Contents lists available at ScienceDirect

Health & Place

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

Heritage, health and place: The legacies of local community-based heritage conservation on social wellbeing

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ARTICLE INFO

Article history: Received 11 September 2015 Received in revised form 8 April 2016 Accepted 11 April 2016

Keywords: Heritage Community Therapeutic landscapes Health enabling spaces Older people

ABSTRACT

Geographies of health challenge researchers to attend to the positive effects of occupying, creating and using all kinds of spaces, including 'green space' and more recently 'blue space'. Attention to the spaces of community-based heritage conservation has largely gone unexplored within the health geography literature. This paper examines the personal motivations and impacts associated with people's growing interest in local heritage groups. It draws on questionnaires and interviews from a recent study with such groups and a conceptual mapping of their routes and flows. The findings reveal a rich array of positive benefits on the participants' social wellbeing with/in the community. These include personal enrichment, social learning, satisfaction from sharing the heritage products with others, and less anxiety about the present. These positive effects were tempered by needing to face and overcome challenging effects associated with running the projects thus opening up an extension to health–enabling spaces debates.

1. Introduction

The geographies of health have explored the varying therapeutic effects of occupying, using and creating a myriad of spaces including parks and woodlands ('green spaces') (Milligan and Bingley, 2007), yoga centres and other 'new energy' spaces (Conradson, 2010), men's sheds (Milligan et al., 2015) as well as spas and other 'blue spaces' (Foley and Kisterman, 2015; Kearns et al., 2014). Meanwhile, little is known about the potential health benefits people can accrue from participating in community-based heritage conservation.

Community-based heritage conservation refers to the increasingly popular activity of coming together with members of the community to research local historical 'assets'. These could be associated with events, stories or moments linked with local places, including political movements, past professions, or local historical figures, as well as physical places themselves, such as walking trails, and cemeteries. It implicitly involves developing a closer relationship with one's local area and is potentially open to everyone, regardless of locality. Sometimes it involves 'preserving' an asset from harm – that is harm to its significance, not simply its fabric. It also typically involves the creation of cultural 'products' to conserve such heritage such as voice recordings of oral histories,

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http://dx.doi.org/10.1016/j.healthplace.2016.04.005 1353-8292/© 2016 Published by Elsevier Ltd. poster exhibitions, heritage trails maps, books and murals. In the UK, much of this work is undertaken with the help of the Heritage Lottery Fund (HLF), although some groups are also self-sufficient from monies made from their heritage products sold. The HLF grants help cover the costs of bringing people together to undertake a heritage project and produce the heritage products to share amongst the wider community.

Community-based heritage conservation is often but not exclusively driven by the involvement of older people, although many groups try to involve younger adults and schools as well. Inter-generational contact between younger and older generations has been found to create positive impacts on both cohorts (Brady and Dolan, 2009). For older people, the extent to which this is rooted in nostalgia is relevant. Lundgren (2010) found that older people often refer to their accumulation of life experiences in accounts of 'how it was' to explain their view on today's society. Another potential reason could be that older people have stronger connections with their local place, as found by Beaumont (2013). Yet, despite these strong connections with place, older people, particularly men, are more vulnerable to loneliness and social isolation in older age (Milligan et al., 2015). Whether becoming involved in heritage is good for one's health is thus significant in this respect. For the purposes of our study, we examined health primarily as a state of social wellbeing, derived from a sense of involvement with other people and with our communities (a core component of the WHO definition of health), although we understand that this is complexly interrelated with physical and mental wellbeing (for example, from walking with other people).







Understanding the spaces being created and occupied by community-based heritage groups and whether they are likely to promote social wellbeing is important. Gleeson (2004) argues that in the age of globalisation, terror, ecological risk and endless (neoliberal) structural reform, it's surely understandable that there is a new yearning for social values based on community, belonging, order, balance, stability and place. These betoken what Gleeson calls the *new social yearning*: the desire for a secure place in social networks based on reciprocity, trust and mutual respect. The decline of people's social ties and civic capacities since Gleeson's paper has arguably continued apace with an increasingly mobile and fragmented world and more widespread concern for the growing disintegrative forces he identifies.

In this paper we report on one such avenue for promoting social wellbeing. Drawing on a 2012–2014 Arts and Humanities Research Council (AHRC) study, one of our primary aims was to examine the personal motivations and journeys behind people's involvement in community heritage groups and what outcomes emerged. In particular, were there any positive effects on people's social wellbeing and was this shared amongst the wider community? In doing so, we consider the extent to which heritage conservation may become a health-promoting activity to address the challenges of engaging often disconnected and isolated members of the community and, in doing so, provide a 'map' for other communities to become engaged in such groups.

A second complementary aim was to examine 'how' and 'where' community-based heritage conservation operates. Such an approach can reveal much concerning the context in which particular community actions and motivations belong. It can also help disentangle how groups evolve from seemingly widely scattered and diversely constituted communities. Central to this focus was an investigation of the specific role of space and place in the heritage project. Our understanding of these terms derive from Massey's distinction; 'whereas space is abstract, place is *concrete*' (2005: 184). Taking the example of 'public space', it only *becomes* a place when it is locally differentiated and endowed with a particular value and meaning (e.g. a named village green). To avoid confusion, we avoid using the term site (as in 'heritage *site*') as it has its own specific meaning in geography.

2. Researching heritage, place and wellbeing

As indicated, the health geography literature has explored the beneficial physical and mental health effects of participating in a range of community-based activities. Many of these have been chronicled in Williams (2007) edited collection of therapeutic geographies as well as in a special issue in Health and Place (2005). Some have also attracted interest from public health funding bodies, such as Men's Sheds, in response to growing evidence of the positive health effects of participating in these spaces (see Milligan et al. (2015)).

To date, there has been little interest by health geographers in the spaces of community-based heritage conservation, although some exceptions to heritage in health geography are explored below. This gap is unusual given the long history of heritage conservation and the potential for it to have some positive effects in people's lives. Admittedly for much of this history, heritage conservation was largely seen as a state or large institutional responsibility until the last few decades (see Waterton and Watson (2015) for a detailed study). As far back as the fifteenth century right across Europe, there was an interest in creating collections of heritage. In Britain, with the rise of nationalism in the nineteenth century, this materialising impulse was matched with a generation of heritage management policies and legislation including the Ancient Monuments Protection Act of 1882 (Cleere, 1989; Blake, 2000). It was not, however, until the 1960s onwards when heritage research emerged. However, this served as a backdrop to related activities of museums, archaeologists and the tourist industry. The community were seen as consumers rather than producers of heritage (Lowenthal, 1985; Wright, 1985; Hewison, 1987). It is only in the last 30 years that there has been a shift towards a public, community generated focus.

The most recent drive, within the past 15 years, has been an increasing acceptance amongst policymakers and professionals that participating in archival work has real potential to improve community cohesion and individual wellbeing, but the evidence is mostly anecdotal. The HLF, created in 1994, has introduced community heritage as a priority and has just introduced a new fund 'Sharing Heritage', in its 2013–18 strategic framework. The Community Archives and Heritage Group (CAHG) was founded in 2005 and now has about 400 members.

It was the HLF's 2012-14 'All our Stories' programme that introduced the latest chapter in the UK's trajectory of heritage conservation. Until then, most programmes were produced and managed by large community collectives (such as the Migration Museum Working Group for example), or by local, small-scale and unconnected community-run historical groups. The 'All our Stories' programme marked a shift in HLF policies. In addition to making a strategic themed call for local communities to become involved (such as their extensively engaged World War One programme), groups were invited to propose what their local community wanted to explore. In total, 542 projects were awarded £4.5 million, ranging in individual grants from £3000 to £10,000. The HLF have plans to further develop this kind of programme and are specifically interested in 'support[ing] projects that help local people delve into the heritage of their community, bring people together, and increase their pride in the local area' (HLF, 2015a).

As noted, heritage is largely absent in the health geography literature. Moon et al. (2015) do consider the heritage of former mental-health asylums, but this work largely points to the strategic forgetting and ambivalence towards creating heritage associated with these spaces. Some rare exceptions exist, where former workers have developed fond place-histories with asylums. Meanwhile, Foley (2010) examines the history of spas and other therapeutic 'blue spaces' on people's wellbeing. However, the heritage of these spaces is rarely the motivating factor behind the health-promoting effects. Heritage largely remains the preserve of cultural geography. Crouch (2010) examines affect and emotion in heritage tourism and consumption and offers a critique of how 'heritage' is often institutionalised and reified in contemporary culture. For Crouch (2010), cultural heritage should be understood as perpetually emergent and performed, and this malleability can give rise to a 'gentle politics that emerges from the quieter affects of people coming to their own heritage' (p. 6).

Here, we seek to go some way toward broadening this debate around people's engagement with heritage by considering community-based projects through the lens of health-enabling places and spaces (Foley and Kisteman, 2015). This draws on the geographical metaphor of the therapeutic landscape – a theoretical concept that characterises how the healing process works itself out in places (Gesler, 1993). Health-enabling places and spaces can work like affective 'atmospheres' (Duff, 2015), described by Duff as interstitial spaces which inhere in encounters between bodies, objects and subjects, whereby a particular set of properties or qualities emerges. Atmospheres thus capture a moment of subjectivation in space, the 'right here, right now' feeling of the body and its environs in 'real experience'. Health-enabling spaces understood in this way are not necessarily 'natural' but can be created (Milligan et al., 2015). Indeed, their very creation can sometimes be the health-enabling instrument itself, for example the collective work involved in cultivating community gardens. Here, Download English Version:

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