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Apocalyptic Temporalities and Re-Setting the Future: Using Creative Pedagogies to Explore Everyday Cultures of Grief During Pandemic Times

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Abstract

This article provides a metacritical analysis of an oral history and creative arts project undertaken collaboratively by the authors, located in the Centre for Memory, Narrative and Histories at the University of Brighton. The 'Everyday Cultures of Grief' project collected reflexive oral histories from palliative care clinicians and practitioners to evaluate 'everyday' subjective experiences and emotional responses to COVID-19 and its unequal impacts. Using the Spanish Flu pandemic of 1918 as a heuristic device, oral history interviews captured timely perspectives on the differing affective scales related to illness, dying, anticipatory grief and mourning during pandemic times. Whilst highlighting some of the key themes of this empirical research, the chief purpose of this article is to reflect on the project's distinctive methodology, creative pedagogies and digital dissemination during the UK's first lockdown. Creative pedagogies were expressed in a range of affective articulations, including public history, creative writing and site-responsive theatre performance. The project itself raised questions about uses of the historical past, particularly in the context of Brexit populism, as well as the hermeneutics of historical inquiry when investigating the emotional registers of past and present pandemics.

¹ The authors would like to acknowledge and thank Dr Sam Carroll for the oral history interviews she undertook as a key part of our 'Everyday Cultures of Grief' project based in the Centre for Memory, Narrative and Histories at the University of Brighton.

Our article offers a perspective on the constructivist principles of collaboration, which it sees as crucial for the development of a critical praxis when mobilising politically engaged histories of the present as a means of social transformation. Taking a non-linear historical approach, the methodological practice adopted during pandemic times encapsulated what Anna Hickey-Moody describes as the ‘eclectic ethics of invention’ (2015, p. 191). The project’s empirical research became the basis of a scripted performance, *Breaking the Silence* (2020), which was created by Sara Clifford’s Inroads Productions site-responsive theatre company and screened via Zoom in October 2020. This screening formed part of a collection of COVID-19 stories hosted by ‘Damn Cheek’, a UK, Brighton-based production company committed to ‘shining a spotlight on social injustice and inequality’, thereby using the creative arts to explore the ‘tensions of modern life and politics’. A recording of *Breaking the Silence* (2020) can be accessed via this [link](#).

Introduction: Grief and the Historical Conuncture of COVID-19

COVID-19 has exposed long-term intersectional inequalities and vulnerabilities, drawing attention to deeper ontological questions of ‘where we are now’, temporally in relation to the historical past, but also where we might be in the future. Michael J. Flexer (2020) sees how COVID-19 created a new viral time, ‘heralding’ an already-arrived new historical epoch. Exactly how people will remember this pandemic or historical ‘turning point’ draws attention to our own historicity and restive ‘grief’ to shape an uncertain future. Public and personal expressions of grief have therefore been as much metaphorical as literal, mourning past lives, grieving lost futures. Yet, if we accept that grief transcends time, we can see that these temporal shifts have created a space to think about new opportunities: the possibility to envisage the pandemic as a ‘portal’ into a radically different future (Roy, 2020). It is in this spirit that a more capacious reading of grief and ‘anticipatory grief’ is understood—as a useful way of thinking about cultural expressions of grief and the varied emotional responses to it in the context of COVID-19. Within palliative care settings, ‘anticipatory grief’ is defined as being a response to the loss of function, identity, and changes in roles, in addition to impending death. Anticipatory grief is experienced, not only by the terminally ill person, but by family, friends, and caregivers. It does not eliminate or ameliorate their grief experienced after actual death. However, the experience of anticipatory grief, whilst intensifying emotional responses that include separation anxiety, existential aloneness, denial, sadness, disappointment, anger, resentment, guilt, exhaustion, and desperation, can be beneficial inasmuch as it affords time to anticipate and prepare for changes to come in the future. Thus, a ‘pandemic portal’ could be regarded as an instance of ‘anticipatory grief’ because, despite the incalculable losses experienced over the last year, this portal offers a revelation, disclosure, *apokálypsis*, or, more precisely as translated from the original Greek, an ‘unveiling’, to glimpse, envisage and prepare for an alternative future.

The space to imagine ‘re-setting’ the future has provoked contestation and opposition, as well as galvanised ‘pandemic populism’; far-right social media activists have exploited COVID-19 to propagate resentments and conspiracy theories. In the UK this was fuelled by the Government’s chaotic response to the coronavirus outbreak and a repeated insistence on following ‘the science’ and doing ‘the right thing at the right time’, when evidence suggested otherwise. Populist disinformation about the virus and number of people dying, as well as agitation over facemasks, social distancing and vaccinations, mapped onto pre-existing narratives about migrants, refugees and climate-change denial (Vieten, 2020, p. 10). ‘Pandemic populism’ further thrived in a vacuum where scientific ‘authority’ was demanded by the Government without sufficient recourse to civic or public engagement. Richard Horton, editor-in-Chief of *The Lancet*, remarked that, in the race to produce a vaccination, far too

little was done to prepare the public for a programme of immunisation, which contributed to the problem of misinformation and, more worryingly still, the spread of disinformation (Horton, 2021, 13). Meanwhile, the period between May and July 2020 witnessed the ‘fierce rush’ of futurity in several public spaces across the UK and northern hemisphere, as imperial monuments of the past were toppled or radically reframed through the Black Lives Matter movement highlighting transnational racial injustices and police brutality, as well as other allied activist struggles concerned with the inequalities of social reproduction and irreversible environmental damage.

When exposing past and present injustices, others have reached for modern medical metaphors, describing the pandemic as an ‘X-ray’ through which to see the cracks lying beneath late twentieth and early twenty-first century neoliberal capitalism (Gonsalves and Kapczynski, 2020). These cracks reveal that COVID-19 is not just a medical ‘crisis’, but evidence of entrenched historical patterns of systemic and interconnected failures, which are political and ideological. These are rooted in a colonial and imperial past that encompass history, education, pedagogy and the space in which to articulate agency. As Henry A. Giroux suggests, COVID-19 has been a stark reminder that major catastrophes unfold through relations of power; whilst coronavirus affects everyone, it does not affect everyone equally (Giroux, 2021, p. 29). A consequence of this has seen the ramping up of what Giroux calls ‘pandemic pedagogy’ against which a ‘critical pedagogy’ needs to set itself. This necessarily entails a deepening role for politics to emphasise ‘the importance of struggle over cultural meanings and identities’, as well as situating itself within the political terrains of workplace, education and the state. Critical pedagogy, he argues, makes visible the struggle over public and private spaces where they are currently operating in cultural pathways that ‘function ideologically and politically to objectify people, promote spectacles of violence, endorse consumerism as the only viable way of life, and legitimate murderous nationalism’ (Giroux, 2021, p. xii). Hence, the emergence of COVID-19 is not simply a medical crisis, but one that reveals the multidimensional inequalities of neoliberal capitalism of which ‘pandemic pedagogy’, or ‘pandemic populism’, as well as the virulent strain of vaccine nationalism are all symptomatic of more fundamental failures in terms of democracy and governmentality (Giroux, 2021, p. 9).

Historical Disjuncture: Brexit, Nationalism and Pandemic Populism

Evidence of this can be seen in the UK where, not only the historical past has become a site of political struggle operating within cultural pathways, but so has the future. A feature of the UK’s mishandling of COVID-19 was Prime Minister Boris Johnson’s use of the historical past to bolster a parochial and ‘exceptionalist’ nationalism. This flows out of the slipstream of his message to ‘Get Brexit Done’ for the 2019 general election. Omar Al-Ghazzi describes the rhetorical ways in which populism makes use of the past as a ‘zigzag’ narrative, where the present is portrayed as a point of ‘disjuncture’ that has ‘fateful’ parallels in the past (Al-Ghazzi, 2021, p. 46). During the UK’s first lockdown this was mobilised in what William Davies describes as a ‘new nationalism’ that conflated Sir Captain Tom Moore’s 100th birthday and VE Day commemorations to evoke British stoic resolve as the UK passed through its highest death toll for coronavirus on 21 April. According to Fintan O’Toole, COVID-19 laid bare the myth of Johnson’s exceptionalism, along with the ‘fantasy of personal freedom’ (O’Toole, 2020).

These uneasy points of contact and difference between nationalism and populism become more apparent in the sustained use of ‘moral panic’ and ‘crisis’-driven narratives by far-right populists, which presents each crisis as an urgent historical ‘disjuncture’, or ‘fork in the road’, at which point the ‘right’ turn needs to be made. Here, ‘historical victimhood’ is articulated as part of what Al-Ghazzi calls a ‘temporal logic’ that uses an imagined past to

evidence contemporary grievances by way of rallying supporters to a brighter future, typified most notably in Donald Trump's political slogan 'Make America Great Again'. Narrative disjuncture calls forth unconventional leaders and, notwithstanding the fact that Johnson has never fully met the definitional criteria of a populist leader—this aspect of his leadership functioning as, Ben Margulies argues, a type of 'performative rebelliousness'—the General Election of 2019 convinced sufficient numbers that his Finest Hour was yet to come (Margulies, 2019). But the approach to Brexit and 'performative rebelliousness' was disastrous when managing a public health emergency—epitomised in Johnson shaking hands with coronavirus patients in March 2020, just ahead of the UK's first lockdown. The adoption of militaristic language dedicated to 'fighting' a virus therefore is no more than a rhetorical posturing, part of a nationalist trope key to the UK Government's daily press conferences, while Boris Johnson's 'new nationalism' in metaphorically 'draping the union jack' across the National Health Service and healthcare 'heroes' has yet to yield any meaningful recognition in terms of their pay award and working conditions (Davies, 2020). As Susan Sontag has argued, the military metaphor not only 'provides a persuasive justification for authoritarian rule but implicitly suggests the necessity of state-sponsored repression and violence' (Sontag, 2002, p. 94), seen most notably in the UK's pending Police, Crime, Sentencing and Courts Bill, which gives the police greater authority to restrict public protest and assembly.

Thinking about pandemic time as an *apokálupsis* or 'unveiling' at this historical *con-juncture*, as opposed to populist or nationalistic *disjuncture*, can start to create what Anneke Sools sees as a prospective methodology and 'pedagogy of the possible' for imagining the future (Sools, 2020). A 'pedagogy of the possible' might therefore envisage COVID-19, not as the catastrophic end of time assumed by the term 'apocalyptic', which has frequently been ascribed to this pandemic, but as the Greek *apokálupsis*. As James Berger suggests, *apokálupsis* can serve powerfully as an interpretative and explanatory 'cataclysm' that, in its 'destructive moment', clarifies and illuminates exactly what has been brought to an end. Whilst it represents an historical 'turning point' or fulcrum that shatters previous historical narratives, it also 'generates new understandings of the world' (Berger, 1999, 5). In this way, a future-orientated 'pedagogy of the possible' rejects the binary historical disjuncture that relies on the construction of nostalgic 'rise and fall' exclusionary narratives about the nation. This calls for a critical method or pedagogy to develop necessary tools of analysis, not just in relation to the discipline of history, historiographical inquiry and epistemology, but as a thoroughgoing critique and politics of refusal when challenging the nation state in all knowledge production (Tudor, 2017). Historical learning, Giroux argues, is not the construction of nationalist narratives, but involves 'blasting history open, rupturing its silences'. Developing a robust historical consciousness and politics of memory creates a space for people to refuse formulaic nationalist resolutions and imagine an alternative future (Giroux, 2021, p. 135).

In historicising the present, recourse to a 'conjunctural analysis' exposes the polarising politics currently surrounding competing claims about what the future will look like (Gross, 2020; Powers, 2020; Gilbert, 2019). Lawrence Grossberg sees that a conjunctural analysis lies 'between the specificity of the moment and long *durée* of the epoch' (2019, p. 42). The 'specificity of the moment' wrought by COVID-19 in the UK takes within its purview the discursive context of Brexit and commemorative events for the First World War centenary. The long *durée* includes the UK Coalition Government's austerity measures and accompanying reduction in funding social care between 2010 and 2015, particularly in terms of weakening the response capacity to COVID-19 within 'an already beleaguered sector' (Glasby and Needham, 2020; Warren, 2020). A recurring point in the oral histories undertaken for our research with health and clinical staff in palliative care was deeply felt anger on this score, tempered only by a hope that the experience of COVID-19 might see a change of direction

in Government policy and funding. Emphasis on ‘cultures of grief’ in this regard therefore offers a more expanded and politicised sense of multiple reactions and discourses beyond just the clinically defined symptoms of grief, important as these are (Walter, 1999). In fact, there are clear indications from current clinical research that the ‘usual’ forms of grief associated with bereavement are now developing into ‘complicated’ cases due, not just to COVID-related deaths, but the added psychological trauma of loved ones dying alone in ICU and funerals taking place with restricted numbers because of social distancing measures (Bermejo, 2020; Cardoso et al., 2020). The social and cultural responses picked up on in our oral histories with clinical staff in palliative care highlight this as a major concern, as well as the impact of underfunding and neglect within social care. For several of our oral history respondents the backdrop of austerity evoked anger and a deep sense of discomposure about the Government’s co-opting of the ‘Clap for Carers’ and localised community support for the purposes of an inward-looking NHS nationalism.

Creative Pedagogies as Critical Praxis

Using the Spanish Flu pandemic of 1918 as a heuristic device, the oral histories for our project explored ‘everyday’ cultural expressions as well as subjective experiences and emotional responses to COVID-19, evaluating its unequal impacts, as well as its differing affective scales related to illness, dying, grief and mourning. Work here drew on the mixed methodologies leveraged initially as part of a collaborative Heritage Lottery project about the Spanish Flu that had started in 2018 for the centenary commemorative events of the First World War, but which were then adapted during the UK’s ‘COVID year’. Led by one of the co-authors here, Sara Clifford, Clifford’s site-responsive theatre company, Inroads Productions, investigated the ‘hidden’ or neglected history of Spanish Flu through oral and intergenerational family histories with the descendants of families who had been affected. An exhibition for Spring 2020 was postponed after the UK’s lockdown measures were instituted in March. The exhibition had been due to highlight the extent to which Spanish Flu was still cloaked in silence: downplayed by the Liberal Coalition government at the time, deaths had been shrouded in silence by families ashamed that a family member died of influenza rather than as part of active service during the First World War. Work here sought to convey the more generalised sense of loss, grief and trauma experienced and identified by many in myriad ways at the end of the First World War, which was compounded by the silences surrounding people who died of influenza. Oral and family histories undertaken by Inroads Productions showed that personal trauma and grief carried other emotions, such as guilt, shame, anger and fear, embodied as ‘trace memories’ within intergenerational family stories. The project’s methodologies incorporated theatre, creative writing, oral histories, narrative inquiry, historiography and medical histories. Following the UK’s first lockdown, the exhibition’s content migrated online with the creation of a website populated with digital resources.²

The daily experiences of COVID-19 revealed much about the ‘silences’ of the Spanish Flu. Key to a newly emerging collaboration was the decision to collect new oral histories with healthcare professionals to capture their experiences of working ‘on the inside’ of the pandemic, using the historical pandemic of 1918 as a conceptual hook. Our research initially piloted oral histories with palliative care clinicians in hospital and community end-of-life care-settings in East Sussex. As this work is ongoing, the intention is to roll it out further to include non-clinical roles, patients and families for the next phase. Interviews were conducted online following the Oral History Society’s updated guidance on best practice and ethical protocols, as well as undergoing ethical scrutiny via the University of Brighton. Using

2 The website with primary historical and secondary critical and pedagogical sources, ‘Spanish Flu in Brighton – Inroads Creative Learning Project’, is available at: <https://www.spanishfluinbrighton.co.uk/contact>

a 'grounded' theory approach, the 'raw' material has undergone transcription and thematic analysis, with themes coded, triangulated and synthesised within the existing academic literature evaluating the impact of COVID-19 on palliative care as well as studies identifying early indications of 'complicated grief' lined to the pandemic.³ Across several key themes identified was the multidimensional effects of COVID-19 on palliative care and, in turn, the socio-psychological implications of these changes on staff, professionally and personally. There was an acute sense of how practices around death, dying and bereavements had changed considerably during the pandemic.⁴ Due to the highly contingent and expedient nature of collecting this material in pandemic times, there is no assumption here of 'data saturation' or representative sampling. The first oral histories were recorded in July 2020, following the pandemic's peak in the UK, when infection rates had reduced, and COVID-19 deaths were low. This was then rolled out after the second lockdown.

Taking a non-linear historical approach, our project utilised oral histories to investigate the emotional registers of past and present pandemics, seen in the creative reproduction of key themes in an online scripted performance, *Breaking the Silence*, which was screened via Zoom in October 2020. This formed part of a collection of COVID-19 stories hosted by 'Damn Cheek', a Brighton-based production company committed to 'shining a spotlight on social injustice and inequality', thus 'exploring tensions of modern life and politics' (Damn Cheek, 2021). The methodological practice adopted for a project that was rapidly changing in its complexion during pandemic times encapsulates what Anna Hickey-Moody describes as the 'eclectic ethics of invention' (2015, p. 191).

The scripted performance of *Breaking the Silence* focuses exclusively on the character of an older woman called Joy, who is mourning the loss of her cousin and life-long friend to COVID-19, though, because she cannot attend the funeral in person, is unable to grieve properly and is spectating from a 'safe' distance via Zoom. The character's psychological and emotional state represents a type of 'disenfranchised grief'; this occurs when a person's grief is not socially facilitated or where public mourning is denied. The disenfranchised grief highlighted in *Breaking the Silence* delineates a specific moment during the UK's first lockdown when numbers attending funerals were restricted. Research indicated that 59% of respondents interviewed believed that their grief had gone unacknowledged in the midst of global pandemic (Ryder, 2020). Once more, this was also articulated by one of our own interviewees worried about the longer-term impact on families who felt cheated out of giving their relative a good 'send-off'. *Breaking the Silence* sees the character's narrative moving through different historical timeframes and temporalities, shifting between various emotional states and affecting behaviours, which seeks to mobilise a deeply felt historical empathy. These registers focus alternately on personal, social and political subject experiences, changing seamlessly in perspective between family and collective memory of the First World War. The play's oral history content, also based on intergenerational memory of the Spanish Flu, provides a more nuanced emotional resonance and recognition for the here and now, which has been dominated by grief and loss. The arrangement of oral histories, creative narratives and performance thus reconfigures linear time, reactivating archival sources through creative and affective articulations. These methods help to explore 'everyday' experiences of COVID-19 and differing emotional responses to pandemic illness and its unequal impacts; the experience in this case is of an older, isolated woman.

The participatory practices facilitated by Inroads Productions point toward evidence-based research, which has also become the basis of metacritical work about public pedagogy, as well

3 All interviewees consented to take part in the research and have been anonymised. The empirical findings and content of the interviews are discussed fully in other forthcoming publications.

4 The authors would like to thank Martha Beard for transcribing and synthesising the oral history interviews.

as the development of new pedagogical practices during lockdown. There have been many instances of this, as well as digital affordances in online accessibility with collaborative connectivity. Another example can be seen in the migration to online oral histories. In moving to interviewing online, oral historians have had greater ease of accessibility—our project having easier online access to busy palliative care clinicians was an obvious bonus. But there were issues when adapting online to avoid disrupting or impairing a recording in terms of audio quality and narrative flow that might have been impeded without face-to-face contact. Despite these drawbacks, the materiality of the voice in ‘embodied space’ (Hickey-Moody, p. 11), albeit online, was also reflected in the site-responsive scripted performance recorded on Zoom. Thus we adapted to a digital environment, which gave both modalities a particularly affective power given the issues being explored around anticipatory grief, death, bereavement, social isolation and digital exclusion.

It should be noted that our project did not simply entail making direct comparisons with or ‘learning from’ the Spanish Flu pandemic in didactic ways. Mapping points of contact and difference, as well as re-articulating hitherto ‘silenced’ memories about the Spanish Flu was a means of historicising contemporary cultural politics, were vital elements of the work. Also crucial and integral to the work was the reflexive evidencing of a constructivist critical method with which to develop historical consciousness and empathy. This drew on ‘multiple fields and practices’ (Hickey-Moody, p. 169), and functioned as a pedagogical tool for a cultural politics and history of the present, as a type of political intervention in itself at this particular historical conjuncture. Methodological use of oral histories, as well as performance and expressive arts, evidences an interdisciplinary public pedagogy with which to provide a ‘space’ to historicise the present. As Gert Biesta suggests, this does not necessarily imply a physical location, though the activist reframing of social spaces or sites of memory is critical, but pertains more to a ‘mode of human togetherness’ or collective action (Biesta, 2012; Sandlin, Burdick and Rich, 2017). Indeed, for most of us, work and creative activity during lockdown had to adapt quickly, transferring from physical place to online virtual space. This involved a major shift in consciousness and pedagogical practice, with mixed affordances, though the project here strengthened its character as a collaborative form of public pedagogy committed to non-hierarchical ways of working. Much of this was aided by digital technology and platforms like Zoom. Yet the accelerated migration to online activity should not eclipse inequalities with digital accessibility, as well as competency and confidence levels when using technology. Furthermore, the extent to which this aspect of the pandemic has impacted specifically in terms of gendered workloads around inequalities of social reproduction when working from home during lockdown means that there is an urgency for critical pedagogy to engage fully with a feminist relational ethics of care. This could constitute a ‘politics of refusal’, which can challenge the drivers of competitive individualism and corporate language of ‘enterprise’ within the neoliberal academy. Audra Simpson has argued that, far from disengaging, this politics of refusal can re-imagine and re-enact new subjectivities, ways of being and agency, as well as newly elaborated historical analyses (Simpson, 2016).

Our collaborative approach to critical and public pedagogy is therefore inextricably linked to a non-linear engagement with history and ‘multidirectional memory’ (Rothberg, 2009). This temporal layering ‘folds together’ past, present and alternative futures (Hickey-Moody, p. 191). Within historical scholarship the Spanish Flu pandemic itself has often been mis-characterised as the ‘forgotten’ pandemic, though its scale was deliberately ‘hidden’ by Governments in Germany, England, France and the US at the time through censorship in order to maintain war-time morale. Its name, ‘Spanish Flu’, derives from the fact that newspapers there were free to report openly, which meant that many assumed Spain was the place of origin for this variant of flu, though, in fact, this was not the case. Since then, its obscurity

within mainstream British history and cultural memory is due primarily to the dominance of First World War local and national commemorative practices, which set down a specifically political pattern for mourning, remembering and commemorating ‘fallen’ soldiers. Again, it might be said that COVID-19 has functioned here as a type of *apokálypsis* in revealing the complexity of another interlocking history lying behind a well-established national ‘screen memory’. The Spanish Flu had far-reaching transnational effects, frequently tracking, with devastating human costs, Britain’s colonial networks and routes around Empire, and well beyond. A prime example of British colonial indifference and subsequent historical amnesia is India’s death toll for Spanish Flu, which reached an estimated 12 million, 5% of its population (Arnold, 2019). It was thought to have been transported by Indian troops during the war, who were, themselves, relegated to a footnote in British imperial and national history. With historical hindsight and the experience of living through COVID-19, perhaps it is now possible to see the multidimensional impact of the Spanish Flu in ways not fully realised at the time or admitted since.

Even pre-COVID-19, scholars have sought to offer perspectives on why the Spanish Flu pandemic lay dormant to historical representation and memorial practice for as long as it did. The difficulties in representing the Spanish Flu within or alongside linear national narratives of the First World War were explicated in *Pale Rider*, a study of the Spanish Flu by Laura Spinney. She describes the problems entailed when attempting to capture the myriad ways Spanish Flu moved across the globe between 1918 and 1920, circling and weaving through space and time, connecting the personal, communal and collective simultaneously ‘in the blink of an eye’. ‘A linear narrative won’t do’, she says (Spinney, 2017, p. 5). Wars and plagues are narrativised and remembered differently, with epidemics or pandemics taking much longer to percolate the collective memory. A pandemic, she argues, has no clear beginning or end, no ‘obvious’ heroes with which to award military medals (p. 293). Undoubtedly, in this regard, memorial practices for COVID-19 have changed considerably, quickly flowing into the slipstream of established patterns for both national and local memorial sites, seen in the ‘unauthorised’ and spontaneous National COVID Memorial Wall instigated by bereaved families, where painted hearts on the South Bank represent every person who died. There was also an officially sanctioned outlet for mourning in the national day of reflection held on 23 March 2021, organised by the charity Marie Curie.

Engagement with the Spanish Flu as a type of public pedagogy therefore needs a different form of narrative re-telling. Possibly, as a result of COVID-19, this approach might yet have more purchase in terms of a richly complex perspective on the same period for which dominant and hegemonic narratives have been constantly remediated about the First World War. Serving as the cornerstone for British cultural memory and commemorative practice, all too often this has been predicated upon a narrowly conceived idea of national identity with the co-opting of popular consensus around English ‘exceptionalism’. In many ways, this was further compounded by the recent centenary events of 2018, despite a proliferation of localised arts projects and initiatives around the UK that aimed for the inclusion of counter narratives, experiences and perspectives (O’Donnell, forthcoming).

With the emergence of coronavirus, the Spanish Flu may now permanently be refracted through the experience and cultural politics of COVID-19 as an historical ‘turning point’. Scholars working within the medical humanities, sciences and cultural histories have taken radically contrastive positions about the wisdom of drawing comparisons between these pandemics (Green, 2020, p. 62). Debates here, prompted of course by COVID-19, are richly productive, though there is not enough space within this article to discuss them.⁵ Whilst there is

⁵ For contrastive perspectives, see special online edition of *History Workshop Journal*, ‘Apocalypse Then and Now’ (2020).

evidence to suggest that many at the time regarded the First World War as an historical 'turning point', with some even reading it in 'apocalyptic' terms, this continues to be vigorously debated amongst historians. Apocalyptic 'readings' tended at this time to be more biblically and religiously inspired rather than the metaphorical, literary or popularised science-fiction uses with which we are now familiar (Jenkins, 2014).

Even taking account of the health warnings that go with comparisons, there are many interesting correlations, though with some distinct differences too: in the Brighton Infirmary, many medical staff in 1918 contracted the Spanish Flu, spreading it to other patients, before dying of the illness themselves. At the peak of the pandemic in Britain, primary schools closed while people walked to work rather than risk spreading the virus on trams and buses (Kempshall, 2014). The 1918 pandemic revealed stark inequalities around morbidity and mortality in terms of class, race, and gender. In Britain during the Spanish Flu outbreak, theatres and cinemas closed, though only for a few hours with deep cleaning taking place between times, unlike COVID-19, when they remained closed for months. The public were told to wear masks, wash their hands and socially distance. Local networks of care and community were established informally. The movement of people in the immediate aftermath of war meant that the virus spread in three waves, killing huge numbers across the globe. Emotional responses to the Spanish Flu were varied; they included death anxiety and depression, along with a more fatalistic attitude to it as another major disease for which there was no preventative treatment or vaccine, though concerning the latter, there was also popular suspicion.

A key difference between the pandemics is that, unlike 1918, a vaccine has been developed and rolled out for COVID-19, though its rapidity has further compounded populist disinformation on the one hand and triumphant vaccine nationalism on the other. Another critical difference is that whilst silence shrouded the Spanish Flu, public responses to COVID-19 have been the very opposite: competing claims in the mainstream media and by politicians, scientists, as well as an array of social media pundits, mean there was a level of noise, multiple frames of reference, personal stories, conflicting scientific data and willful disinformation that made it difficult, initially at least, for most people to grasp what was going on. The immediacy of 'global' communication means COVID-19 is both a mediated and mediated experience simultaneously global and personal. Expressions of this could be seen during the first lockdown when the 'mourning' of 'old' time 'BC'—'before coronavirus'—was eclipsed by the non-time of 2020's 'new normal'. Such temporal dislocations have produced intense feelings: anxiety, anger, fear, and sadness, prompting renewed concerns about an 'epidemic', or 'syndemic' effects of deteriorating mental health and COVID-19 due to lockdown, 'connected' isolation and social distancing.

Using the exploratory theme of silence for both pandemics has nevertheless been a compelling heuristic device. Obfuscation around the numbers dying of COVID-19 in social care during the UK's first wave amounted to a silencing, while people who died in their own homes, but whose deaths were not counted in the daily death toll for coronavirus, have so far been obscured from the official statistics, featuring only in the ONS 'excess deaths' numbers. Simultaneously, there is the silence of self-isolation; the silent grief for loved ones amidst social distancing measures on hospital wards and at funerals; the silencing of the homeless in the Government's 'Stay at Home' lockdown message; the silencing of any dissent from the UK Prime Minister Boris Johnson's militaristic language vowing to 'fight' coronavirus; a silencing nationalist 'consensus' insisting on a 'wartime' National Health Service that explained away the unsettling scale of deaths amongst BAME and migrant healthcare

workers;⁶ and the officially ‘sanctioned’ commemorative silence for keyworkers ‘sacrificed’ on the ‘frontline’ that has reconfigured them as heroes, but which silences any questions raised about their lack of PPE (Kochi, 2020). In an excoriating editorial about the UK’s mismanagement of COVID-19, the *British Medical Journal* suggested that an appropriate response by the Government would be to protect the lives and health of those most at risk ‘in our unequal society’ (Scally, Jacobson and Abbasi, 2020). There is, then, an urgent imperative to pay particular attention to the discursive malleability of what Louise Hide and Joanna Bourke have seen as cultures that ‘generate and perpetuate, deny and legitimise harmful practices’, in institutions and sites of care, but also in the social experiences of everyday life (Hide and Bourke, 2018, p. 681).

In the UK two recent pieces of policy-making research drive this home, further undermining Boris Johnson’s Churchillian evocation of Britain’s ‘Blitz Spirit’ and a nation ‘battling together’ to ‘beat’ coronavirus. Estimates for mortality involving coronavirus by ethnic group, published by the UK’s Office for National Statistics (ONS) in October 2020, show that all ethnic minority groups between March and July 2020 had notably higher death rates than their white counterparts (ONS, 2020).⁷ In England and Wales, males of Black African ethnicity had the highest rates of death—2.7 times higher than white males. Rates of death of Black Caribbean females were 2 times higher than white females. These statistics further increase in disparity for England when based on a statistical model adjusting for age and excluding care home residents, where the death rate among Black African males was 3.8 times higher than white males, while for Black African females it was 2.9 times higher (ONS, 2020).

These findings show that ethnic differences in mortality involving COVID-19 are strongly associated with socio-economic and demographic factors, such as place of residence and occupational exposures, and cannot simply be explained away by pre-existing health conditions using hospital data. This is stated explicitly by Ben Humberstone, Deputy Director for the Health and Life Events Division, ONS, who confirmed that: ‘using more detailed ethnic group categories and adding measures of pre-existing health conditions from hospital data, we have been able to build on previous analyses of ethnic disparities in COVID-19 mortality’. The report evidences that, even after adjusting for age, rates of COVID-19 related deaths remain higher for most ethnic minority groups, but notably so for people of Black African, Black Caribbean, Bangladeshi and Pakistani ethnic background. Whilst specific pre-existing conditions place people at greater risk of COVID-19 mortality generally, this did not explain the remaining ethnic background differences in mortality (Humberstone, 2020).

Meanwhile, research at the Resolution Foundation on unemployment, published in April 2021, found that young people have been disproportionately impacted by COVID-19 in terms of future employment. The picture is starker still for young Black and Asian people where pre-COVID inequalities have been exacerbated. With the onset of COVID, unemployment rates rose highest for young Black people to 35%, a ten-point increase, and 2.7 times higher than the rate amongst white young people for the same period (Henahan, 2021). These figures evidence pronounced inequalities in terms of differentiated outcomes for health and employment accelerated by the pandemic. Not only has COVID-19 claimed more BAME lives, it is also threatening to rob younger BAME people of their future.

6 The authors acknowledge that the acronym Black, Asian and Minority Ethnic (BAME), though used here, is currently disputed for being incomplete, thus exclusionary, but also for its homogenising tendencies in its usage.

7 This data, which was released in October 2020, does not include statistical information for Chinese groups in any of the above categories.

Conclusion: Historical Consciousness as a Critical Method

Modes of public engagement have significant impact in their own right as artistic pieces, but also have enormous capacity to yield important metacritical insights into the processes of creative practice as embodied, affective and relational (Hickey-Moody, p. 169). This pertains to the politics of history-making, which address how traces or atmospheres of the past, invested with feeling, might be reinterpreted and reactivated through the creative arts. Here, our own research contributes to the productive, if still contentious, area within historical scholarship and memory studies concerning the tortured relationship between the hermeneutics of historical emotions and practices of affect. The bifocal nature of our 'research process' (Hickey-Moody, p. 11) evidences emotions as historically situated—they are materialities as well as being discursive (Damsholt, 2015). But reactivating the archive, through embodied memory, can, in this very process of affective encounter, help attune us to the emotional registers of past and present. Furthermore, affect 'is the way art can speak' (Hickey-Moody, 11). As has been argued by a number of scholars within the field of critical pedagogy, artistic, experimental and activist enactments of public pedagogy have the potential to 'create new ways of being and doing' (Biesta, 2012; Sandlin, Burdick, and Rich, 2017).

As the pandemic continued to unfold throughout 2020 and into 2021, we have seen a diverse range of histories, experiences, stories and reflections related to COVID-19 captured in myriad ways. It's true to say that COVID-19 has interpellated all of us as storytellers, witnesses and even prophets of an 'apocalypse'. Our collaboration offered an agile and timely response to the COVID-19 crisis, facilitating a reflexive and variegated methodology, extrapolating from a dynamic creative process to evaluate its potential for pedagogical purposes and a critical hermeneutics for developing historical consciousness and empathy. In its use of oral history and performance, it also adds to a robust critical scholarship on 'decentering' the written word and 'authoritative' status of the historical archive.

Material developed and co-constructed in creative methodological ways from oral histories, performance, photography and art has been vital for a deeper exploration of the differing affective engagements or disengagements resulting from COVID-19. Analysis of the different modes of delivery by Inroads Productions and its creative content, for wider public pedagogy and engagement, draws attention to both the historical and contemporary cultural resonances of 'everyday' experiences of pandemic illness at specific historical conjunctures. Collaboration here has evidenced the affective meaning-making and exploration of historical death, dying, mourning and anticipatory grief during the COVID-19 crisis. More than that, however, it has the potential to create a model of public pedagogy and a creative space in which people can work together in developing a historical consciousness that helps to 'unveil' their own agency as part of a non-linear narrative that connects them to past, present and future. With the combined threats of disinformation and vaccine nationalism, there is greater imperative for interdependence, cooperation and solidarity to gain control over COVID-19, build 'resilient health systems' and maximise the opportunities for 'global togetherness' that the pandemic has provided (Horton, 2021, p. 137). In this regard, Giroux is surely right when he insists that historical agency is educational and political, needed to burnish a 'meaningful activism' to radically change the script: a politics that, in exposing the 'faux' histories of nationalism and populism, also refuses to cancel the future (Giroux, 2021, p. 203).

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