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Letting Go of Familiar Narratives as Tragic Optimism in the Era of COVID-19

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Abstract
The ongoing trauma of COVID-19 will no doubt mark entire generations in ways inherent in an unmanaged global pandemic. The question that I ask is why this ongoing trauma seems so particularly profound and so uniquely shattering, and whether there is anything that we could do now, while still in the midst of disaster, to begin the process of social and moral repair? I will begin by considering the trauma of isolation with unknown time-horizons, and argue that it not only damages our experiences as social selves, but its languages of overwhelming grief rob us of hope of self-restoration. Second, I will examine some reasons for the "why us"-type of trauma experienced by so many in the Global North, and suggest that such laments are predicated on the misalignment among our socio-historical awareness, disaster-imagination, and our sense of ourselves as uniquely unfortunate. Finally, relying in part on Viktor Frankl's notion of "tragic optimism," I conclude by considering how we may begin to reconsider our traumas as not just endings of what *is,* but beginnings of what still *might be* —as repair without a master plan.

Keywords COVID-19 · Trauma · Narrative · Tragic optimism · Imagination

> *"You must go on. I can't go on. I'll go on."*
>
> — Samuel Beckett, *The Unnamable*

Introduction

The ongoing trauma of the COVID-19 pandemic—reified daily both through the virus' terrifying aggressiveness and unpredictability as well as through the seemingly bottomless ineptitude and callousness of, among others, the American federal government —will no doubt mark entire generations. In part, this generational trauma will result from the obvious terrors inherent in an unmanaged global pandemic, and the extent of the suffering among the front-line professionals fighting its onslaught—often without the necessary personal protective equipment and other life-saving needs—will no doubt be the subject of analysis

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for decades to come. Yet I will not delve into the specifics of essential worker traumas or their potential aftermath here—this paper is about a different, although related, aspect of our ongoing catastrophe. I will also not address those who are not traumatized, or who do not view themselves as such, and thus my arguments should not be construed as applicable to all who happen to be alive during this pandemic.[1] I am simply making what I take to be a reasonable assumption that a significant percentage of us are, in fact, traumatized in ways that we do not yet fully comprehend. The question that I ask is why: why does our trauma seem so existentially profound and so uniquely morally shattering, and is there anything that we could do now, while still in the midst of disaster, to begin the process of social and moral repair?

This paper is offered as a tentative attempt to begin addressing both worries—tentative because it is difficult to find perspective when one is very much inside the object of investigation, experiencing the very thing to be analyzed in real time. And so, I preface everything that I am about to say here with this caveat: I am a feminist moral philosopher and bioethicist who found herself in the middle of the maelstrom, in New York City, just as the pandemic was taking over all of our physical and mental spaces. My personal trauma reflects that of so many others: ongoing isolation, grief, anxiety, and deeply felt loss of agency—all this, while I am indeed one of the privileged people who can shelter and work at home. Thus, the questions that I pose and the arguments that I offer about the nature and sources of our trauma are neither disinterested nor academic (in that bad sense of the term). I am indeed personally invested, biased, and in so many ways, thinking out loud and listening for responses. And because this pandemic is still so new, it seems to me that whatever we, the first generations of philosophers who write about it, say now should be taken as important historical documentation of its time, but also that our claims, whatever they are, should not be read as conclusory or as definitive—we are just beginning to open up the moral spaces of discourse. The arguments that I offer here regarding some of the less obvious causes of our trauma are, as I said earlier, tentative, speculative, and based more on ongoing experiences with people than on traditional philosophical research. These preliminary observations notwithstanding, I hope that what follows contributes in some way to conversations that I am sure will continue until, and after, COVID-19 takes its place in historical lists of world-changing pandemics.

I propose that we consider two different sources of psychological injury that are already manifesting themselves as individual and collective trauma. The first is the more obvious trauma born of extended isolation, social distancing, and of the grief and fear of others' (and one's own) death. The second is the less obvious "why us?"-type trauma born of epistemic limitations and moral myopia common among the more privileged within the Global North. Specifically, the kinds of trauma that we are currently experiencing result from the confluence of two factors: First, the clash between the realities and demands of pandemic-era existence with the limited socio-historical phenomenologies and disappointed expectations of the more privileged; second, the social and physical isolation of indeterminate length that is at the root of this virus' existentially threatening, and unanticipated demands. I will begin by considering some of the sources and reasons for the trauma of isolation with unknown time-horizons and argue that it not only damages our experiences as social selves, but its languages of overwhelming grief also rob us of the language of self-restoration. Second, I will examine some possible reasons for the "why us"-type trauma experienced by so many in the Global North, suggesting that it might in part be predicated on the misalignment between our insufficient socio-historical awareness and disaster-imagination and our overactive sense of ourselves as uniquely unfortunate. Finally, relying in part on Viktor Frankl's notion of "tragic optimism," I will offer a few suggestions about how we

may begin to reconsider our evolving traumas as not just endings of what *is* but particular kinds of beginnings of what still *might be*—as kinds of repair without a master plan.

Isolation and trauma

I begin the discussion of the possible causes of pandemic trauma by focusing on its phenomenologies—on what it is like to live in times of pandemic, what it feels like, and what it does to most of us in one way or another. As I use it here, trauma is a kind of an "undoing of the self," "a radical disruption of memory, a severing of past from present and, typically, an inability to envision a future" (Brison 2002a). It can be experienced as helplessness before an overpowering and overwhelming force that strips one's agency and capacity to imagine oneself otherwise, where "otherwise" might just mean the way one was before the catastrophe. It forces a schism between one's experiences "before" and "after," destroying one's narratives about oneself so dramatically that one can no longer see a connection to who, or what, one was before. And in the place of these annihilated identity-constituting narratives, trauma can offer other stories, frighteningly effective and efficient in taking up the empty spaces with tales of defeat, fear, loss of control, isolation, and worthlessness. Or it might offer no story at all.

The ongoing isolation of this pandemic is uniquely traumatic for a number of reasons, but I will note three of them here: it disrupts the patterns of socialization that significantly contribute to our sense of who we are; it demands practices of social distancing that are powerful sources of anxiety, loneliness, and grief; and (especially for those in highly-impacted areas) it forces us to live with the constant sense of fear of dying alone or of having loved ones die alone, creating both immediate and future traumas.

I suggest that COVID-19 is distinctive in both the depth and the breadth of the traumas it creates in part due to how it differs from other traumatizing events. For example, while the WWII-era German bombing raids of the United Kingdom killed tens of thousands of civilians, and war conditions imposed rationing of food and most other necessities, the ongoing trauma of war was at times interrupted with more communal events like meals and even occasional dancing and canteens for evacuees—all sources of social gathering and solidarity (Mason 2018). During air raids themselves, people could still find community and connection by sheltering together underground, in tight quarters but not fully cut off from their friends and families (Brooks 2020). Thus, despite the fear, anxiety, and trauma of German bombings, civilians still had the possibility of engaging in the kinds of actions that affirmed to them who they are—British citizens united against the Nazis—and that sustained at least some former patterns of socialization. Amid the displacement of war, some important fragments, some touchstones of one's previous life, of the "before," remained.

But the differences between the trauma experienced by the British during World War II and our current struggles with COVID-19 might go even deeper than the differences in the level of social connections. David Brooks makes a few intriguing claims about how the British experience of wartime trauma can be distinguished for our (relatively) peacetime pandemic. First, what we are facing mirrors in a number of important ways the British experience: we are frightened of the collapse of not only our economy but also of the institutions that we value; we fear the sudden and tragic death of those we love as well as our own; and our future is anything but clear (2020). But the ways in which we differ have less to do with the kinds of disasters we faced and more with the

social, official, and institutional support—and leadership—that is so obviously and disastrously missing in our case. The British gathered together in part because they did not have to fear contagion, yes, but also because they felt a sense of agency, confronting a common enemy—a sense of agency that Churchill's government made obvious in his addresses to the nation and his social outreach programs that reminded citizens that they were never alone (Brooks 2020). Connected to this social aspect of their experience was the sense of moral purpose. Indeed,

> Churchill's private secretary, John Martin, wrote that, under Churchill's leadership, Brits came to see themselves as "protagonists on a vaster scene and champions of a high and invincible cause, for which the stars in their courses were fighting." (ibid)

Other than bottom-up solidarity with essential workers and others on the front lines of our battles—and despite messages and ads by for-profit corporations about toughness, togetherness, and "getting through this" —we seem to have much less sense of common purpose other than survival itself. In the case of the United States, the lack of personal protective equipment, social and financial support, and honesty itself from the federal government, given this virus' lethality and lack of any treatment or vaccine, creates the opposite of national solidarity, leaving individuals even more alone, poorly informed, and only now beginning to understand that in the middle of disaster, they might very well be all alone. And as our hope for something real, something that would connect us not only with each other but also with those whose duty is it to steer the ship of state in times of crisis decreases, we are increasingly traumatized, and our narratives, our individual and collective stories, become focused more on loss, anxiety, and isolation.

Yet it is these touchstones of community, trust, and connection that COVID-19 and the official response to it have taken away, disrupting our usual patterns of socialization:

> "An iron curtain has descended across the threshold of every house and apartment as the war rages on in ERs and ICUs. Not only are most people cut off from one another, but there's also very little they can do to help on the front lines" (Faris 2020).

Indeed,

> "[t]hough calls for "social distancing" and "shelter in place" are certainly for our own and the greater good, it is experienced by many of us as a swift and striking change to our daily lived experience—a change that is not of our choosing. The concomitant loss of self is destabilizing and thus traumatic. Moreover, the change is without a clear end in sight, leaving us to wonder what the rest of life might look like. Will this crisis ever end? Anxiety, depression and despair can quickly take hold" (Braucher 2020).

Perhaps another way of way of understanding the trauma of prolonged isolation and social disconnectedness is to view it as a kind of grief. A 2009 study by Erin Cornwell and Linda Waite found that "social isolation involves 'a small social network with only few relationships, a lack of social interaction, or contacts and a lack of participation in social activities'" (Faris 2020). Virtual meetings and phone calls notwithstanding, we grieve for the larger, fuller social universe that we inhabited only a few weeks ago—a universe not only full of people we could visit, touch, and embrace but one that contained within it the promises of other connections, interactions, and possibilities. As we indefinitely physically distance from each other, the grief about (perhaps permanent) absence increases as our horizons shrink. Not surprisingly, this isolation-induced grief is not limited to psychological trauma with studies suggesting not only increased physical illness but increased

mortality itself (Shihipar 2020). And so the longer we are distanced, the more we grieve and grow increasingly more traumatized.

The reality is that right now, even the simplest of human gestures, the ones we crave most in times like these—a reassuring hug or touch of our hand—now carry real risk. As a result, we focus on protecting our physical selves in all the ways that undoes us psychologically, emotionally, and socially. And even if we are experiencing isolation as a part of a family or other social group, trauma can still begin to consume us:

> Much of what we know about this phenomenon has been gathered from observing the experiences of volunteers at research stations in Antarctica, especially during the "wintering-over" period. Antarctica's extreme temperatures, long periods of darkness, alien landscapes, and severely reduced sensory input create a perfect natural laboratory for studying the effects of isolation and confinement. Volunteers in these studies experience changes in appetite and sleep patterns. Some stop being able to accurately track the passage of time and lose the ability to concentrate. The boredom that results from being around the same people, with limited sources of entertainment, causes stress—and everyone else's mannerisms become a stressful, anxiety-producing source of torment. And so many of us "sheltering in place" are beginning to find out exactly what that is like. (McAndrew 2016)

Finally, there is the trauma associated with the fear not only of death but of dying alone. Worries about dying alone can be seen as two related, but separate, issues: The fear that people we love will die alone and the fear that we will face a lonely death ourselves—and COVID-19 forces us to face both of these fears, indefinitely. This grief may also be compounded by the fact that often, families cannot share the rituals of burial, depriving us of the much-needed experiences of community and closure (Kramer 2020). Cruelly, the virus not only feeds on our deepest fears but forces us to face them alone, adding additional layers of trauma and terror. It threatens us existentially where our traumas—our anxiety, grief, and isolation--become the waters in which we are swimming daily, without end in sight.

Pandemics, privilege, and other failures of imagination

Trauma, perspective, and privilege

Most people tend to have a rather weak grasp of human history. While we might know something about a particular era (usually, our own), or even claim some in-depth knowledge of subject matter we find ourselves drawn toward, our general understanding of human history is simply neither broad nor deep. Granted that historians are the exceptions to this observation, even they tend to focus on discrete periods, cultures, and questions, leaving the less-focused and more sweeping approaches to those they sometimes disparagingly call "popularizers." History, or histories, tend to be something that many politely acknowledge before moving on to more interesting, pertinent—and immediately relevant—things (And as philosophers, I think that we have quite a bit to atone for when it comes to ahistorical, view-from-nowhere tendencies. Even as a feminist, I harbor no illusions of writing this paper with clean hands.) (Lysaker 2019).

This matters because sometimes, history has an odd way of catching up with us or rather with our historical approaches to so many things, including our own identities. More specifically, it matters because the appearance of COVID-19—and does anyone really recall

a time before our singular focus on this virus—has been treated with (besides fear, dread and anxiety) a curious mix of disbelief and incredulity: Disbelief of the "I cannot believe that this is happening *to us*!" variety (for some interesting work on "epidemic orientalism," see Acharya 2020); incredulity of the "Wait, this is not how pandemics (and other world-historical catastrophes) are *supposed to* proceed!" (Penny 2020). The general conclusions that I often hear (as someone who inhabits the Global North—more on this later) have something to do with our lack of luck with the particularly difficult lot the current generations have been dealt. Thus, on the one hand, we see ourselves as uniquely, unfairly, and randomly unfortunate. On the other, we see empty streets, overwhelmed hospitals and clinics—and, most importantly, our own existentially profound isolation from each other, from our work, from what matters most to us—and we feel oddly misplaced in some possible world that is not supposed to be possible for us. In other words, we are both in disbelief that we are, in fact, pandemic-era people and are also caught off-guard by the sad, anxiety-producing, anticlimactic nature of the pandemic itself. As a result, we are physically displaced from our usual routines, epistemically confused, and motivationally adrift. Perhaps we are, in fact, experiencing what Emile Durkheim, back in 1893, called "anomie": a loss of direction, purpose, and sense of self-worth born of the collapse of familiar rules and moral guidance in favor or rigid and liberty-depriving social structures (Marks 1974). Perhaps in some sense we are simply experiencing despair.

Yet I suggest that the roots of this despair, this trauma, do not lie in just the sudden and violent deprivation of freedom, security, and routine. We are not simply flattened by COVID-19 as a devastating phenomenon—we cannot believe that this is happening *to us in particular* in the year 2020 when medical advances and technological progress are supposed to be moving us closer to the singularity than to the dark ages of the bubonic plague. Perhaps because so many of us (mostly well-off and otherwise privileged) in the Global North have been largely shielded from the despair born of poverty and socioeconomic oppressions experienced most everywhere else, we feel singularly unlucky, somehow suddenly and unexpectedly cheated of what was always ours. And thus as humans tend to do, we view ourselves and our circumstances through various perceptual filters—the epistemic and moral lenses through which we see the world as a function of the privilege that allows us to ignore, to not know, or to assume—of unexamined moral luck, sociohistorical ignorance, and failed imagination (Bolger and Korb 2014). So we are traumatized not just because the pandemic is just that awful—and it is—but also because of the revenge effects of so much socioeconomic, geographic, and epistemic privilege that many in the Global North take for granted, while not bothering with the complicated epistemologies of our own human histories. I focus on the "why us" question in part because I take our perceptual filters to be important sources of the serious psychological traumas of our own pandemic era—the one that we, for once, cannot ignore.

Indeed, before delving in deeper, I want to take a few minutes to substantiate one of my central claims—that the privileged Global North is, in fact, experiencing, the "why us" trauma in very non-hypothetical and rather widespread ways. In doing so, I turn to several sources, some of which are less common in an academic paper such as blogs and more personal narrative writing found online. In addition to my personal experiences of hearing expressions of surprise and shock from colleagues and friends—especially earlier in the pandemic—I have found that the "why us" sentiments were largely underwritten by varieties of self-pity, disbelief, a kind of sense of betrayed exceptionalism, and shock at the failure of the usual or expected safety nets of socioeconomic, geographic, social, and other kinds of privilege.

In the United States, the sense of self-pity began at the top with President Trump's insistence that he was uniquely disadvantaged by the challenges of a rapidly-developing pandemic:

> everything I took over was a mess. It was a broken country in so many ways. In so many ways other than this. We had a bad testing system. We had a bad stockpile system. We had nothing in the stockpile system. (Peters, Plott, and Haberman 2020)

But self-pity and a sense of disbelief were not reserved for those in power. Indeed, Philip Kennicott, writing for *The Washington Post*, urged Americans to embrace a certain kind of self-pity, arguing that "perhaps a good, deep, excoriating and brief acceptance of self-pity is the only hope we have, the only way forward, because it's now clear that we are desperately sick" (2020). As the reality of the necessity of isolation and distancing became clear, bloggers echoed a sense of pandemic-induced self-pity and disbelief, with some wondering whether they are really required to keep hearing about the truth about COVID-19, complaining about the unreality and the unfairness of it all (Finch 2020; Javanbakht 2020). Others declared that

> I'm having a little, mini pandemic self-pity party for myself[…]I still feel sad and disappointed and I miss these celebrations and milestones[….]So for right now, I'm indulging my self-pity. I'm letting myself feel all my feelings. (Ferguson 2020)

Another writer captures the shock and a betrayed sense of safety of finding themselves suddenly in a place where the usual rules (and safety nets) no longer applied:

> We're in the middle of a global pandemic […]We're in the middle of a global pandemic. Can you believe this is happening?
> [There are] moments where we find ourselves in total disbelief that this is happening and cannot comprehend that this is real life. (Dray 2020)

Commentators also shared the trauma of the betrayal of the usual patterns (of privilege): of being reliably employed, having access to sources of food and medical treatment, of the quotidian banalities of middle-class life, such as contagion-free commutes to work and reasonably available schooling for one's children—all of this upended by a pandemic that does not make exceptions for the largely fortunate and the relatively safe. As one observer notes, "many of the patterns we know and love have been obliterated[…]everything seems completely otherworldly […]we have no authoritative voices telling us what we should be doing to keep ourselves and our families safe" (Simon 2020).

Finally, some of the "why us" sentiment was also grounded in unexamined histories of mass illness and contagion (our own, but especially those of others) in assumptions of competence and safety within the institutions of the Global North itself—indeed, in a lack of personal experience with systemic, society-wide failures of so many safety nets at once, especially among those whose socioeconomic security buffered them from most of the vagaries of biomedical, economic, social, and political instabilities. Not having directly experienced pandemics and the chaos that they introduce, the collective imaginations of many in these fortunate societies simply did not grasp what those in Wuhan, the traumas of SARS still fresh in their minds, did: that in a pandemic, nobody is safe, and that freedom-limiting, demanding, and decisive collective action is the bare minimum for survival (Epstein 2020). Yet in the United States and elsewhere in the Global North, many still cling to the kind of denialism that is born not only of a sense of wounded exceptionalism, but of a persistent shock at the failure of that which was taken for granted. As Randi Epstein recalls,

> I assumed that if a dangerous germ arrived on our shores, we'd have the infrastructure and organization to mobilize accurate testing, administer safe and effective treatments, and produce and distribute vaccines. (2020)

But none of this happened—at least not in the ways that many in the developed world have imagined. And as the pandemic persisted from one month to the next with no end in sight, many in the Global North became increasingly isolated from their routines, from each other, from everything that they thought was reliable and exceptional—all while bearing witness to the ongoing failures of all that that was supposed to shield them from the chaos. Within this deepening chaos, myopic and punch-drunk by privilege, they now saw through a glass, darkly—and their despair began to turn into individual and collective trauma (Masiero et al. 2020).

Thus, I suggest that we of the Global North are traumatized, but not for reasons that mark us as uniquely unlucky. As I noted earlier, there are (at least) three central perceptual and interpretive filters that I think we ought to consider before narrating ourselves as uniquely unfortunate generations. First, there is the Global North privilege filter: The "we" of the progress and the singularity is a relatively small, and highly historically-privileged "we," given that a not insignificant part of the world is in fact battling disease, hunger, and yes, despair in ways that are more profound than most of us have been willing to grant. Second, there is the socioeconomic and gender-privilege filter: Indeed, even within the Global North itself, the membership of those presently wondering "why us" has certain class, race, and sexual-orientation limitations that I will clarify below. Third, there is the filter of historical ignorance: Even if we limit the "we" to the relatively privileged human beings who happen to inhabit the Global North of the early twenty-first century, are we truly so uniquely unfortunate, is our pandemic such a unique and unprecedented catastrophe—or are we simply another notch on history's belt?

Let's begin with the Global North geographic privilege filter. The COVID-19 pandemic is a pandemic because it is global—not a single continent, save for Antarctica, is untouched. But there have been serious, deadly pandemics and epidemics of extraordinary virulence that, for various reasons, were not centered on the wealthier, more developed parts of the world—catastrophes that did not loom large in the imaginations of many among the "why us" populations.

For example, the seventh cholera pandemic (1961-1975) started in Indonesia, spreading to Bangladesh and India. In 2010, the global deaths from HIV/AIDS had increased to 1.5 million and malaria mortality rose to 1.17 million, while mortality from neglected tropical diseases rose to 152,000. Tuberculosis killed 1.2 million people (mostly in the Global South) that same year. Even though regional variations exist in the distribution of these diseases, they are primarily concentrated in rural areas of Sub-Saharan Africa, Asia, and Latin America (Bhutta et al. 2014). And even when more recent global illness reminded us of how close to disaster we could be—SARS, MERS, Ebola, Zika—the geography nevertheless attenuates our attention (BBC 2014.).

What is more, a large proportion of these infectious diseases in low and low- middle-income countries are entirely avoidable or treatable with existing medicines or interventions (Bhutta et al. 2014). And so the Global North can be roughly divided between those who do not know—and do not wish to find out—and those who know that these epidemics and pandemics are there, who study them, discuss them at conferences, and even sometimes organize attempts to help those overwhelmed and underserved by local health care systems. There is, of course, also a minority that is dedicated to international aid, and to

both awareness and effective interventions. But it is a small minority as the rest of the Global North tends toward ignorance, or else looks away from those who are "not us."

Why this happens is a complicated question. While it is often said that the modern world has erased distances and brought the continents and cultures together, it is also the case that geographic and sociopolitical justifications have kept "them," and "their" illnesses, far away from "us." This pattern has allowed too many for far too long to view the lives of less privileged, differently-situated others as remote abstractions, and their suffering as regrettable, but epistemically and morally distant, stories. Perhaps from our position of relative privilege, we are a bit like Simone de Beauvoir's Françoise, from her first novel, *She Came to Stay*, who takes herself to be largely immune to outside influences. Indeed, "[s]he is so convinced of her self-sufficiency that other people exist for her only 'at a distance,' as if they were on the moon. Then she meets Xavière, a young, impetuous woman, who gets under Françoise's skin, invades her thoughts, and turns her world upside down" (McWeeny 2020). Thus when a pandemic, our Xavière, does reach (and breach) not just our borders but our sense of being safely separated from the disease and terror of what lies beyond, we find ourselves lost and without recourse to our usual solipsistic, myopic denials. Invaded so suddenly by what was previously so successfully ignored, or at least examined from a distance, we freeze in disbelief; we cry out "why us!"; not finding answers, the trauma of the onslaught levels us. The answer of course, is that we are not safe—and, like so many whose suffering we have had the luxury to ignore, we never were. But the illusion that our geographic distance and socioeconomic privilege, among other things, would protect us indefinitely seems to have come to an end. And thus our pandemic-born traumas, as real and horrifying as they are, might also have their foundations in something additional to the virus itself: the shock and disbelief that the death, the horror, and the isolation made it *here*, to the "wrong" part of the world, and settled inside our very homes. And now, no longer at a distance from suffering, we are a part of exactly the kinds of alien narratives we never wanted to inhabit.

There are other explanatory stories of how and why COVID-19 is such a traumatic shock to the system, and one of them has to do with the roles of socioeconomic privilege and homophobia within the Global North itself—what I call the hetero-economic privilege filter. An example from recent history might be illustrative here. Consider that while over 65 million people have been infected with HIV and 30 million people have died due to AIDS-related causes since the emergence of AIDS in 1981 in the Unites States, its arrival was greeted with general lack of interest at best, and in the case of the American government, with a lack of seriousness, indicative of, among other things, a deeply-held homophobia (Lopez 2016). In 1982, when nearly 1,000 people had already died from AIDS, Ronald Reagan's press secretary, Larry Speakes, joked with members of the media (among them the journalist Lester Kinsolving) about the "gay plague":

> Lester Kinsolving: Does the president have any reaction to the announcement by the Centers for Disease Control in Atlanta that AIDS is now an epidemic in over 600 cases?
> Larry Speakes: AIDS? I haven't got anything on it.
> Lester Kinsolving: Over a third of them have died. It's known as "gay plague." [Press pool laughter.] No, it is. It's a pretty serious thing. One in every three people that get this have died. And I wonder if the president was aware of this.
> Larry Speakes: I don't have it. [Press pool laughter.] Do you?
> Lester Kinsolving: You don't have it? Well, I'm relieved to hear that, Larry! [Press pool laughter.]

Larry Speakes: Do you?
Lester Kinsolving: No, I don't. (Lopez 2016)

Neither the Regan administration nor the majority of the American population took the AIDS epidemic to be an immediate threat (and now, pandemic) because in its introduction to the West, it was mostly happening to a hated and othered "them"—to gay men and injection drug users. These often-dehumanized others, although sharing the geographies of the Global North with middle America, did not exist in its imagination as epistemically-trustworthy agents whose testimonies of illness could be granted uptake, or as persons whose psychological and physical welfare was a moral imperative. With the coming of HIV/AIDS as a clearly global threat, these othered populations gained little empathy, instead emerging as visible symbols of deviant behavior which had unleashed a new plague. Indeed, before treatments emerged and HIV become a chronic illness that could be managed, it took HIV-positive actors, artists, sports figures, and children for the virus to be recognized as something that threatened and concerned all—and not as that awful and rare thing that only affected "those people"(Waxman 2018).

If the current, more inclusive HIV/AIDS narratives in the Global North can be attributed to both the passage of time as well as to the influences of fame and familiarity even on violent homophobia, other infectious diseases—those that tend to affect almost exclusively the very poor—have had different trajectories, and tell different stories. In fact, among other invisible populations living in the U.S., dehumanized not by homophobia but by extreme poverty, serious parasitic and bacterial diseases—such as Chagas disease, cysticercosis, and toxocariasis, characterized by high prevalence, chronic nature, and disability among survivors—have been present without much notice from those not similarly traumatized (Hotez 2007; Hotez et al. 2007). Even though these infections occur within the Global North, they are considered to be neglected infections of poverty, not well known to either non-specialists or to the American public-health community—while remaining catastrophic to those who remain largely invisible to us (Hotez and Ferris 2006; Hotez 2011).

The point of this brief overview of the interplay between hetero-economic privilege and disease is both to show how much illness-born suffering and trauma surrounds us, near and far, and how well we have tended to protect ourselves from its reach, physically, epistemically, and morally. Whether economically or socially, we have managed to weave not merely narratives of the otherness of this kind of suffering, but of the otherness of the sufferers themselves. And now, when we gaze at ourselves in the mirror in the isolation of our homes, we see that illness-menaced other—and we cannot accept what we are seeing. And we despair.

Finally, we come to the historical ignorance filter. The simple fact is that the scars of epidemics and pandemics are as much a part of our shared histories as wars, oppression, and injustice. While polio, typhus, cholera, yellow fever, the black plague, and the flu have either been (mostly) eliminated or managed, the wreckage that they have left behind serves as a reminder of their central roles in the story of human survival. The plague killed about fifty million people during the reign of the Emperor Justinian in the sixth century—about half the world's population at the time. The next pandemic, the Black Death and the deadliest in human history, followed the trade routes of Central Asia and Europe for about two hundred years. Smallpox, one of the most infectious diseases on record, killed about 400,000 people a year in Europe alone, and about a third of the survivors became blind. The Flu Pandemic (1889-1890), killing about one million, was soon followed by "Spanish flu" (the 1918 flu pandemic), which lasted from January 1918 to December 1920,

infecting hundreds of millions, and killing anywhere from 17 million to 50 million people (Jarus 2020). But it seems that we are only reminded of the reality of world-historic pandemics now because we find ourselves in the middle of one of our very own. Indeed, despite cultural symbology of illness, when it comes to global memory of mass illness as an event—and especially catastrophic, civilization-threatening illness—we have surprisingly bad memories:

> A marked silence surrounds illness in our culture, and yet it was always there, buried in our cultural consciousness, long before the advent of photography, in concepts that illustrate our sense of death's inevitability—motifs that act almost as woodcuts of the mind, such as the Danse Macabre, or the Grim Reaper, connecting us across time with the living and the dead. As children, we join hands and chant "Ring-around-the-rosy" without understanding its possibly deadly message, sent by other children, witnesses to the bubonic plague. (O'Grady 2020)

Indeed, this historical ignorance seems to mark both the average citizen and those in power in the Global North alike in ways that border on hubris:

> In 1948, shortly after the first flu vaccine was created and penicillin became the first mass-produced antibiotic, U.S. Secretary of State George Marshall reportedly claimed that the conquest of infectious disease was imminent. In 1962, after the second polio vaccine was formulated, the Nobel Prize–winning virologist Sir Frank Macfarlane Burnet asserted, "To write about infectious diseases is almost to write of something that has passed into history." (Yong 2018)

Much more recently, as Uri Friedman reminds us in "We Were Warned",

> We were warned in 2012, when the Rand Corporation surveyed the international threats arrayed against the United States and concluded that only pandemics posed an existential danger, in that they were "capable of destroying America's way of life."
> We were warned in 2015, when Ezra Klein of Vox, after speaking with Bill Gates about his algorithmic model for how a new strain of flu could spread rapidly in today's globalized world, wrote that "a pandemic disease is the most predictable catastrophe in the history of the human race, if only because it has happened to the human race so many, many times before."
> We were warned in 2018, on the 100th anniversary of the flu pandemic of 1918, which killed 50 to 100 million people around the world. (Friedman 2020)

However, "[m]ost people find thinking about a severe pandemic just too hard." They say "I can't deal with a small-scale epidemic. How can you expect me to deal with something on the scale of 1918?" (Friedman 2020). Consider President Trump, in one of his by-now-infamous public displays of egomania and ignorance, announcing:

> This kind of pandemic "was something nobody thought could happen.… Nobody would have ever thought a thing like this could have happened." (Paz 2020)

Even Helen Branswell, as an infectious diseases and public heath reporter, took note of how sudden and surprising was the arrival of our own pandemic era. In early March 2020, she remarked:

> It's bizarre but I find myself startled. Having written about the possibility of something like this for years, I still find myself really startled that it's happening, and I don't know why that is. (Joseph 2020)

This is not how the apocalypse is supposed to work

So far, I have suggested that one source of our trauma is our cognitive-dissonance-like state in the face of ongoing pandemic—a condition which is in itself a function of our limited geographic, hetero-economically privileged, historically-impoverished imaginary. I now turn to another source of trauma, born of a different kind of cognitive dissonance—what I call our failure of "narrative pandemic imagination." Here, my claim is one that might only apply to a limited subset of the population—after all, plenty of people do not engage with science fiction, end-of-the-world, or other catastrophe-focused literature or films. Or, at least they do not do so in any way that substantially impacts their imaginations. However, I proceed on the (defeasible) assumption that not only a significant percentage of people engage with such imaginaries, but also that many who are less inclined to do so are nevertheless still familiar with the tropes and general outlines of apocalyptic narratives. Thus I suggest that many of us feel traumatized not only because our privilege no longer protects us, but because as a part of that privilege, we failed to more accurately *imagine* the emplotment of a potential disaster in a way that was not also entertaining, physically demanding, and intellectually stimulating—that was a challenging and scary adventure, rather than agency-depriving, boredom-inducing, and anxiety-producing isolation.

It is a notable fact about us that in books, on television, in films, and in most corners of modern popular culture, we generally seemed to suspect that we were in some way always doomed: From Cold War fantasies of global thermonuclear war of *War Games* and *The Day After*; to Michael Crichton's deadly extraterrestrial microbe of *The Andromeda Strain*, to the deadly chemical of Kurt Vonnegut *Cat's Cradle*; to the societal disintegration of Octavia Butler's *Parable of the Sower*; to the flu pandemic of *Station Eleven* of Emily St. John Mandel—not to mention *The Day After Tomorrow, Zombieland, The Walking Dead, The Road, 28 Days Later, Children of Men*, and so on—we have examined, toyed with, and played chicken with the end of the world. In so many ways, we have been rehearsing for the explosion, the meltdown, the comet, the zombie apocalypse—even the deadly virus. So why are we not better prepared psychologically, epistemically, or socially? Laurie Penny offers a possible reason:

> Covid-19 changed everything. Suddenly, the immense and frightening upheaval, the cataclysm that means nothing can go back to normal, is here, and it's so different from what we imagined. I was expecting Half-Life. I was expecting World War Z. I've been dressing like I'm in The Matrix since 2003. I was not expecting to be facing this sort of thing in snuggly socks and a dressing gown, thousands of miles from home, trying not to panic and craving a proper cup of tea. (2020)

We had, it seems, imagined a number of scripts, a number of possibilities: nuclear annihilation, pandemics that killed billions, meteors that threatened to wipe out civilization, post-apocalyptic landscapes within which solitary survivors continued to seek community, worlds with no future generations, worlds populated mostly by the living dead, and so on. Something that we did not imagine was the reality of one-in-four adults having trouble paying their bills, relying on food banks, or experiencing devastating job loss. And while, as always, these hardships fell upon younger and lower-income adults, those without a college degree, and Black and Hispanic Americans with the greatest ferocity, they have also spilled over into more middle-class, more white, more prosperous America (Pew 2020; Griswold 2020). Again, this was not the story *this* America

was expecting. What it (mostly) also was not expecting were orders to close down everything that could be closed, the empty streets, the silent clubs, concert halls, and schools; the deliveries of necessities (for some), and the essential and deadly work of delivery for others; the overrun hospitals and exhausted medical staff; the shortage of masks, cotton swabs, and ventilators; the loss of so, so many lives—of people dying slowly, horribly, unglamorously, and not at all like the narratives of instant annihilation or glorious battle.

Indeed, perhaps the most psychologically devastating, trauma-implicating failure for us was this failure of our narrative pandemic imagination, which never included the stark reality of all of those "shelter at home" orders, isolating individuals and groups (those who were fortunate enough not to be deemed "essential") in the restricted spaces of several rooms, or of one room, or a dormitory, our fear of the virus reified in our avoidance of contact with most other human beings as our resulting, isolation of indefinite length weaves not adventure tales, but trauma stories. Put simply, we never imagined that this, our actual catastrophe, would require agency-limiting, anxious, and traumatizing isolation. We never imagined that boredom (for some), anxiety, and grief would be the dominant themes of our pandemic narratives.

So here we are. Having imagined ourselves to be survivors, heroes, loners, zombie-hunters, or desert-dwelling anarchists, so many of us are now homebound childcare providers, remote workers, unemployed, insomniacs—increasingly angry and powerless witnesses to the political maneuvers and scientific predictions of those more powerful and (sometimes) more informed. And as apocalyptic as COVID-19 often seems, we still have to do the mundane, we still have to manage the minutiae of our otherwise interrupted lives—we pay our bills, walk our dogs, do laundry, make dinner, and (especially among this readership) prepare for classes. In between, we fret, we wonder about what thinking about the future might mean anymore, if anything.

While we have to remain as fully present as we can for those who still depend on us (and for ourselves, as well), most of us are certainly not the heroes of our pandemic—and, because COVID-19 is lethal, unpredictable, and as yet, without treatment or vaccine, we cannot, for the most part, escape our isolation without great risk. We cannot choose a better adventure, narrating ourselves out of what, and where we actually are. And as an exasperated Italian mayor reminded those who dared to subvert the script by venturing out: "You are not Will Smith in *I Am Legend*" (Giuffrida 2020).

What is more, this pandemic, *our* pandemic, is not only demonstrating the insufficiencies of our imaginative take on catastrophes, but has also laid bare our imagination as steeped in a variety of social, gender, class, and other prejudices. It is not Will Smith or tough zombie hunters whom we now need so badly. Instead, it is the doctors, nurses, medical staff, scientists, delivery people, sanitation workers, bus and train drivers, and yes, eventually psychologist and psychiatrists, on which our survival depends. It is to those in the "caring professions," the "soft" and "nerdy" professions, the invisible blue-collar professions that we now turn, pleading with them to go on, to carry on, to persist beyond their capacities to endure. And as we look out of our windows, take our solitary walks, and experience human connections mostly via our computer screens, our failures of imagination, of the ability to see ourselves and others otherwise in time of disaster—of our myopia born of privilege—combine to make of this isolation, this sudden and open-ended flight from each other and from meaning itself, a deep identity-damaging trauma. I now turn to consider some of our trauma's most potent features.

Trauma and the case for "tragic optimism"

The ways in which the COVID-19 pandemic is, and will be, a source of deep and lasting individual and collective trauma have not yet begun to be fully acknowledged, let alone counted. The abyss of fear, anxiety, and despair into which many of us have fallen—born of a combination of disbelief, grief, and isolation, among others—will no doubt be a subject of much analysis, evaluation, and yes, entertainment. But the question before us *now* is what *to do*. Other than sheltering at home, wearing face masks, and washing our hands—or, if one is an essential worker, other than trying to stay alive—how do we move beyond barely coping with the daily trials of this sudden, unnatural separation from everyone and everything that matters? How do we retain some meaning that can help us do more than merely make it from today to tomorrow? Out of our ragged connections to others and to our own past selves is there a way to repair our narratives and our lives in ways that recast the future as something meaningful and recognizable into which we could project whatever hopes remain?

Despite the case I have tried to make for some of the roots and ubiquity of our trauma, I want to offer a tentative "yes." I do so not out of an overabundance of facile optimism—a refusal to acknowledge the darkness just because someday, there might be a little light. Instead, my reasons have more to do on the one hand with the unthinkability of doing nothing—of simply allowing the trauma, the pain, and the grief of isolation to consume us—and on the other, with the implausibility of simply moving on with our lives, as if doing so would somehow normalize the un-normalizable. Instead, I propose that we, as much as we can, connect our trauma (and the trauma of others) to new meaning-making narratives, to a testimony that is part shared stories of what it is like, and part creation of shared moral spaces that serve as foundations of solidarity and interpersonal connection. In a way, what I am suggesting is more akin to Susan Brison's vision of post-trauma testimony in *Aftermath* than to the deliberate forgetting of trauma found in Cormac McCarthy's novel *The Road* (Wicks 2016).

What I mean is this: Unlike McCarthy's trauma-motivated movement toward a memory-less silence where the past is not merely forgotten, but rejected and unspoken, Brison argues that because trauma can destroy memory, coherence, and self-intelligibility, its presence calls for meaning-recreating narratives. These stories can then "attempt to assert a narrative order where none originally existed in order to make sense of a moment beyond the immediate recall of memory" (Wicks 2016, 140). These narratives about the experience of trauma itself not only offer words that reflect the grief of our isolation, but by reifying suffering into language, they take a future marked by absence—of hope, of connection, of community—and give it a possible, even if disorienting form. By offering testimony about what *is*, no matter how horrible and traumatic, there is some chance of repair. And for this repair to be possible, these narratives require a community of listeners:

> Working through trauma cannot be accomplished alone.…The relationship is twofold, however, for trauma narratives are important to cultural consciousness; they "reshape cultural memory" by providing testimonies and details concerning traumatic events that might not otherwise surface. (Vickroy 2002, 5)

Besides providing a structured narrative and temporal order, the trauma narrative also emerges out of "the need to tell and retell the story of the traumatic experience," which materializes from a desire "to make it 'real' both to the victim and to the community" (Tal 1996, 21;Wicks 2016, 140). And thus, trauma calls for testimony, and testimony heard and granted uptake by empathetic witnesses make a way forward possible.

Yet Brison does not embrace all trauma narratives as equally welcome—no matter how meaning-making or identity-reconstituting they might be. In fact, she suggests that trauma-motivated self-reconstituting narratives can also hold one captive to one's own story indefinitely, in effect paralyzing one's ability to move away from it, to move toward a future that, however ambiguous and uncertain, is a future nonetheless. It is as if one's persistent telling of the same trauma stories for too long traps one on the event horizon of one's own tragedy, forever frozen in a single, momentary version of who one, at some point in time, was. Indeed, she notes that these too-persistent narratives

> may, if taken too far, hinder recovery, by tethering the survivor to one rigid version of the past. It may be at odds with telling to live, which I now see as a kind of letting go, playing with the past in order not to be held back as one springs away from it. After gaining enough control over the story to be able to tell it, perhaps one has to give it up, in order to retell it, without having to "get it right," without fear of betraying it, to be able to rewrite the past in different ways, leading up to an infinite variety of unforeseeable futures.…My current view of trauma is that it introduces a "surd"—a nonsensical entry—into the series of events in one's life, making it seem impossible to carry on with the series. (Brison 2002a, 103)

But the surge of trauma is frightening, destabilizing, and unmooring. Trauma stops us in our tracks—it undoes us, our ideas about ourselves, of our connection to our past, and of any sense that we can make of the future. And in order to be meaningful and useful, our narratives, Brison suggests, have to offer us something more than an acceptable, "right" version of the stories of our trauma. But if after a surd anything is possible, then what is left to say?

But a pandemic differs from a singular, traumatic act of violence in the sense that it just is a kind of an ongoing surd-without-end. The break between "before" and "after" a traumatic event becomes blurred by interminable anxiety, fear, and isolation with no end in sight, destroying not only one's sense of a future, but annihilating whatever sense of normalcy remains. With each day marked by cycles of ever-growing worry, the traumatizing realities of the pandemic take many forms: For some, the trauma is born of having to carry on with one's professional responsibilities, childcare duties, and other normal-seeming tasks while one's world collapses. Imagine vacuuming one's home while a tornado is headed for one's neighborhood—and doing this day after day after day. For still others, there is anxiety and fear of the uncertainties inherent in unemployment, poverty, or else in the risk of "essential labor"—a position for which one is most praised by those who have the freedom to refuse it. Finally, for the physicians, nurses, and other medical staff, there are the daily confrontations with the monster itself in clinics and hospitals, where they watch patients die by the thousands, alone, struggling for breath and often unable to say their final goodbyes—and all of this, while insufficiently protected, wondering whose turn it might be next.

Thus, given the absurd interminability of these traumas, it seems at best unclear what it would mean to "spring away from" (Brison 2002a, 103) them in any way that matters. And if we are unable to step away from what damages us most, how do we even begin to tell the kind of reparative narratives that might make a meaningful future seem possible? But if no sense can be made—and because we must go on amid and *despite all of this*—then perhaps what is needed are other stories, different stories. Stories that do not rely on ready-made emplotments; stories that do not hope in that gaudy, quotidian sense. Without moving away from the isolation and trauma all around us, we might choose "to be able to rewrite the past in different ways, leading up to an infinite variety of unforeseeable futures" (Brison 2002a,

103). We need stranger stories that make room for irresolvable tragedy, for silence; stories that embrace the reality of Brison's surd—and allow us to see our trauma-haunted selves a little bit more clearly, a little bit more compassionately—stories that allow us to go on.

The idea of narratives as a means of self-understanding and self-repair is one that has been the focus of a number of moral theorists and bioethicists (Lindemann 2001; McCarthy 2003). Notably, Arthur Frank has argued that patient narratives about their (often) traumatic illness experiences tend to fall into three plot lines: First, the "restitution narrative" tells the story of a patient being restored to good health, the illness presenting just a transitory challenge. Second, the "chaos narrative" paints illness as both frightening and unpredictable, with the patient giving up hope of ever healing. Third, the "quest narrative" offers a very different storyline—one where a patient both accepts, and perhaps gains some wisdom, from her suffering (Frank 1997). Above all, the quest narrative centers acceptance of what is. All three of these narratives coexist and intermingle, comprising the illness experience.

Why am I introducing illness narratives as a way to talk about trauma—and about coping with trauma? In part because as a bioethicist, I take serious illness to be a kind of trauma that can destroy our past sense of ourselves, replacing it with an unrecognizable, frightening present, and an uncertain future. Illness can also leave us physically trapped, as many are now, without our usual recourse to others, to community, to connections—to our usual sources of meaning and self-understanding. But I also turn to illness narratives because, as someone who has experienced serious, catastrophic illness in the not-too-distant past, I see a connection with Brison's trauma narratives and those told by people like me—but also with the current trauma born of the isolation, anxieties, and uncertainties of the pandemic. The connection is this: while trauma brutally and suddenly takes away not only our agency and the sense of who we are and who we will be, it also robs us of the ability to reclaim these losses by reconstructing selves out of what Frank calls our "narrative wreckage" (Frank 1997). Except that, in this absurd moment of seeking meaning in a universe that is not merely chaotic but seemingly malevolent, our trauma cannot be repaired with the usual meaning-making apparatus—including Frank's. When one does not see a recognizable future, when all of one's ways of being in the world are lost through isolation, among other things, then the familiar words of not just restitution but even of chaos and quest sound hollow, a part of some other universe. Restitution narratives—those optimistic stories of triumph and return to normalcy—ring false in the midst of a pandemic that appears to have neither a predictable course, nor a knowable ending, nor a "new normal" that is normal in any sense of what we have known. Chaos narratives, with their story of letting go of hope, and quest narratives, with their journey toward acceptance of the awful, while perhaps less idealized than the restitution narrative, are nevertheless premised on some kind of agency that gives up hope or accepts its fate. But we seem to have no such clear-cut choices here. Perhaps another way to understand this is that victims of violence like Brison, seriously ill patients, and now, those of us living through a pandemic, all suffer a kind of world-loss of a reality that previously has comprised our identity and our agency. But this world, where we were at least somewhat intelligible to ourselves and to others through connections, choices, through community, through a sense of the future, is gone. And once it is gone, it is not immediately clear what remains. What might remain, I suggest, is the capacity to choose a kind of "tragic optimism" that can only be sustained by deliberate, dedicated, and even absurd meaning-making.

What I mean by "tragic optimism" is what Holocaust survivor and psychoanalyst Viktor Frankl defines as optimism in the face of the "tragic triad"—pain, guilt, and death—all three of which permeate our current predicament. It is a "saying yes to life in spite of

everything" (Frankl 2006). In his postscript to *Man's Search for Meaning*, "The Case for a Tragic Optimism," Frankl argues that we can make suffering meaningful, view guilt as an imperative to improve ourselves, and interpret the fragility, unpredictability, and transitoriness of life as motivation to find meaning (Frankl 2006). Turning to his own experiences as a prisoner in four different Nazi concentration camps, Frankl contrasts the brokenness of his fellow prisoners, born of an acclimatization to hopelessness and cruelty all around them, with his own, often desperate, search of meaning.

But it is the second section of his book that places the idea of tragic optimism in a particularly clear and relevant position to our ongoing trauma. There, Frankl considers what happens when one's will to meaning does not recover once one is beyond the initial trauma—for him, life after the concentration camp; for us, the potentially interminable nature of the COVID-19 pandemic. Turning to what he calls logotherapy, Frankl argues that even if we take life's pre-trauma meaning to be gone forever, it can nevertheless be repaired through work, through love, and through suffering (Frankl 2006). How this is to be done is largely a matter of individual values, desires, and commitments. Yet what is clear is that this kind of repair amid the ruins is not accomplished by accepting ready-made master narratives of how, what, and whether one is to value, and how to structure that valuation. Indeed, the narratives that help us weave our trauma-worn stories into readily-recognizable emplotments resemble more what Frankl calls "the super-meaning" (the master narrative) of life, which for us as subjective beings, is neither something to which we have access, nor something that would actually provide the necessary means of repair (Frankl 2006).

Although I am neither going to examine Frankl's larger work in much detail, nor do I engage with his claims addressing the Holocaust, I do think that his arguments for tragic optimism in the face of despair are helpful for thinking more generally about *what to do* in the midst of ongoing trauma. And what is possible, if we grant Frankl's claims some force, is that the human will to meaning can be that motivating force that helps us tell the kinds of stories about our predicament that make our existence a matter of choice, a matter of how we view it, talk about it, judge and evaluate it, and make its values clear to others. In short, this oddly defiant attitude makes our anxiety-ridden, trauma-damaged lives matter in a way that makes sense to us—that makes them both intelligible and possible. And here is where we return to his notion of tragic optimism:

> How is it possible to say yes to life in spite of all that? How … can life retain its potential meaning in spite of its tragic aspects? After all, "saying yes to life in spite of everything," …presupposes that life is potentially meaningful under any conditions, even those which are most miserable. And this in turn presupposes the human capacity to creatively turn life's negative aspects into something positive or constructive. (Frankl 2006, 139)

Thus, Frankl argues, we can find meaning despite the tragic triad of suffering, guilt, and death—indeed, we can find meaning within it. Instead of asking the unanswerable "big questions," we should realize that life demands that we determine our own meaning *right now*, and with our stories and actions repair not only our own sense of self, but our commitments to changing the injustices and horrors that trauma often reveals. In other words, it is not that we must suffer (or avoid suffering) to discover meaning, but that meaning can be found despite, or even because of, our ongoing and inescapable suffering. And even if we cannot change the cause of our suffering, we can still choose our attitude, our attunement to it—we can acknowledge it without acclimatizing to it; we can accept its reality without at the same time giving up our agency and our desire

to make things otherwise. We can, for example, try to face our *guilt* (for instance, for being privileged enough not to be an essential worker without the necessary personal protective equipment) by taking responsibility for our actions, and dedicating our lives to transforming both ourselves and the society that makes such oppression and exploitation possible. Our optimism, then, is a tragic one—we realize our predicament, and our limitations. But we refuse to be defined, or indeed consumed by the trauma of world-loss, even if this means letting go of many of our illusions of "getting over" or fully recovering from suffering.

What does this mean in practice? The short answer is that in the midst of trauma, abandon the search for narratives of happiness, or perhaps even well-being. Research has suggested that people who tend to cope better in crisis, even if the crisis is ongoing, are not those who focus on finding, or creating, happiness, but those who cultivate an attitude of, yes, tragic optimism (Smith 2020)**.** This preference of happiness-seeking might be a matter of cultural master narratives and normative views of what is desirable. After all, Frankl has noted, "it is a characteristic of the American culture that, again and again, one is commanded and ordered to 'be happy.' But happiness cannot be pursued; it must ensue. One must have a reason to 'be happy'" (Smith 2013). And he might very well have been correct: this pandemic has created a sizable cottage industry, designed to transmit the happiness-despite-isolation message to those sufficiently-privileged to socially isolate, encouraging varied combinations of distractions from the sadness and anxiety of isolation: one can yoga oneself through fear; exercise through anger and frustration; stay away from bad news and binge-watch one's favorite programs while learning to bake artisanal bread. Like restitution, chaos and quest, these turns toward pandemic happiness-making are also kinds of master narratives that require an embracing of storylines that have predictable outcomes, and that follow recognizable emplotments: one will recover, one will remain in limbo, one will find wisdom in suffering—and one will eventually (re)discover happiness amid the devastation of COVID-19. But what if, like Frankl and Brison, we have also come to our own surd, our own moment of personal, social, and narrative breakdown, for which we are neither psychologically nor imaginatively prepared, and after which everything—and nothing—is possible? What if we feel like we cannot go on, and yet somehow, we must? As Brison reminds us,

> Those who have survived trauma understand the pull of that solution to their daily Beckettian dilemma – "I can't go on, I must go on" -- for on some days the conclusion "I'll go on" can be reached by neither faith nor reason. How does one go on with a shattered self, with no guarantee of recovery, believing that one will always stay tortured and never feel at home in the world? One hopes for a bearable future, in spite of all the inductive evidence to the contrary. After all, the loss of faith in induction following an unpredictable trauma has a reassuring side: Since inferences from the past can no longer be relied upon to predict the future, there's no more reason to think that tomorrow will bring agony than to think that it won't. So, one makes a wager, in which nothing is certain and the odds change daily, and sets about willing to believe that life, for all its unfathomable horror, still holds some undiscovered pleasures. And one remakes oneself by finding meaning in a life of caring for and being sustained by others. (2002b)

That is when we turn inward to find the words—new words, new ideas, new valuations—and then outward, to share them. And, in so many ways, to begin again.

Endnotes

[1]I will also not address the tens of millions of Americans who take COVID-19 to be an exaggeration, and even a hoax, or who simply think we need to just go on as if there was no pandemic for, among other reasons, the sake of the economy. I do not offer any arguments in this paper for or against the economy versus public health debate, as I take this binary approach to be too simplistic on the one hand, and currently excessively politicized on the other.

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