple potential definitions (Wright, 2022). The resilience of a physical object, for example, can describe the ability of a material to bounce back with no ‘permanent deformation after [a] stress or strain is removed’

(Dias, 2015: 69). In the context of the COVID-19 pandemic, the appeal of applying this definition to the social context is evident in discussions of a 'return to normal' once the pandemic is over, implying a pre-existing, idealised state that we wish to recapture. However, the idea of 'resilience' as a response to trauma and stress has been heavily criticised, particularly within academia, where the individual focus on resilience presents 'experiences as problems of a psychological nature [...] rather than structural consequences of a system placing intolerable demands' on people (Gill and Donaghue, 2016: 97). This reflects the need to couple a social definition of resilience with a recognition of human 'vulnerability' (Wright, 2022: 28). There is a need to move beyond the individualisation of resilience and to consider community resilience as the 'collective ability of a social group' to maintain health and wellbeing while facing stresses and traumas (Wright, 2022: 1). This view of community resilience moves us away from a troublesome focus on 'bouncing back' to a previous state, instead drawing attention to an ability to support and maintain health and wellbeing while facing periods of trauma and crisis.

As an alternative, post-traumatic growth research involves the study of transformative and positive psychological development experienced due to highly challenging life events and circumstances (Tedeschi and Calhoun, 2004). Evidence of post-traumatic growth includes the individual capacity to recognise new possibilities, the development of personal strength and spiritual or religious change. In addition, growth can involve transformed relationships with others and offer an appreciation of life (Tedeschi and Calhoun, 2004: 1). The trauma perspective is compelling in its recognition of the physical, emotional, behavioural and psychological impact of external crisis experiences (Bloom and Farragher, 2011). Trauma-informed and post-traumatic growth models recognise how highly stressful events challenge beliefs and assumptions regarding control, predictability and benevolence in the world. Adversity challenges the validity of hypotheses about safety in our lives, causing distress and reaction, the manifestation of exposure to previous or present adverse experiences. This chapter follows Wright's call for critical approaches to resilience and post-traumatic growth by bringing 'abstract' discussions of such themes 'into dialogue with empirical examples of how people respond to adversity' (2022: 1).

We do this through a discussion of empirical data gathered during the MCC project. We also reflect on the interdisciplinary approach in the project, affording the exchange of knowledge and practice between therapeutic and heritage sectors, an intersection of innovative methods and approaches in a non-traditional context for the delivery of wellbeing and therapeutic programmes.

The Restorative Museum: narrating and reflecting on COVID and trauma

Through discussion of the pilot project below we argue that facilitating narrative accounts of individual and group experiences of the trauma of COVID-19 is a therapeutic and social support process. Historical museum exhibits call on the visitor to look to the past through the stories they tell. In doing so, they engage us in memories not only of these pasts but also of our own life experiences (Doering and Pekarik, 1996). Our own memories become a scaffold to our identities (Cubitt, 2007) and by extension our engagement with the past. Within museum spaces past, present and future exist in concurrence with each other. This temporal unrest occurs alongside the structure offered by the museum visit and will be present as we move to the presentation and discussion of the COVID-19 pandemic within museum spaces.

In exhibiting stories of the pandemic or offering museums as a place of reflection on experiences of it, audiences and visitors will be drawn back to their own pandemic memories and associated traumas. Witcomb and Bounia (2019) coin the term ‘restorative museum’ to describe ‘a museum that seeks to restore to the souls of the dead their humanity and which does so by asking present-day visitors to empathise’ with the subjects of these displays. In the case of the post-COVID role of museums, we are looking not just at the restoration of the humanity of those lost, but also to the restoration of the lives of those who have survived.

Our work on MCC has given us insight into the restorative role of museum practice during the period of the pandemic. The co-creation by the Belfast-based charity EastSide Partnership and local community groups of a ‘Pandemics Past and Present’ exhibition at Ulster Museum provided a clear case of the value of this

practice. This exhibition, produced by a group of people who had previously worked with the charity on a heritage skills programme, focused on the impacts of the current and past pandemics on lives in East Belfast. Originally planned as an exhibition about the industrial heritage of the area, the process of designing the exhibition during the COVID-19 pandemic resulted in a change of subject. Creating the exhibition provided participants with a chance to talk productively about their experience of the COVID-19 pandemic and to find comfort in knowledge that past pandemics had come to an end. This sense of survival through pandemics was iterated in the exhibition's final title: *Atishoo, Atishoo, we don't fall down* (see Farrell-Banks and Rea Currie, 2022). Here a focus on past experiences of survival through pandemics, found in the process of exhibition creation, acted as a source of comfort for those involved. However, there has been some concern from within the sector that audiences may not be ready to visit or engage with exhibitions that discuss the pandemic. While many museums have undertaken processes of contemporary collecting, gathering items, testimonies, images and ephemera that they hope will tell the story of the pandemic, this is not necessarily with a view to displaying this content soon. A local authority museum curator articulated this view for us: 'I don't know when this collection will be on display in an exhibition. [...] It's not something people want to look at now.'

The reticence to exhibit stories of COVID-19 so soon is reasonable when we are still coming to terms with the various traumas felt because of the pandemic. However, there is robust evidence for the positive role of cultural activities on individual and community wellbeing (Mughal et al., 2022). While we acknowledge the difficulty of evaluating the impact of these provisions, we have seen significant evidence of museums across Northern Ireland embracing this potential within their practice, a trend that had begun pre-pandemic. Initiatives have included NIMC's dementia-friendly museums project, National Museums Northern Ireland's (NMNI) dementia outreach work, youth-focused heritage work such as Reimagine, Remake, Replay's mental health arts festivals (Lavelle, 2021) and community focused heritage skills development programmes. Museums, therefore, are faced with the challenge of using COVID-19 collections sensitively, while also expanding upon their role as sites of community support and wellbeing.

Crisis management

In exploring how museums can become restorative spaces, we suggest that theory and practice from crisis management, encompassing the phases of mitigation, recovery, preparedness and response (Tierney, 1989) can assist the development of programmes that support recovery from the impact of the pandemic, the mitigation of long-term psychological ill-health and improved wellbeing across communities.

Medical and psychological services have reported increased waiting times due to elevated levels of referrals for emotional and mental health symptoms including anxiety, fear, motivation changes, grief and anger following COVID-19 (Iacobucci, 2022). Similar themes are emerging to those recorded from previous crisis situations such as Hurricane Katrina (2005) and flooding episodes in the UK (2013/14) (Jermacane, 2018) (Williams, 1989; Alexander, 2007). Such presentations are particularly noted by those post-viral and those bereaved due to COVID-19. Those with symptoms, particularly of ‘long COVID’, report experiences of being discredited due to factors including lack of medical precedent, poor knowledge and public assumptions. There is evidence that marginalised and excluded groups prior to the pandemic have seen their situations worsen, a social justice theme witnessed in previous crisis situations, including Hurricane Katrina (Alexander, 2007; Sementelli, 2007). Two years on from its emergence there is additional anxiety around the economic situation. Importantly, museums can offer suitable quiet reflective spaces for the facilitation of personal, subjective experience, thereby validating the story of those affected and recovering from trauma (Lewis and Roberts, cited in Roberts and Greene, 2002). This process assists the beginning of recovery, normalising experiences that have been experienced as chaotic and stressful.

Restorative Museum practice: wellbeing projects in the museum space

Considering how the museum sector can support responses to the mental health and wellbeing themes arising from COVID-19 was an aim of this project. The original empirical base of the research

was a project developed in conjunction with the Tower Museum in Derry called Reflective Space and Wellbeing: Mindfulness Self-Care and the Museum. For the MCC research, co-investigator Dr Breda Friel developed a programme aimed at professional and personal self-care in challenging times; this employed Mindfulness Based Cognitive Behaviour Therapeutic (MBCBT) approaches in creating a series of guided practices to train participants in self-care and self-regulation methodologies as a response to stress. A further aim was to enhance wellbeing through the cultivation of strength-based, compassion and self-regard. This programme was delivered to statutory and community organisations, individuals and front-line workers throughout the period of the pandemic and draws on research conducted during the pandemic (Friel and Beavis, 2022). The research captures and articulates respondent narratives on the impact of the pandemic and on the benefits of being heard and of telling one's story. Data was collected using storytelling and artefacts, and these methods were themselves a means of facilitating clients' articulation of the individual narratives arising from the crisis of COVID-19.

The project aimed to evaluate participants' subjective accounts of self-care during the pandemic and of wellbeing in a museum environment. The rationale for the pilot project was that museum environments are suitable for delivering COVID-19 wellness and support recovery programmes, the desired outcome of which is the development of individual and community resilience and the mitigation of long-term impact on mental health and holistic wellbeing.

Respondent evaluations articulated profound experiences during the pandemic and its subsequent lockdown. In describing their self-care efforts, some reported using a range of activities including relaxation, watching movies, gardening and walking as a means of supporting their wellbeing. There was also an acknowledgement of the impact of the lockdown rules, with one respondent saying they 'kept all rules but it was extremely difficult as I live alone and was not part of a bubble. [I] had to walk alone and I tried to do so every day (weather permitting).' This is a reminder of the isolation felt by many and the role that museums can play in combatting that isolation and opening public spaces in contained and safe ways. In describing a community outreach project, one member of curatorial staff at National Museums NI described the impact of their work

on those otherwise feeling isolated: ‘One woman said if she had she not come to the meeting that night she would not have opened her mouth all day. She lives on her own, she was not going out, and stated “I wouldn’t have spoken today if I hadn’t come to this.”’

The wellbeing sessions uncovered participant experiences of confusion and lack of knowledge in the early parts of the pandemic, due to the unprecedented nature of the pandemic and the individual’s capacity for self-care and wellbeing. This is a prevalent experience during the pandemic, summed up in the following from a participant: ‘I managed but retrospectively I would have done things differently. [I] did my best with the knowledge I had at the time.’ It is not uncommon for hindsight to transform individual perceptions of crisis events. Those impacted by the pandemic noted their compliance with the rules at the time and their dismay at the imposition and (mis)management of such rules by governments and police departments.

Feedback on the facilitated wellbeing programme gathered through participant surveys reflected participant enjoyment and desire to acquire improved skills for the management of wellbeing at times of stress. One respondent noted: ‘This activity is so simple to practise every day, and with the proper tools we can find ourselves in a calmer place.’ Others expressed their desire for follow up and additional training: ‘Interesting that idea to focus again back to yourself and your breath. I find with work you are pulled in many directions. I really liked the idea of the alarm once an hour to have a mindfulness moment.’

Providing these sessions in spaces like museums was viewed by a participant as valuable because museums are ‘public spaces where all citizens have access’. However, feedback also showed an awareness that while museums may theoretically be open to all, there are often barriers to this access. A participant noted that ‘I think it is also useful for individuals that may not visit those spaces to see this in action.’ Such comments suggest that the combination of outreach activity and the use of museum spaces themselves will be at the heart of the success of programmes such as this in the future.

Participants referred in positive terms to the ‘calmness’ of the museum space, one noting for example that it was a ‘very good idea to have museums included in activities such as this as they are traditionally calm places. This reflects the affective capacities of

the museum visit, where the expectations of a space and a perception of calmness associated with it can support wellbeing practice. This feature of these spaces extends to museums' roles as historical bridges between individual and cultural past and present at both individual and collective levels. This was summed up by another participant who suggested that 'Yes absolutely [museums should be used for this work. There] should be a connection between the past, the present and the future.' As society continues to navigate the presence of COVID-19, while also returning to more 'normal' aspects of social life, museums will have a role in navigating this past, present and future engagement with the pandemic and our experiences of it.

Conclusion

As our pilot programme and the research activities connected with it have shown, museums, as facilitated spaces for reflection, can become a space of sanctuary for people and communities seeking to understand how the COVID-19 pandemic has impacted them. An understanding of the role of museums as spaces that support crisis management and recovery can contribute to the continuing development of pre-existing community wellbeing work. Interdisciplinary work, such as that undertaken by MCC, can support museums' increasingly developing community-focused role, whether that is through educational outreach or wellbeing programmes, such as those for individuals with dementia. The continued growth and interest in this form of museum work give some insight into the potential for museums to play a role in crisis preparedness, encompassing both crisis prevention and management (Reilly, 1993). Crisis preparation and prevention planning can sometimes successfully prevent crises from occurring in the first place. The MCC project falls into the latter category; it involved the development implementation of a crisis management programme aimed at containment, damage limitation, recovery and learning (Pearson and Mitroff, 1993) through wellbeing and resilience delivery in a museum setting in the aftermath of COVID. There are opportunities now to explore how this pandemic experience, in providing continued outreach through digital means, could also be applied

in developing museum responses to long-term concerns such as the climate crisis and short-term fears around cost-of-living increases.

Crisis management theory and practice aims to ensure preparation for the untoward, to plan appropriate responses when critical events occur and to support recovery while mitigating the potential long-term effects on individuals and communities (Tierney, 1989). In this chapter, and through work conducted throughout the MCC project, we have reiterated the value that museums hold as places that can support wellbeing. If museums, and the cultural sector more broadly, are to be well prepared for future crises and able to support audiences and communities when these crises arrive, then the health and wellbeing role of these spaces needs to be recognised within cultural policy. The current museums policy for Northern Ireland makes only one passing reference to health and wellbeing, and this is focused on economic regeneration (Department for Culture, Arts and Leisure, 2011). This is further evidence, we argue, of the need for an updated museum policy and strategy that better reflects the direction and priorities of the sector (Crooke et al., 2022). The work described in this chapter demonstrates the value of an interconnected approach to health and cultural policy, approaches that draw on expertise across disciplines and are cross-professional in meeting the needs of communities. There is the potential for facilitated positive psychological change, for individuals to consider new possibilities and reflect on personal strengths with resulting improvement and appreciation of life (Tedeschi and Calhoun, 2004: 1). With resources and support, the museum can emerge as a place of sanctuary and recovery both through the narratives represented and displayed in exhibition spaces and through the holistic, wellbeing-centred work being undertaken by many institutions.

Key insights and recommendations

- The COVID-19 pandemic and associated lockdown measures are crises that affected individuals, communities and societies.
- Crises or severe emergency threats are unexpected, shocking and can be overwhelming. They can be acute, one-off incidents, or chronic accumulation, or long-term episodes, such as COVID-19.

- Individual response capacity to crises is unique and determined by several factors, such as previous exposure to trauma and the severity of the presenting crisis event.
- The pandemic presented a unique opportunity for innovative, unique and interdisciplinary approaches in museums, developing the role of the heritage sector as sites community wellbeing and resilience.

Recommendations

The following are adapted from Crooke et al. (2022).

- Museums should be supported in their potential as a location for post-pandemic recovery by providing a shared space, where individuals and communities can rebuild, and a narrative space for acknowledging, exploring, exchanging varied experiences of the pandemic.
- The museum sector is aware of the inequalities exposed during the pandemic, impacting education, health and incomes. Building on their experience in access and inclusion programming, museums can offer a space for programming to address societal inequalities.
- Museums should be supported to continue in their work in partnership with health and wellbeing agencies and experienced practitioners in delivering effective and sustainable community wellbeing focused programming.
- Museum staff are directly witnessing the benefits of museum-engagement for individuals and communities. If we are going to nurture museum spaces in this wellbeing role, the sector needs local and national support in fostering new measures that acknowledge the qualities of wellbeing work.

Notes

- 1 The Museums, Crisis and Covid-19: Vitality and Vulnerabilities project was funded through the Arts and Humanities Research Council. Project reference: AH/V012819/1.
- 2 Under the terms of the 1998 Good Friday Agreement, the devolved government in Northern Ireland must be formed as a power-sharing agreement between the largest Unionist and Nationalist parties at an election. At the time of writing, no such agreement had been reached following the Northern Ireland Assembly elections in May 2022.

References

- Alexander, D. (2007), 'Disaster management: from theory to Implementation', *Journal of Seismology and Earthquake Engineering*, 9(1), 49–59.
- Barber, B. K. (2013), 'Annual research review: The experience of youth with political conflict – challenging notions of resilience and encouraging research refinement', *Journal of Child Psychology and Psychiatry*, 54(4), 461–473.
- Black, G. (2018), 'Meeting the audience challenge in the 'Age of Participation'', *Museum Management and Curatorship*, 33(4), 302–319.
- Bloom, S. L. and Farragher, B. (2011), *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*. Oxford: Oxford University Press.
- Chatterjee, H. and Noble, G. (2016), *Museums, Health, and Well-being*. London: Routledge.
- Chatterjee, H. J. and Camic, P. M. (2015), 'The health and well-being potential of museums and art galleries', *Arts & Health*, 7(3), 183–186.
- Coleman, J. and Hagell, A. (eds) (2007), *Adolescence, Risk and Resilience: Against the Odds*. Chichester: John Wiley and Sons.
- Crooke, E. (2008), *Museums and Community: Ideas, issues, and challenges*. London: Routledge.
- Crooke, E. et al. (2022), *Museums and the Pandemic: Revisiting Purposes and Priorities*. A report of the Museums, Crisis and Covid-19 project. Ulster University.
- Cubitt, G. (2007), *History and Memory*. Manchester: Manchester University Press.
- Daher-Nashif, S. (2022), 'In sickness and in health: The politics of public health and their implications during the COVID-19 pandemic', *Sociology Compass*, DOI: [10.1111/soc4.12949](https://doi.org/10.1111/soc4.12949).
- Delanty, G. (2003), *Community*. London: Routledge.
- Department of Culture, Arts and Leisure (2011), *Northern Ireland Museums Policy*. Available at: www.communities-ni.gov.uk/publications/northern-ireland-museums-policy (accessed 10 November 2022),
- Dias, P. (2014), 'Is toughness a better metaphor than resilience?', *Civil Engineering and Environmental Systems*, 32(1–2), 68–76.
- Doering, Z. D. and Pekarik, A. J. (1996), 'Questioning the entrance narrative', *Journal of Museum Education*, 21(3), 20–23.
- Dulmus, C. N. and Hilarski, C. (2003), 'When stress constitutes trauma and trauma constitutes crisis: The stress–trauma–crisis continuum.' *Brief Treatment and Crisis Intervention*, 3(1), 27–36.
- Duncan, B., Hubble, M. and Miller, S. (1997), *Psychotherapy with 'Impossible' Cases: Efficient Treatment of Therapy Veterans*. New York: Norton.
- Farrell-Banks, D. and Rea Currie, L. (2022), 'Exhibiting pandemics during COVID-19: The value of co-production and co-creation in community engagement', *Museum Ireland*, 28, 36–41.

- Federal Emergency Management Agency (2022), *Emergency Management in the United States*. Available at: https://training.fema.gov/emiweb/downloads/is111_unit%204.pdf (accessed 10 November 2022).
- Ferry, F. et al. (2017), 'Exposure to trauma and mental health service engagement among adults who were children of the Northern Ireland Troubles of 1968 to 1998', *Journal of Traumatic Stress*, 30, 593–601.
- Friel, B. and Beavis, J. (2022), 'The unfolding narrative from Covid-19: Emerging themes and skills in practice', *Irish Journal of Counselling and Psychotherapy*, 22(2), 15–20.
- Gill, R. and Donaghue, N. (2016), 'Resilience, apps and reluctant individualism: Technologies of self in the neoliberal academy', *Women's Studies International Forum*, 54, 91–99.
- Grasso, M. et al. (2021), 'The impact of the coronavirus crisis on European societies: What have we learnt and where do we go from here? – Introduction to the COVID volume', *European Societies*, 23(1), 2–32.
- Hodgkinson, P. E. and Stewart, M. (1991), *Coping with Catastrophe: A Handbook of Disaster Management*. London: Routledge.
- Iacobucci, G. (2022), 'England saw record 4.3 million referrals to mental health services 2021', *British Medical Journal*, 376. DOI: <https://doi.org/10.1136/bmj.o672>
- Jermacane, D. et al. (2018), 'The English National Cohort Study of Flooding and Health: The change in the prevalence of psychological morbidity at year two', *BMC Public Health*, 18, 330.
- Khoo, T. C., Jesudason, E. and FitzGerald, A. (2021), 'Catching our breath: Reshaping rehabilitation services for COVID-19', *Disability and Rehabilitation*, 43(1), 112–117.
- Lavelle, C. (2021), 'Reimagining Connections: How museum youth project Reimagine Remake Replay kept young people connected throughout lockdown.' *Museums, Crisis and Covid-19 Blog*, 4 November. Available at: www.ulster.ac.uk/museumscovid19/blog/posts/reimagineremake-replay-blog (accessed 10 November 2022).
- Mackarell, J. (2021), 'Dispatches in art history: Report on Dr Nuala Morse's Lecture Museums as Spaces of Social Care'. Available at: <https://manchesterarthistory.wordpress.com/2021/12/06/report-on-dr-nuala-morses-lecture-museums-as-spaces-of-social-care-by-joshua-mackarell/> (accessed 10 November 2022).
- Maffly-Kip, J. et al. (2021), 'Mental health inequalities increase as a function of Covid-19 pandemic severity levels', *Social Science & Medicine*, 285. DOI: [10.1016/j.socscimed.2021.114275](https://doi.org/10.1016/j.socscimed.2021.114275)
- McNicholas, F. et al. (2021), 'Referral patterns for specialist child and adolescent mental health services in the Republic of Ireland during the COVID-19 pandemic compared with 2019 and 2018', *British Journal of Psychology Open*, 7(91), 1–7.
- Morgan, M. (2020), 'Why meaning-making matters: The case of the UK Government's COVID-19 response', *American Journal of Cultural Sociology*, 8(3), 270–323.

- Morris, S. and Malone, L. (2021), *Unchartered Waters: Youth Work: A Constant in the Lives of Young People*. Available at: https://sites.google.com/view/youth-work-dialogue-ni/reflections-on-practice#h_p_Rnl7JtSFSWF4 (accessed 10 November 2022).
- Morse, N. (2020), *The Museum as a Space of Social Care*. Abingdon: Routledge.
- Mughal, R., Thomson, L., Daykin, N. and Chatterjee, H. (2022), 'Rapid evidence review of community engagement in the UK during the COVID-19 pandemic: How can community assets redress health inequities?', *International Journal of Environmental Research and Public Health*, 19, 1–18.
- Pearson, C. M. and Mitroff, I. (1993), 'From crisis prone to crisis prepared: a framework for crisis management', *The Executive*, 7(11), 48–59.
- Pulley, M. L. and Wakefield, M. (2011), *Building Resiliency: How to Thrive in Times of Change*, Volume 96 of J-B CCL. San Francisco: John Wiley & Sons.
- Reilly, A. H. (1993), 'Preparing for the worst: the process of effective crisis management', *Industrial and Environmental Crisis Quarterly*, 7, 115–143.
- Roberts, A. R. and Greene G. J. (eds) (2002), *Social Workers' Desk Reference*. Oxford: Oxford University Press.
- Samaroudi, M., Rodriguez Echavarria, K. and Perry, L. (2020), 'Heritage in lockdown: Digital provision of memory institutions in the UK and US of America during the COVID-19 pandemic', *Museum Management and Curatorship*, 35(4), 337–361.
- Sandell, R. and Nightingale, E. (eds) (2013), *Museums, Equality and Social Justice*, London: Routledge.
- Sementelli, A. (2007), 'Toward a taxonomy of disaster and crisis theories', *Administrative Theory & Praxis*, 29(4), 497–512.
- Simon, N. (2010), *The Participatory Museum*. Santa Cruz: Museum 2.0.
- Suleman, M., Sonthalia, S., Webb, C., Tinson, A., Kane, M., Bunbury, S., Finch, D. and Bibby, J. (2021), *Unequal Pandemic, Fairer Recovery: The COVID-19 Impact Inquiry Report*. London: The Health Foundation.
- Tedeschi, R. G. and Calhoun, L. G. (2004), 'Posttraumatic growth: Conceptual foundations and empirical evidence', *Psychological Inquiry*, 15(1), 1–18.
- Tierney, K. J. (1989), 'The social and community aspects of disaster', in R. Gist and L. Lubin (eds), *Psychological Aspects of Disaster*. New York: Wiley, pp. 11–39.
- Tlili, A. (2008), 'Behind the policy mantra of the inclusive museum: Receptions of social exclusion and inclusion in museums and science centres', *Cultural Sociology*, 2(1), 123–147.
- Tönnies, F. (1957) [1887], *Community and Society*, trans. and ed. C. D. Loomis, London: Routledge.
- Ungar, M. et al. (2013), 'Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services', *Child Abuse & Neglect*, 37(2–3), 150–159.

- Vergo, P. (ed.) (1989), *The New Museology*. London: Reaktion.
- White, M. (2009), *Arts Development in Community Health: A Social Tonic*. Abingdon: Radcliffe.
- Williams, R. (1989), 'Towards a Cognitive-Behavioural model For PTSD'. Paper presented at EEC Symposium on PTST, London. Cited in: Hodgkinson, P. E. and Stewart, M. (1991) *Coping with Catastrophe: A Handbook of Disaster Management*. London: Routledge.
- Witcomb, A. and Bounia, A. (2019), 'The Restorative Museum: Understanding the work of memory at the Museum of Refugee Memory in Skala Loutron, Lesvos, Greece', in S. De Nardi et al. (eds), *The Routledge Handbook of Memory and Place*. London: Routledge, 13–21.
- Wright, K. (2022), *Community Resilience: A Critical Approach*, London: Routledge.