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Teacher, Scholar, Human: A Day in the Life of COVID-19

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Narrative Chaos: A Day in the Life of COVID-19 as a Teacher, Scholar, and Human

November 17, 2020—7:00 a.m.

My morning starts like any other morning. I get dressed, fix my hair and makeup (only eye makeup so I don't stain my mask), and eat breakfast. Before COVID, I'd read the news on my phone, but instead, I take my temperature and answer health screening questions. *Have I been around someone with COVID? Do I have new shortness of breath?* The routine takes two minutes and is now as natural as brushing my teeth after breakfast. Everyone on my university's campus has to answer the questions every morning, but so far, I've never had to say yes to any question. But today is different. My husband, who also teaches at the university, has an elevated temperature, as do I. 2 degrees higher than average, to be precise. As he calls the school nurse, I try to assess how I feel. My throat hurts slightly, but I feel otherwise fine. The nurse tells us to teach from home until we can take rapid tests on campus at noon. I'm grateful our small rural campus has those machines, even though I'm pretty sure we're fine. Maybe the \$50 thermometer we bought at the beginning of the pandemic is broken.

As we get ready for a morning of working at home (no small feat with three small but very loud dogs), I wonder how I'm going to write about this COVID scare. As a scholar, I study illness and how it functions within American literature. Although I study these narratives rather than write them, it has dawned on me that I will have to record my own COVID experience—whether I'm ill or not—at some point. In his book, *The Wounded Storyteller: Body, Illness and Ethics*, Arthur Frank theorizes about the different types of illness narratives. Illness narratives are stories about illness written from the perspective of patients, healthcare providers, and family or other caretakers. And after teaching during a pandemic, I would add teachers to this list as well.

This genre, the illness narrative, is what I have studied for the past ten years. In *The Wounded Storyteller*, Frank outlines the most common

structures for these narratives: some illness stories are journeys and show how illness has changed a person's life or taught them an important lesson (often moral or religious), while others are restitution narratives, focusing on making the body and/or mind whole again. But the most interesting illness narrative structure to me is the chaos narrative. Frank describes these stories as a "non-plot" (97) "anti-narrative" (98). He writes:

the plot imagines life never getting better. Stories are chaotic in their absence of narrative order...the teller is not understood as telling a 'proper' life story. But more significantly, the teller of the chaos story is not heard to be 'living' a proper life, since in life as in story, one event is expected to lead to another. Chaos negates that expectation. (97)

Frank argues chaos narratives can only be lived and not told, writing, "those truly living the chaos cannot tell in words" their illness narrative, but rather "the chaos that can be told in a story is already taking place at a distance and is being reflected on retrospectively" (98). Although I find Frank's claim that chaos stories cannot be told accurate in many cases, Frank wasn't writing about a pandemic. COVID-19 stories are undoubtedly chaotic largely because we lack any distance. A writer may be able to get some distance from their symptoms once they recover from COVID and could potentially tell a coherent story then. However, it is current impossible to find any measurable distance from social, cultural, personal, and political ramifications of the pandemic, leaving any COVID-19 narrative without a reflective grasp on the wider circumstances and context of their illness. We don't yet know all of the ways our world has and will be changed.

But we must tell our stories, and we must tell them now. Our COVID stories are historical records. These stories advocate for both long-term (such as pandemic prevention) and short-term policies (like mask mandates). Our stories share our heartbreak and pain. By telling our stories, we encourage others to social distance, get vaccinated, wear masks, and advocate for change. With ever worsening case numbers and deaths, the pandemic seems far from ending. Whereas other illness narrative structures benefit from the perspective and distance that time allows, time is not a luxury we have right now. It's a luxury we may not have for a while. Instead, while the pandemic rages, we must gather the

confusing memories and feelings, make sense of what we can, and build some sort of narrative to tell our stories out of the fragments, grief, uncertainty, and pain we feel.

So, as I wait for my COVID test and prepare to teach online, I start mentally putting together my narrative. I've already been writing it for a while. There are so many confusing aspects of a pandemic. Not knowing if or when you'll get sick or if your loved ones will get sick. Knowing people around you will inevitably take ill or maybe even die. Trying to teach students in quarantine while simultaneously teaching the students in the room with you. It's all chaos—I don't have a reflective grasp on the narrative. I don't know what comes first or what will come next. But I already know my day will be unusual. I feel the first spins of chaos—the confusion and terror that begins building slowly in the back of your mind as you try to live your life “normally”—whatever that means.

9am

After we got our tests scheduled, I email my students to tell them we'll be meeting on Zoom. My campus has adopted a hybrid educational model. Some students—maybe 5% of the campus—are fully online. These are largely international students who were unable to come back to the US and students who preferred not to continue their education in person. Those remote learners are comfortable with Zoom meetings. The rest of my students alternate between in-person and Zoom attendance. We do this to restrict capacity, so the room is never more than 50% full. I'm actually grateful to have an online-only class for once. Teaching in a hybrid classroom is hard, to say the least.

One of the things I miss the most from my in-person classes is spontaneous interactions with students. A few years ago, I read an article in *The Chronicle* in which James M. Lang argued that small talk before class with students, can “build a more positive atmosphere for class discussion, or simply to get to know my students a little better.” I teach at a small school, so I tend to get to know my students well and often teach them for multiple semesters, and Lang's approach helped me connect better with my students. I usually arrived to class ten minutes early and talk and joke with the students. I knew this approach was working when I not only saw an increase in office hours attendance, but when one of my

students came to class early to get me to help with figure out how to cancel his stolen debit card. He told me he waited to ask me because he knew I'd have the know-how and the will to help. Although personal finance is not my area of expertise (I'm grateful my mother-in-law is an accountant), I knew that my student felt they could trust me, and that I'd help them.

But these interactions don't happen as much anymore. I spend the minutes before class hooking up my microphone, logging into Zoom, and trouble-shooting whatever tech issue I have that day. My Zoom students are also less talkative and often don't turn their microphones or cameras on until class starts. The in-person students, due to social distancing, tend to be quieter too.

But maybe it's not the distance. Maybe my students are quiet because, like me, their lives have been thrown into a chaotic state. Classes used to be fairly predictable, routine. But now every morning, you can find yourself flagged for additional medical screenings and getting tested rather than going to class. Or your teacher can suddenly move your class to Zoom, as I just did. Or maybe your family member is sick. Or maybe....

The maybes don't stop with COVID.

Today, I find myself overly distracted. My students seem rather energetic—not a guarantee by any means this close to Thanksgiving break—but I keep wondering if I have COVID symptoms. Does my throat hurt, or do I just need a drink of water? Does my head hurt, or have I been staring at the screen too long? I think, passively, that this is the chaos stage of illness. I always thought getting sick would be a progression. First, I'd have x symptom, then y symptom, then I'd call my doctor, and then I'd be diagnosed with z. I knew that feelings about illness could be complex and difficult, but I never fully realized how ambiguous illness can be.

In the back of my mind, I wonder: is this it? Is this the start of my illness narrative? Is this even a narrative? Instead of a timeline or progression, I feel like I'm in a dark room with no light. I think I hear sound...maybe. I think I see a pinpoint of light...possibly. But really, it's chaos. Sheer, utter, non-narrative chaos.

11am

When you Google the word “chaos,” one of the questions under the “People Also Ask” feature reads “is chaos a bad word?” I’m not sure the context of the question, but according to Frank, the chaos narrative represents a unique confusion and terror—only one that illness can bring. Whereas other illness narratives are written to show some sort of purpose—such as inspiration or instruction—illness narratives during the pandemic can only show chaos. We don’t know the beginning or end of this. Even if our individual illnesses have a clear plot line, the future is uncertain. Can we get COVID-19 more than once? What about the new variants? Can we have long lasting symptoms? Will the pandemic end soon? Ever? Every attempted answer seems to bring more questions.

Nevertheless, I try to find meaning in this anti-narrative. Even if my grasp on the plot is tenuous, there is some meaning here. During our monthly faculty meeting (now on Zoom, of course), the president of the university announces that today is the year anniversary of COVID-19. The disease was first diagnosed a year ago today. The university’s president isn’t usually at our meetings, but he’s here to give us an update on our campus. Despite the COVID challenges, our retention and recruitment are up. Students are satisfied with their classes. This is a huge victory, especially for a small university which, despite many trends in higher education, is actually thriving. However, despite our numbers, it’s easy to feel disheartened. Teaching is hard; the future uncertain.

After the president speaks, it’s my turn. I was asked to share a list of best practices for online and hybrid classrooms, a topic I recently presented (via Zoom) with a colleague at the Indiana College English Association Conference. My advice is basic: design your online course webpage clearly, try to form a community in the class, set clear due dates, etc. These tips are good ideas, but the truth is that we all need to research and experiment in our classes to truly find the most effective teaching strategies. Right now, all of us, even the most experienced professors, are struggling with these new changes to our classrooms. Of course, none of this takes into account the illness part of teaching during a pandemic. As a professor, how do you teach while experiencing COVID symptoms? How do students learn when they are waiting for their parents back home to update them on an ill family member’s health? How do you live during a pandemic? Is chaos a bad word?

Noon

My husband and I report to the testing room on campus and just a few minutes later, we are diagnosed with COVID, exactly one year after the first diagnosed case. The significance is not lost on me. In 365 days, a novel virus traveled around the world, infecting scores of people, and arrived at my small, rural campus. It seems almost unbelievable. I realize that the significance I feel of being diagnosed with COVID exactly one year later is my attempt to make meaning out of this chaos. But I don't really know what that meaning is. How can I make sense of this new world? A year ago, I hadn't even heard of COVID-19. I was planning vacations and wearing lipstick (and to think, I had my entire face exposed in public!). This is what chaos feels like to me: a desperate attempt to apply logic and reasoning to difficult circumstances.

After the test, we sit in our car, emailing students to move afternoon classes online before we drive home. While my husband drives, I call our families. We make quick plans to teach online for the next two weeks. I text a colleague to arrange a grocer delivery. It's funny how the chaos of illness so quickly gives way to practicality. My husband and I aren't taking time to think about what this illness means for us, for our bodies, our lives. Instead, we're focusing on our job, our immediate needs. Just another attempt to tame the chaos.

Sometime in the Afternoon

My day ends with my COVID diagnosis. Except it doesn't—but when thinking in terms of a linear narrative, it's hard to put together a timeline. I do know that I went home and taught my Adolescent Literature class on Zoom. We discussed the homophobic language in Sherman Alexie's *The Absolutely True Diary of a Part Time Indian* and the ethics of assigning problematic works or works by problematic authors in middle-school and high-school classrooms. At least, that's what my notes say. I don't remember the class well, although I do remember being impressed with my students. Reconstructing that day after my diagnosis is like trying to remember a dream an hour after you woke up—there are bits and pieces, a lingering feeling, but the plot is lost. I also know that my fever spiked shortly after my test, and I began experiencing more and more symptoms.

Fortunately, my husband and I both had mild cases of COVID. My husband, despite taking immunosuppressants for an autoimmune disease, actually fared better than I did. I managed to run a fever for a full eleven days and develop a chicken pox-esque rash all over my body which itched intensely and will most likely scar. Other than the rash, none of my symptoms were intense by themselves, but the duration of the symptoms was extreme. I was sick for a full two weeks, slept 12 (itchy) hours a night, and had trouble sitting up long enough to teach a 50-minute class on Zoom. But I recovered. We are lucky.

However, looking back on the illness, I still don't feel like I'm out of the illness stage. I'm physically healthy again, but I still feel like I'm in the chaos. The pandemic is still happening. Do I have the time and distance Frank requires for an illness narrative? Or am I finding a way to narrate the chaos? I don't feel like a pandemic plays by the rules—any rules. What is true for most illness narratives seems not to apply here. Most illnesses affect individuals, both the person with the illness and those close to that person. But a pandemic is not an individual affair; a pandemic is collective chaos, leaving all of us with a story to share. Mine, like most, is fragmented, desperately searching for meaning and a cohesive narrative to make sense of the experience.

Afterward

I still don't know to what extent the chaos stage of illness can truly be narrated; although I have some context and distance now from my own illness, the pandemic carries on and any distance I have seems more perfunctory than reflective. Regardless, I do believe it is human nature to try to put words to the chaos. When I began this piece, *chaos* wasn't even the word in my head, but rather *triage*. Teaching during a pandemic is an exercise in prioritizing the bare essentials in order to teach just enough to get students through the semester. There isn't time, energy, or focus for anything more. Dr. Guy McHendry, a rhetoric scholar at Creighton University, referred to pandemic teaching as *Emergency Pedagogy*, a term I like much better than triage. How does one teach in these conditions?

When I first started writing this piece, I wanted to provide a timeline of what a professor's day may look like during a pandemic. The effort required to teach online, in-person, or hybrid is intense, especially when

combined with the fear of actually contracting COVID or potentially spreading the disease. Teaching becomes a balancing act; you have to find the balance between what is best pedagogically and what is best for safety. Often these activities conflict. Hands-on activities, which are best for student engagement and learning, are now safety hazards. However, my own COVID diagnosis made me rethink my approach to teaching. Instead of wondering how I can best teach during the pandemic, I began to ask instead: what are my responsibilities as a teacher and scholar during the pandemic? Instead of focusing on day-to-day lesson plans, what is my larger responsibility during COVID-19?

For me, the answers to these questions came from my own scholarship. Too often, I find my scholarship and my teaching too different from each other for meaningful intersection. As a professor at a small university, I teach a wide variety of classes including composition (basic, first year, second year, and advanced), communications, and any number of literature classes. My scholarship focuses on the medical humanities, which often does not correspond with my teaching. At least, not until the pandemic began; then I realized that what I study has profound implications for my own Emergency Pedagogy.

In my book, *American Life Writing and the Medical Humanities: Writing Contagion*, I argue that illness narratives—even accounts of short-term illness—need to be read through a disability studies lens in order for us to understand how illness, like disabilities, can change our sense of self. How disability studies handles illness—both chronic and long-term—is hotly debated. A disability which leads to life-long wheelchair use, for example, is obviously not comparable to a cold or a nasty stomach virus. However, an HIV diagnosis and other chronic illnesses muddy the waters; a disease, even temporary, can radically alter one's life. To me, illness questions the boundaries on our perceptions of health, ability, and "normality" (whatever that is). Illnesses, even brief, force us to acknowledge that any state in our body is temporary. What we know about the body can change and be altered at any moment.

Katherine Anne Porter, the Texas-born writer, caught the flu in 1918. She recorded her experience a semi-autobiographical, fictionalized account of her experience in her novella, *Pale Horse, Pale Rider*. Her story describes intense pain, nightmarish fever dreams, and powerful

hallucinations. Told through apocalyptic imagery, as the novella's title suggests, Porter's story is one of the best and most descriptive literary accounts of the 1918 pandemic. I've read the story over and over again and written about it extensively, but what stands out most, is not the story itself but how Porter described her illness later in a 1963 interview. Porter, who at 28 years old barely survived the flu, said:

[Influenza] just simply divided my life, cut across it like that. So that everything before that was just getting ready, and after that I was in some strange way altered, ready. It took me a long time to go out and live in the world again. I was really "alienated," in the pure sense. It was, I think, the fact that I really had participated in death, that I knew what death was, and had almost experienced it. I had what the Christians call the "beatific vision," and the Greeks called the "happy day," the happy vision just before death. Now if you have had that, and survived it, come back from it, you are no longer like other people, and there's no use deceiving yourself that you are... (Givner, 85)

I was never as sick as Porter, nor did I have a severe case of COVID. But, as I write this on my first day back on campus after COVID, I'm aware that my body feels different. I'm weaker, out of breath on the stairs. My rash still itches, and I'm growing more convinced that my skin will also bare some mark of this illness, just like the few marks I have left over from chicken pox many years before. I am changed. Not only physically, but as a human. As a scholar. As a teacher.

Trying to put words to the chaos of illness—something I'm more or less trained to do—became increasingly difficult. How does one narrate the unnarratable? How much distance do I need to have to tell a meaningful story? I agree with Frank that the acute chaos state of illness is not easily narrated, but what about the chronic chaos of illness? Isn't that what the pandemic has been for many of us? Just one long journey of chaos? Knowing that this chaos is affecting all of us, how can we develop our own Emergency Pedagogy that focuses on students while also acknowledging the trauma and confusion surrounding the pandemic?

The answer is chaos, or rather, the mitigation of chaos. I believe one of the best things we can do in the classroom is give our students the

time, space, and tools to grieve and process the losses. We need to give them tools to make sense of the chaos and to narrate the chaos. Some students, like Katherine Anne Porter, will get sick and feel forever changed. Some will get sick and nothing will change. Some will lose family and friends. Some will lose their lives. Some will only be touched by the changes in our society. Some may not even realize the impact of COVID until years from now. The responses will be varied, but COVID will profoundly change our students, ourselves, our society, and the world.

However we teach—online, in-person, and/or hybrid—we need to teach our students about ableism and how it functions in education, healthcare, government, and more broadly in society. We need to lead discussions on how embedded ableism is in our culture—so embedded that large portions of our country believe that those with pre-existing health conditions aren't worth protecting because "they'll die anyways." We need to lead discussions on healthcare and policy. We need to question our preconceived notions of ability and disability, health and illness, and life and death. Although teachers are already overburdened by this pandemic, we can use this unique opportunity to help further the same goal disability activists have had for decades: we need to destigmatize illness and disability. We need to teach compassion for others and bring discussions of ability into our classrooms. With any luck, we can have a generation of students who understand the nuances and complexities of ability, disability, chronic illness, and healthcare, while also providing students with the tools they need to process and understand how the pandemic is affecting our society and themselves. But this work isn't simply for the students; it's for us too. I often find that when I teach material to my students, I often deepen my own understanding, or the students will have some insight that totally changes my perspective. The same is true here. During all this chaos, the classroom—even with all the pandemic related changes—is a place of learning, growth, and human connection, just as it has always been.

As Frank suggests in *The Wounded Storyteller*, the chaos phase of illness may be unnarratable and only exist as a lived experience. But the chaos that proceeds or follows illness and the chaos that simply is a global pandemic can be narrated. We can share our stories and learn from one another. We can see how the pandemic unraveled the lives of so many as

well as exposed the many great inequities in both the US and the world. With this greater understanding of the world around us, equipped with the ability to narrate the chaos, we, as a society, can begin to move forward to process our losses and build something better for our future.

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