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ORIGINAL ARTICLE

Corpses in Clinical Space and the Preposterous Temporality of Pandemic Care

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Abstract Articulations of the chasm between ideal and attainable forms of care surfacing throughout the coronavirus (COVID-19) pandemic have highlighted the proliferation of unceremonious deaths associated with inequitable conditions. This paper reconsiders the preposterous temporality of pandemic care by following corpses in and out of clinical space. Written from the perspective of a MD/PhD student's encounter with a corpse replacing the patient on the medicine ward prior to pandemic onset, this paper asks how corpses might interrupt narratives of clinical care. Sifting through Eugène Ionesco's 1954 play "Amédée," Édouard Glissant's rejection of the tragic heroine, Achille Mbembe's positing of viscerality as autopsy, and David Marriott's theorization of blackness as corpsing among other engagements, I conceptualize how corpses might refigure clinical spaces as preposterous realms wherein distinctions between a *before* and *after* falter. Considering the continuities between an apparent *before* and *after,* I argue that the contemporary concerns punctuating the pandemic as a unique period in time might not be as contemporary as they first appear. Taking cues from literary analysis and fictional works, I engage the corpse as a figure that prompts a rethinking of what might constitute ideal as well as failed care. I argue that corpses in clinical space signal a critique of the ideal narrative arc, one that centers the medical provider as heroine/hero in the midst of tragedy. Turning to the corpse as an interruptive figure, I ask what this dominant narrative might ultimately demand of its cast of characters—protégé, provider, and patient.

Keywords Blackness · Clinical ethnography · Corpse · COVID-19 pandemic · Temporality

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Introduction

The internal medicine senior resident catches my eye. We are on call, and that moment—at once exhilarating and dreadful—arrives. We have a new patient. They are in the emergency department, and so we scurry from an aisle of admitted patients several floors above, to the clanking elevators, and finally to the hustle and bustle of the basement. I take in the emergency department where so many emergencies unfold, cloistered together in time and space. In self-contained, white-washed rooms outfitted for the skillful to wage battle. This is a battle that routinely crosses a profane boundary between the living and the dying. Our patient is tethered to so many lines. A machine sets their lungs to work, filling my ears with a shushed cadence, a contagious rhythm soon defining the pace at which I myself respire.

Before entering my graduate studies in medical anthropology, I completed three core clinical rotations as a third year medical student. On my internal medicine rotation, I encountered the rhythms of the clinical space—the pressure to discharge and admit and the team's maneuverings to manage interruption. This was before COVID-19 would sweep the globe. A year later, we would see a morbid accounting of the tallied losses on a never-ending newsfeed. And hear accounts of refrigerated trucks. And the trucks that were not refrigerated but were recruited into use anyway. We would think of those who all too quickly became bodies. Bodies that could not be seen. Bodies over which we could not fully mourn. I am caught in the spaces of continuity between this before and after. And I want to revisit a pre-pandemic moment in which a corpse intervened upon the clinical setting to reveal the *preposterous* realm of contemporary clinical care.

This paper is largely the product of a clinical ethnography group that was held informally over the course of 2020 and 2021. The aim was to collectively process and document trainee experiences of clinical spaces as well as medical education pedagogy. We met virtually to try to put our various encounters into words. While some of us were in the middle of clinical service at the outset of the pandemic and intermittently thereafter, I had recognized (and continue to recognize) the pandemic as a series of echoes in close reverberation with my clinical experiences on core rotations before I entered graduate school and before the pandemic took hold. In this sense, pandemic time has felt like a long continuation. Despite collective efforts to distinguish a before and an after in popular memory, every new headline associated with the pandemic has carried along an uncanny familiarity. Every compartmentalization of unfolding events—including oscillating caseloads, death counts, and anti-black[1] police violence—has presented as a preposterously superficial arrangement of cause and effect.

One etymological dissection of the word *preposterous* designates Latin origins in which the prefix *prae-* meaning "before" is affixed to the suffix *-posterus* meaning "coming after." The resulting compound term upends temporal linearity in so

[1] The reader may note that I orthographically shift between capitalized and lowercased versions of B/black and its derivatives. Where quoting other theorists, I retain the original forms they employ. I capitalize when writing of specific populations and use lowercase when evoking the questioning frame of black/blackness/antiblackness as open-ended conceptualizations.

far as "before" events follow "after" events. What occurred before follows what follows, fostering a connotation of absurd reversal. How might a moment *before* speak back to itself in the guise of an *after*? How might a before be contained in an after? Retrospectively considering a series of ethnographic fragments unfolding a season before the COVID-19 pandemic, I aim to think through the interruptions that dead bodies—that is, corpses—present to the clinical setting in pandemic and non-pandemic conditions. I also think through the ways in which corpses behave as narrative devices, unsettling the stories we tell about clinical care. Shifting between ethnographic reverie, literary figuration, and theoretical interventions on storytelling, I explore how corpses manifest to interrupt linear time, the heroic provision of care, and commonsense notions of harm as perpetrated against black bodies. I draw upon Eugène Ionesco's 1954 play, "Amédée" or "How To Get Rid of It;" Édouard Glissant's rejection of the heroic figure in colonial narrative; Achille Mbembe's (2016) articulation of autopsy; and David Marriott's (2016) theorization of blackness as "corpsing" among other engagements. Interspersed between these movements through theory and literature, I recurrently turn to a single ethnographic vignette. I offer these recursive movements through clinical ethnography and theory to think through the implications of corpses as material and discursive figures calling forth interruptions of social plots as they usually transpire.

Before an After

Our patient is nonverbal, but the senior resident ushers me forward anyhow. They seem to think that this body will be a great body to learn on, a unique opportunity to auscultate—a heart, a pair of lungs, and a gurgling abdomen occupied in the throes of digestion. I nod my understanding. I am excited by this prospect to further hone that great skill of observation. Skill some say may only be forged over no less than a lifetime. But there is first more history about this patient, about the circumstances that brought them here to this theater of intervention. They were not supposed to be resuscitated out in the field, but the first responders who arrived to attend to them were unaware of this prior arrangement. I am handed a copy of the Do Not Resuscitate order, located on file within hospital records, a tangible, neon-colored paper with signatures and selections. We are now waiting, waiting to make contact with a relative who lives in another state. Waiting for permission to disconnect and let pass away.

Away I am pushed from the hallway where there is some discussion taking place between representatives of the internal medicine and emergency medicine teams. The voice of my senior resident carries: Are we to take on a patient only to facilitate their dying? Are we to dedicate an entire bed to a patient that is for all intents-and-purposes already dead? Are we to be burdened with the subsequent paperwork? Does the emergency medicine team take us all for fools? Away, I am pushed from this back and forth to practice my trade as a physician-in-training. I am armed with my stethoscope and pen light and reflex hammer and notepad and reference booklet. The room is empty except for the patient and I. I approach the right wrist, thinking that I might try and take a manual pulse. But the blood spatters catch my eye, a

remnant of the procedure to insert a line, staining the skin and adhesive alike. I cannot get myself to behave as I should, as that physician-in-training who capitalizes on the case. I am numb and still and quiet, save for my breath that catches. In concert with. The halt and hitch of. The machine's forced breath. I feel cold and unsure, and I take up the hand in my own—a primitive reflex resurfacing to take hold.

I have no training in how to care for this dying body held in suspension. All the diagnostic maneuvers that I have feverishly practiced, some even memorized, have nothing to offer the question mark that hangs in the air that prefigures the tense my own body takes on in response to this body just before me. This body has interrupted routine-as-usual.

Somehow, this body asks *more* of the clinical space than the patient. Such a body reminds me of the body that takes hold of space in Eugène Ionesco's (1958) avant-garde play "Amédée" or "How to Get Rid of It." At the outset of the play, we are introduced to a forlorn couple occupying a rather pedestrian apartment in Paris. A stagnate playwright, Amédée is an everyday man who represents the epitome of ordinariness. His wife, Madeleine, is a similarly unexceptional switchboard operator working from home. They are both confined to the space of their small apartment. The presence of a 15-year-old corpse, however, disrupts the unassuming nature of these characters and the setting they occupy. Through dialogic hints, we are introduced to a third corporeal character who otherwise remains nameless but for an itinerant pronominal reference shifting between "he" and "it."

Throughout the play, an exchange takes place between Amédée, Madeleine, and this corpse. Such a conversation remains nonverbal. The corpse communicates through the actuality of his/its own materiality. His/its bones creak, his/its eyes (when left unlidded) emit a green glow, his/its mass expands outward at a comically, ever-increasing rate, and he/it sprouts gray, poisonous mushrooms which erupt through floorboards. In response to Amédée's eventual effort to uproot him/it from the apartment, his/its horizontal embeddedness resists, remains resolutely inert. This pressing presence of the corpse presents a comical interruption in so far as the couple's attempts to prioritize their responses to the symptoms of his/its being-thereness miserably fail. The battle against the corpse is one that simply cannot be won. The corpse, for example, refuses Amédée's insistent refrain accompanying his failed attempts to author his draft play, "I must, I *must* get down to it. It's hard, terribly hard, but I simply *must* get down to it!" (Ionesco 1958:8). The task-oriented approach in which the couple attempts to cope with the corpse's presence is simply incompatible with a corporeal temporality that lingers. The corpse resists linearity, condenses time.

Back in the emergency room on my third year rotation, I feel this condensation of time. I look up to see two who approach the hand that I hold. They are neighbors. They are neighbors of this patient, this person. And they are grieving, speaking hushed words of comfort to their bed-ridden familiar. The bitterness of self-disgust creeps up my throat. I find it difficult to reconcile my eagerness to inspect and study just a few moments before with this pause. I swallow. It's as if a film brightens and begins to play before my eyes. A clipped montage of sorts. I see years in seconds, sense whole relationships in the audible pause between sodden sobs and the creasing of brows fatigued by a sorrow that is only just beginning. I am as a streak of pale paint upon these white,

barren walls. Present yet absent, compressed much like the physicality of a time that is bent to the will of memory and affect. I am getting to know what I can about a life lived over decades in a matter of minutes. And I am loath to approach this life, no matter how tenuous, as an opportunity to scientifically observe. Instead, I feel subjectively invested. The neighbors of my neighbor are my neighbors. We are a quartet on an odyssey with only just a few fleeting moments left …

I take in the coloring of the skin, the tale-tell signs of life. And I mourn that which will be no more and wonder about what might be next. Someone has reached the relative. Someone has received permission to undo the intervention, so that the intervention itself might be questioned. My senior resident is disgruntled. They offer words of comfort to the neighbors who are excused from the room. My senior resident is disgruntled that we must care for the dead on our call day—the day we must triage and admit new patients. Lines are pulled, machinic support is ceased. My senior resident applies pressure so that the bleeding at the right wrist stops. And applies an adhesive bandage that absorbs the crimson. The emergency department needs this space, needs this room for another emergency. But there is no bed available above. And so the body is cast into limbo, a suspended priority. Eventually, there is movement to transition the patient/body onto a hospital floor. I am away, seeing another patient. It is call day after all, and we must swiftly assess what and who warrants our attention.

What do such patient/bodies demand of a clinical space? How might they cast doubt upon the "heroic" capacities of providers? And how might such patient/bodies transform care? In the play "Amédée," the corpse that grows demands a certain attention, a daily practice of minding the matter comprising he/it and the space he/it transforms. Madeline and Amédée clip his/its nails, trim his/its lengthening beard, uproot his/its sprouting mushrooms, remember to close his/its eyes, and mind his/its creaking gestures. This daily practice of caring for the body shapes routine. However, the couple's efforts to not let the neighbors and police 'in on the matter' (in both a metaphorical and literal sense) begin to take on the form of a battle as the rate of the corpse's growth exponentially increases. The comedic interruption of the corpse issues precisely from the couple's utter inability to appropriately prioritize; their nervous movements across the flat, their shuffling gazes in and out of the corpse's room, and their shifting recognition of the body as a "he" and an "it" preclude their getting rid of *it* in a timely manner.

It is the corpse who/that introduces interruption such that the absurdity of the couple's situation may be foregrounded. It is the corpse who/that introduces a hesitation, who/that renders the couple's language nonsensical, irreverently commonplace and therefore mis-placed. It is the corpse who/that invites conjecture and existential commiseration on the part of Amédée and Madeline. Succinctly put, the corpse is an elliptical device. The corpse allows the plot of the play a roundedness in so far as the audience ends exactly where they started—without explanation, without denouement. On his way to the river to get rid of him/it, Amédée becomes caught in the corpse's legs grown gangly. He is as he was before, overwhelmed by the inertia of this mass, carried away by the gaseous levity of the corpse lifting into an early morning sky. Here is a story with an ending that might as well have been its beginning—re-narrating the relational possibilities of time.

This interruption of linear time in fiction, I argue, also holds implications for the linear narration of clinical practice. In his critique of ethnographic method, history, and tragedy as elements of an ongoing colonial project, Édouard Glissant (1989) leans into narrative circularity. Concerned with the imposition of an elsewhere upon the Martinican experience, of an overdetermined tragic narrative, Glissant proposes *deformation*—the breakdown or interruption of expected, legible forms—as an opening unto self-expression long denied (1989:37, 140). Bastardization, an eruption unto modernity, "nonhistory" are each, in turn, productive counter-formations of storying (1989:8, 61–62, 139, 142) As he writes in *Caribbean Discourse:* "One of the most terrible implications of the ethnographic approach is the insistence on *fixing the object of scrutiny in static time*, thereby removing the tangled nature of lived experience and promoting the idea of uncontaminated survival" (1989:14, emphasis added).

The literary figure of the heroine and her attachments to a westernized ideal of history facilitate this fixation: "As opposed to the spiral *ascent* of the North American heroine, here we have a *return* down the spiral, infectiously tragic and decisively obscure, which not only a chosen hero but a people want to use to repossess the beginning of their time" (1989:82, original emphasis). Here, Glissant contrasts a linear form of heroic tragedy with a recursive one. The heroine/hero and history—narrative device and form, respectively—further the violent emplotment of colonial regimes of power, exculpate and prolong patterns of colonial extraction. In contrast, the repetition and circularity of sound through onomatopoeia in Martinican storytelling serve to interrupt narrative-as-usual for Glissant. The interruption of *return*, spiral, and repossession counters the ongoing colonial project in Martinique.

In the hospital in which I train, linear time tangles and the heroics of call day deflate. In the hospital in which I train, the patient has passed away in the elevator. They are accompanied by their two neighbors. They are a corpse now, presenting an interruption to clinical flow. The charge nurse on the floor attempts to send the body back to where it came from. Surely, they are not expected to accept the dead among the living who already demand so much? It is a preposterous notion, not the least an utterly inefficient use of space and time and energy! I am sent by my team to the room. And there is/was the patient, lifelike in death in so much as I can expect—my eyes iteratively passing over the creases at the corners of their eyes and the curve of their chest, surveilling for any discernible movement. In these few moments before the rest of the team arrives, I am a trainee who cannot make sense of time as a period-with-patient followed by a period-without. The corpse before me, my experience of its presencing, and the failures of the kinds of care I have been trained to perform deny such facile partitioning.

Another resident from my team enters the room, addresses the neighbors, dons their stethoscope, listens for a nonexistent heartbeat, observes the absence of a chest heave, can feel no evacuation of breath. I see how medical training meets the specter of death in this room, a series of maneuvers to reveal evidence of expired life. There is a pronouncement of death—a time not quite the hour and minute of passing but rather a bureaucratically-necessary designation. There is a flurry of paperwork. The neighbors want to know where is the priest who might have delivered last rites? It is a holiday, and there is no priest on call. My senior resident calls the organ donor

network and attempts to write out those who have supposedly witnessed this death. Multitasking because there is already so much for us to do. Their handwriting across these official pages is sprawled and clumsy. They misspell my name on the witness line and scribble out errors, like this is just another note among a mess of abandoned notes in the call room.

After, A Before Follows

The onset of the COVID-19 pandemic, occurring many months after my experience on call day, ushered forth a narrative of the provider as heroine/hero among a surfeit of bodies. TIME's *Heroes of the Frontlines* collection, which features a subheading reading "Stories of the courageous workers risking their own lives to save ours," exemplifies this conceit of the heroine/hero. Here, I refer to the heroic provider as a *conceit* in so far as this iteration of provider functions as a long-lived discursive device, recalling an idealized figure that must exist in order for the plot to narratively proceed. Framing the heroic provider in this manner helps us ask, for which plot must the provider be heroic? Which plot does the heroic provider buttress, prolong, or even exculpate? And what alternative plots might the heroic provider preclude?

The online collection of stories and images curated by TIME features a recurring reel behind the title at the top of the webpage. Soundless, this reel depicts (in order of sequence and in a looped fashion) a fast paced ambulance driving with flashing lights into the night, aerial views of sparsely trafficked highways, the emergency room, masked hospital staff, US Army Corps of Engineers officials reviewing a map of hotspots, a healthcare provider in an N95 mask donning a white protective suit, the rising sun, and two persons in protective gear walking along a muddied path. At the bottom edge of this dynamic title we catch the inexorable forward progression of a timeline in ghostly translucent script. We are marched through the months of February, March, and April 2020. The months that mark the origin of the pandemic in the United States. These materials are brought together, coalescing into something of a metonym, a visual stand-in for "pandemic." We are made to understand the pandemic through this narrative frame of heroic providers' best efforts. And this narrative frame has little room to confront the systemic, excess production of bodies and the limits of care such heroic providers offer. This is an obfuscatory storytelling that avoids corporeal interruption, that pushes past pause.

Launched in April 2020 alongside the decision to feature five medical providers on the TIME magazine cover, the *Heroes of the Frontlines* collection misses the sense of continuity, the impossible tangle within which providers and trainees such as myself work. The collection sidesteps the productive interruptions that might otherwise call into question just what the clinical space (as currently construed) provides. Instead, heroic providers are tasked with the pursuit of patchwork care under conditions of duress, as if they could sew enough masks, write enough op-eds, or improvisationally extend enough resources to patients whose pandemic benefits are beginning to lapse. This heroic provider narrative overlooks the recursivity of failed care between a *before* and an *after* parsed by pandemic conditions. It misses how the *after* might be nothing more than a *before*. Or

some other as yet unnamed temporality, splicing together a *before* and an *after*. It sidesteps the revelational potential of nonsense, that which absurdity might mark for further scrutiny. It does not acknowledge the preposterous tense inherent in our work. The heroine/hero narrative cannabalizes the productive interruption and vital breakdown introduced by the corpse on call day. Through willful unseeing, such a narrative furthers a capital-driven demand to remain productive (as Wong and Newmark further explore in this special issue), to find purchase in and through chaos.

Critiques of the heroine/hero in linear time are growing. A flurry of recent publications has pinpointed the work of heroics discourse in facilitating the acceptance of risky labor conditions (Mohammed et al. 2021); continued provision of care amid extreme resource deprivation and the transcendence of one's "duty to treat" (Cox 2020); ongoing erasures of neoliberalism and the structural inequalities embedded in capitalism (Lohmeyer and Taylor 2020); and suspension or depletion of self through "stoicism" given repeated, immense psychosocial loss (Sarkar and Cassel 2021). These publications intervene upon a contemporary resurfacing of the heroine/hero figure in clinical settings. They gesture towards a breathlessness of working within already constrained systems of care that have been called upon to somehow manage protracted dying as well as a sudden proliferation of corpses.

On the internal medicine team during my third year in medical school, we had no time to address the patient who was also a corpse. We have had no time to address those patients with COVID-19 who swiftly became corpses. We have no time to—We have no time. This breathlessness is a symptom of clinical time carried forward in a linear fashion with the heroine/hero at the helm—one task followed promptly by another. In lieu of responding to the recursive character of clinical space–time—where clinical practice might pause to take stock of continuity—trainee and practitioner alike are made to be symptomatic, breathless. How seemingly distinct experiences blend into and implicate one another is obscured. The ellipses suturing clinical moments *during* the pandemic with those moments unfurling *before* are eclipsed, shadowing how the pandemic was always already here and continues to unfold—in the ways we have always scurried from one task to the next, already been trained to brush past the corpse, worked to minimize the force of an unexpected pause.

This breathlessness as symptom surfaces in Achille Mbembe's (2016) lecture on an emergent politics of *viscerality*. Engaging the ways in which on-the-ground activists in South Africa have increasingly returned to the writings of Frantz Fanon, Mbembe reviews the role of "viscerality" in contemporary interpretations of coloniality and its ongoing reverberations. Here, viscerality recalls for Mbembe a recourse to the bodily, or organ-based elements of the political through Fanon—the potential vitalness of response, an electrified, instinctual reaction originating from one's interiority. Mbembe highlights these developments as a turn in political claims-making wherein "claims are no longer made on the basis of universality but on viscerality." To come together against prevailing structures of inequality is not to seek equal recognition or inclusion but is to first recognize a common sensation of harm, an internalized wound. A gathering rawness. To come together in search of altogether different figurations of power is also to fundamentally recognize a shared feeling of choking, of suffocation.

Although Mbembe is critical of this renewed attention to injury as the basis for political mobilization beyond the articulations of language, this sketch of a politics of viscerality productively brings back the corpse to intervene upon questions of the political realm. The reappearance of the corpse occurs in the brief question period following the lecture where Mbembe actively considers a questioner's posed concept of *autopsy* in relation to that of viscerality:

> To see is no longer enough. 'Cause I don't know who I'm seeing. I don't know who you are. You might be wearing a mask. Nobody is sure of the identity of whoever we have in front of us. And therefore, if I cannot trust what I see, who I see, a face I see, how is it that I make sure that you are on my side? You are with me? We are together? Through autopsy. An autopsy. No seriously, by excavating, opening you up and looking into your viscera. Are they the same? If I touch them do they respond the same way as mine? And if they don't, then you are not of me. And I'm not of you. And therefore, at the moment of decision, there's no common bond that unites us.

Autopsy signals here corpse-based grounds for political action. It is an interrogation of interior worlds through the prospects of morbidity and mortality, a reading of the signs of suffocation upon corpses. A standing closer to or an identification with corpses. In this framing of political adjudication through a shared, internalized gestalt of the status quo, the corpse takes on the active role of guide. Not just inert matter, corpses and identifications with them, point to moments of interruption. As the materialization of decomposition, the corpse invites other modes of noticing, of taking stock of unevenness and its continuities, of leaning into openings afforded through apparent visceral monstrosity.

Such offerings of the corpse appear in Báyò Akómoláfé's *I, Coronavirus. Mother. Monster. Activist.*—a speculative and artful collaboration with Jon Marro. Considering the virus's frequent presentation as a seemingly inert body—a kind of uncertain corpse—Akómoláfé asks how the virus SARS-CoV-2 might upend "our habitual modes of sense-making, our need to trace out logical origin stories and plots and characters" (2020:7). For Akómoláfé, the virus as an unstable corpse signals how "[s]omething other than a resolution wants to happen," something other than a tidy end to "a recognizable plot, a fable thick with heroes and monsters" (2020:15, 21). Intermittently taking on the perspective of the virus, Akómoláfé posits a viral interpretation of human breath:

> Every single breathing body has a distinct musical culture to it, a soft composition with a ceaseless encore. No performance is ever the same. To breathe is to sing a note of indebtedness in an impossibly complex orchestration that congregates everything … To breathe is to be dispersed, to be undone, to be beside oneself. To breathe is to die (2020:11).

That breath might already contain the molecular movements precipitating death speaks to a co-constitution of life and death such that the terms of a corpse's being are inhered in those of the living body. Corpse and living body here become not fully distinguishable. A seemingly lifeless viral molecule shapes

the very contours of biological possibility: “Are they dead? Are they alive? Can we consider other ways of framing the question?" (2020:19).

Entertaining the virus as living corpse then, Akómoláfé writes into a circular temporality not unlike that of Glissant’s embrace of temporal deformation. In one vignette, the status of the virus is suspended in uncertain terms, simultaneously cast as an “it” and a “she.” Detained by a national military presence, the virus encounters the fictional psychologist Braveheart who is recruited to interrogate it/her—a subject of national security interest. In a moment where Braveheart experiences emotional breakdown after failing to cull useful information over the course of two days, the virus escapes its/her handcuffs, descends upon Braveheart, and swiftly inserts its/her finger into his nose. Thus, infected, Braveheart falls through time to encounter the hold of the slave ship already in passage and the virus again uncertainly presented as a he/it. Here, the virus as a disruptive corpse figure, thus, places a *before* in conversation with an *after* such that the boundaries between *before* and *after* dissolve. The reader is called upon to imagine radical continuities in deformation between the hold of the slave ship and the viral particles contained in the very storage bubbles of a cell (see Marro’s accompanying images on pages 26, 35).

What about all those corpses of ‘pandemic time’? What about all those corpses in refrigerated and non-refrigerated trucks? What about that *one* corpse, that one patient-body, who/which made impermissible demands of the clinical space on call day, during my third year internal medicine rotation? I provisionally offer that such corpses remain unfigurable in the mainstream narratives of the pandemic and clinical care. Corpses refuse something of the heroic provider narrative because they deny an easy compartmentalization. Corpses exceed the segmentation of clinical daily duties. Corpses are obscured as numbers, as televised counts, as notations on bureaucratic forms because in their full reckoning they might pose a dire risk to care as usual, to narrative as usual. Corpses call forth the disorienting and detemporalizing possibilities of care untethered to life-for-profit. They magnify the absurdities of leaning on heroic care when all the systems continue to fail us. They demand a different sense-making in relation to breathe and injury. And they entertain the notion that a proximity to deathliness, to the monstrosities of morbidity and mortality, might offer a way to navigate that does not necessarily reproduce business as usual.

Aft(Before)er

Corpses have figured in other ways throughout the pandemic. Namely, the repetition of black deaths and the ways in which the corpse is already presumed to be blackened. On verbally sharing the contents of the clinical vignette opening this paper, some listeners have assumed that the corpse-patient I am describing is necessarily a black body. These listeners have immediately segued to analyses of racial capitalism and excess black death to imply the blackness of the corpse that is otherwise abstractly described. The violences of the summer of 2020 against black and brown bodies have certainly not stymied these assumptions. And there is a way in which the genderless, nameless, raceless corpse of the vignette is automatically colorized, more specifically blackened, in a heightened moment

of social consciousness that seeks to reckon with the problem of antiblackness. Through their anticipation of harm visited upon black bodies, listeners signal their need for the corpse to be a black body so that the articulations contained therein narratively resolve, to some extent, the discomforting suspensions introduced by the unanswerable question of blackness.

This frenzy to be responsive, to be heroic, has also infiltrated conversations on the proper state of affairs within medical education pedagogy. And the animus to lay bare all the ways in which racial inequalities continue to (un)define black life actively rewrites the case studies developed for trainees' instruction, the case studies of hypothetical patients framing much of my own early training. Social determinants of health. Epigenetics. Adverse Childhood Events. Environmental exposures. Clinical bias in diagnosis and care. Lack of housing. Police violence. Redlining. Greenlining. Underrepresentation. There is a way in which these categorical descriptions stand as rehearsals of repeated, expected, undeniable, inevitable black death. The black body is a central storytelling device within the telling of these stories. Even for the most progressive medical education programs in the United States, the black body continues to play a pointed narrative role—that of a problem that must be repeatedly stated, unearthed, acknowledged, diagnosed, summarily addressed.

In *The Souls of Black Folk* (1903), W.E.B. Du Bois elucidates the pressing presence of one's designation as a problem. Turning the question "How does it feel to be a problem?" on its head, Du Bois explicates how *being on the receiving end* of such a question *feels*. In other words, Du Bois describes how it feels to be asked (however directly or indirectly)'How does it feel to be a problem?' in the first place. This is a moment of self-exploration that diverges considerably from the question 'How does it feel to be a problem?' and its many variations frequently buttressing articulations of social justice efforts in medicine (e.g., What is the problem? How can the problem be intervened upon? Who is most or least affected by the problem?). For Du Bois, consideration of what it means to be recurrently asked 'How does it feel to be a problem?' ushers forth a moment of careful introspection. A return to first memories. A mingling of *befores* and *afters* as is evident by Du Bois' mingling of the past and present tense:

> Between me and the other world there is ever an unasked question: unasked by some through feelings of delicacy; by others through the difficulty of rightly framing it. All, nevertheless, flutter around it. They approach me in a half-hesitant sort of way, eye me curiously or compassionately, and then, instead of saying directly, How does it feel to be a problem? they say, I know an excellent colored man in my town; or, I fought at Mechanicsville; or, Do not these Southern outrages make your blood boil? At these I smile, or am interested, or reduce the boiling to a simmer, as the occasion may require. To the real question, How does it feel to be a problem? I answer seldom a word. And yet, being a problem is a strange experience,—peculiar even for one who has never been anything else, save perhaps in babyhood and in Europe. It is in the early days of rollicking boyhood that the revelation first

> bursts upon one, all in a day, as it were. I remember well when the shadow swept across me (1903:1–2).

In many ways, this identification of a problem—this lingering question of "How does it feel to be a problem?"—continues to suffuse medical education pedagogy. It is the primary mode in which medicine confronts the predicaments of socially-inflicted disease and uneven health. Posed as though an answer may never be encountered, it functions as a rhetorical question, a question posed for dramatic effect—for the purposes of furthering along a familiar story. It is perhaps this rehearsal of a familiar story that prevented reports of relatively low virus transmittance rates among Black San Franciscans early on in the pandemic (City and County of San Francisco 2022). And it is perhaps this rehearsal of a familiar story that eased the subsequent reporting of an increase in the state-wide mortality rate among Black Californians two years later (Hwang 2022). Recognizing the rehearsal of this familiar story, medical students where I study have come to protest the ongoing terms of their education. Noting "an outdated difference-devaluing, inequitable, intersectionality-ignoring, and Black-marginalizing curriculum," students composed and circulated a petition for signature (Petition 2021). Students particularly expressed concern "that personal narratives highlighting the sensitive and life-shaping trauma of Black students and faculty were used … to humanize Black people to a larger audience: the students' colleagues and peers" (ibid).

In some ways, medical students are noting the impossibility of black *being* in medical education as it is currently offered. Kevin Quashie (2021) highlights this predicament of social justice-oriented work as a foundational one that actively casts "black livelihood," "black aliveness," as unimaginable. Engaging the reflections offered in a 1970 letter penned by James Baldwin and addressed to Angela Davis prior to her standing trial, Quashie considers the rhetorical question explored above:

> For sure, the terms of self-despisal constitute a hitch in the common understanding of social justice, where, at best, black being—disregarded, harmed, or killed being—is the object lesson that inspires justice and spurs racial reckoning for the nation-state, as well as for the person who is not black. This is the metaphorical use of black life as a scene of social thinking, a scene that excludes and exempts blackness from the conditions of life itself: the proverbial canary in the coal mine; the killed or harmed one *whose cry of pain becomes the impetus for an antiblack world to try to confront itself*. Such dynamics cannot withstand the black one as a subject of being and therefore as a subject of the ethical question; such dynamics are not the condition of black livelihood (2021:108, emphasis added).

In this "scene of social thinking," the corpse is always already blackened such that the abstracted corpse interrupting the flow of care as usual during my third year call day is read to be black. But what else might there be to say about this always already blackened corpse? How might we read such a corpse as not necessarily presuming such a finite, dead end?

Conceptualizing "corpsing" as a phenomenon unraveling upon the stage, one in which the actor's role disintegrates mid-scene due to a blunder or error, David Marriott (2016:32, 34–35) asks how such spontaneous slips might reveal the ways in which the "propriety" of performance fails—how the enactment of a role is always already vulnerable to its own unraveling. Beyond the realm of the theater, Marriott considers how corpsing presents in other social arenas as a "radically contingent" unfolding that resists the boundedness of event as well as the surety of any particular causality. Corpsing happens unpredictably within the flow, albeit predictably off script.

A setting aside of "the rules of prescribed performance under the command of social laws," to corpse one's social role might be to reclaim one's subjectivity and reject an objecthood otherwise enforced by this role (2016:33, 35). But Marriott (2016:34) suggests something peculiar about "black social death" and the corpsing of this prescribed role: "Would this not be an example of a 'death' of a death, so to speak?" Corpsing, thus, takes on an entirely different valence under the conditions of racial capital wherein blackness is prefigured as a corpse, as "the performance of radical indebtedness or loss" (2016:36). In corpsing the role of the corpse then, there is a contradictory impulse to neither take hold of life (which is perpetuated by the corpse role defined as black social death) nor to abide by the limits of this negation of life. Marriott conceptualizes this tension as a "mortgaged claim on the living," a deferral of sorts that is neither easily settled into the dialectics of a life entirely affirmed nor negated (ibid). There is a suspension of a suspension at play here.

For Marriott (2016:38), the corpsing of the role of a corpse—falling through the recitals of predictable black social death—does not result in the re-articulation of the living body's reign but rather an embrace of the questioning mode which the corpse introduces into the social plot. Marriott returns to the familiar question of blackness as performance appearing in Aimé Césaire's theorization of negritude and Frantz Fanon's subsequent reading of Césaire. These works and their Afropessimist descendants never settle on the contents of blackness as such: "blackness is not … an essence to be restored under the aspect of myth or natural creation but … is just a signifier to be narrated or known as such" (2016:42). Marriott (2016:44) poses Césaire's theorization of blackness as a *traversal* of an abyss: "the black hole turns form itself into a kind of radical contingency or accident without existential or political content."

Here, Marriott (2016:46) is pointing to the ways in which Césaire and Fanon narrate a blackness that cannot be fully figured as failure or ascent; such a performance of blackness retains "its abyssal undecidability." The simple story of racial capitalism and the antiblackness inhered within cannot be told so simply; better that the figure of such a story "moves back and forth with a tremor that makes the motion of going forward or back, up or down, oddly equivalent" (2016:47). Blackness conceptualized as movement through the abyss, an unending traversal through, "traces a path that is without solution or synthesis; it figures a language (of blackness) that ceaselessly calls into question all origins but is neither holocaust nor an offering" (2016:52).

That the corpse intervening upon my third year call day can be so readily read as a black corpse points to the ways in which the question of blackness is so frequently misinterpreted, misread within medicine. When the body is not quite *that* body and when the body counts do not quite match *those* expected mortality figures, we are left with an unresolved plot at the center of which lies the productive elusiveness of the corpsing of a corpse. This speaks of a repetition of narrative terms—a *before* couched *within* an *after.* The corpse gestures towards a reckoning with antiblackness that may seem like one solely of this contemporary moment. Yet this reckoning is so very tired in the sense that we have been here before, done this, seen that. How might medical education wrestle with the unsettled terms of blackness and the corpses to which blackness is too often readily attached? How might medical education teach alongside the question that is not posed as a rhetorical exercise but rather a question of exploration and vulnerability? Of a traversal through rather than a positioning of?

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In these pages, I present studied reflections on my medical education and training, thus, far. I write through vivid memory alongside theoretical figurations of the corpse as an invitation to reconsider the spaces and patterns of clinical care. I follow moments where corpses interrupt or pose the risk of interrupting narratives as usual in the medicine ward, media representation, and medical education. I wrestle with those pressing questions that press upon my training and that of my peers—How might care exceed the efficiencies of clinical space? The heroic reproductions of systems as they are? The predictable excesses of black death? I consider what openings corpses may afford, what their introduction onto the social scene might call forth for collective reckoning.

Corpses as narrative devices unsettle mundane moments in clinical spaces. When the decision was reached to remove machinic support. When my senior resident pulled lines. When the wrist bled. When the pressure was applied. When the adhesive bandage colored crimson. When the flow staunched. Even as our team shifted to consider other priorities, this moment with a body already in the throes of death, this corpse becoming, posited an interruption of care as usual. In such encounters with corpses, our movements through clinical space can be read as nothing other than preposterous, a reiteration of many moments occurring before and after. The pandemic too figures preposterously, as an entanglement of many befores and many afters still. Corpses stashed in refrigerated and non-refrigerated trucks pre(re)figure the corpse mobilized away from the emergency room into the secluded elevator on my third year call day. And attending to the temporal resonances between them incites a much needed pause in our thinking and doing.

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References

Akómoláfé, Báyò
2020 I, Coronavirus. Mother. Monster. Activist (e-book). Available online at: https://www.bayoakomolafe.net/post/i-coronavirus-mother-monster-activist. Last accessed: 15 Mar 2022.

City and County of San Francisco
2022 Test positivity rate by race and ethnicity. Accessible online: https://sf.gov/data/covid-19-testing-race-or-ethnicity#test-positivity-rate-by-race-and-ethnicity. Last accessed on: 19 Sep 2022.

Cox, Caitríona L
2020 'Healthcare Heroes': Problems with Media Focus on Heroism from Healthcare Workers During the COVID-19 Pandemic. Journal of Medical Ethics 46: 510–513

Du Bois, William Edward Burghardt (1903)
1990 The Souls of Black Folk. New York, NY: Vintage.

Glissant, Edouard (1989)
1996 Caribbean Discourse: Selected Essays. Translated by J. Michael Dash. Charlottesville, VA: University Press of Virginia, Caraf Books.

Hwang, Kristen
2022 COVID-19 has Turned Deadlier for Black Californians, Who Have the State's Lowest Vaccination Rate. Cal Matters. 22 Feb. Available online: https://calmatters.org/health/coronavirus/2022/02/covid-black-california-deaths/. Last accessed on: 29 Mar 2022.

Ionesco, Eugène
1958 Amédée, A Comedy. In Eugène Ionesco: Amédée, The New Tenant, Victims of Duty. Translated by Donald Watson, pp. 3–89. New York, NY: Grove Press, Inc.

Lohmeyer, Ben A., and Nik Taylor
2020 War, Heroes and Sacrifice: Masking Neoliberal Violence During the COVID-19 pandemic. Critical Sociology. 47(4–5): 625–639

Marriott, David
2016 Corpsing; Or, the Matter of Black Life. Cultural Critique 94: 32–64

Mbembe, Achilles
2016 Frantz Fanon and the Politics of Viscerality. Frantz Fanon, Louis Mars, and New Directions in Comparative Psychiatry, Duke Franklin Humanities Institute. 27 Apr. Available online at: https://humanitiesfutures.org/media/achille-mbembe-frantz-fanon-politics-viscerality/. Last accessed on: 15 Mar 2022.

Mohammed, Shan, Elizabeth Peter, Tieghan Killackey, and Jane Maciver
2021 The 'Nurse as Hero' Discourse in the COVID-19 Pandemic: A Poststructural Discourse Analysis. International Journal of Nursing Studies 117: 1–11. https://doi.org/10.1016/j.ijnurstu.2021.103887

Petition
2021 UCSF Faculty/Staff Signatures of Solidarity for H&I Statement by Black MS1 Medical Students. Available online at: https://docs.google.com/forms/d/e/1FAIpQLScKN00HR3wpJzQIX9r-_IqADQAfAgNpt8mFaHYH8yQ0uzzSZQ/viewform. Last accessed on: 29 Mar 2022.

Quashie, Kevin
2021 Black Aliveness, Or A Poetics of Being Durham, NC: Duke University Press

Sarkar, Urmimala, and Christine Cassel
2021 Humanism Before Heroism in Medicine. JAMA 326(2): 127–128

TIME
2020 Heroes of the Frontlines. Available at: https://time.com/collection/coronavirus-heroes/. Last accessed: 18 October 2021.