

The Short and the Long of It: A Political Phenomenology of Pandemic Time

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ABSTRACT: Drawing on Françoise Dastur's suggestion that the event is a permanent possibility that shapes lived experience, but also, when it occurs, a distinctive temporal rupture, I argue that the initial weeks of the COVID-19 epidemic constitute an event, in her sense. Connecting this phenomenological point to literatures on the politics of temporality, I suggest that the distinction between event and normal experience maps to that between epidemic and endemic. Understanding some of the political and ethical erasures of death and debility in COVID times can thus be mutually informed by phenomenological analysis.

KEY WORDS: phenomenology, event, experience, epidemic, endemic, COVID-19, temporality, debility, death

In an instructive article on the capacity of the phenomenological tradition to understand surprise, Françoise Dastur argues that the temporality of ordinary experience is distinctively different from the temporality of “the event:”

But what is an event, in fact? . . . The event in the strong sense of the word is . . . always a surprise, something which takes possession of us in an unforeseen manner, without warning, and which brings us towards an unanticipated future. The *eventum*, which arises in the becoming, constitutes something which is irremediably excessive in comparison to the usual representation of time as flow. It appears as something that dislocates time and gives a new form to it, something that puts the flow of time out of joint and changes its direction.

The event is “upsetting,” and “changes drastically the whole style of an existence. It does not happen in a world—it is, on the contrary, as if a new world

opens up through its happening. The event constitutes the critical moment of temporality—a critical moment which nevertheless allows the continuity of time” (Dastur 2000: 182).

The temporality of ordinary experience, on this characterization, is more predictable, programmatic, and self-affirming, yet it is a feature of human life, according to Dastur, that this experience is grounded in the stability of the world while remaining open to the event. Events, although “very rare,” aren’t just occasional things that might happen to any given individual. The implicit knowledge of their possibility is constitutive of temporality and a necessary part of lived experience. The event cannot be immediately apprehended, but only understood after the fact and third-personally, as something that happened *to* me rather than something that I did. We experience our inability to experience, as Dastur puts it. Because the event is unplanned and world-destroying, it is only after it recedes into the past that we can begin to make sense of it, to see how there is a new world emerging.

In the context of the COVID-19 pandemic, Dastur’s characterization of the event could hardly be more apt: it seized us, wrongfooted us, changed our understanding of the future, and put “the flow of time out of joint.” Whole worlds were abruptly transformed. In the early days of pandemic lockdown those of us in white-collar jobs who had “pivoted” to working from home while we simultaneously supervised online schooling for kids found ourselves trapped in small spaces for long periods of time. Others—from librarians to wait staff—were abruptly furloughed or laid off, and found their anxiety increasing as the pace of life slowed. Many were disoriented without the punctuation of arriving at work and leaving, grocery shopping and other errands, going to the gym, dropping the kids at daycare, or whatever temporal habits shape our lives (Heyes 2020). Wage workers in industries suddenly labeled “essential,” by contrast, were still showing up for their jobs as grocery clerks, hospital cleaners, or care assistants, dealing with studied indifference to health risks, staff turnover, and unpredictable shifts. Terrifying news stories emerged about doctors and nurses in northern Italy or New York City who were working as continuously as humanly possible, refusing themselves sleep, as they grappled with monstrous ethical challenges about whom to ventilate, or the organizational nightmares of massively increased nurse-to-patient ratios in ICUs (Giuffrida and Tondo 2020; Ouyang 2020). At the start, some spoke of time moving grindingly slowly: “March 2020 really was quite a decade.” Then, as the summer flew by, others noted time speeding up when it is flat and monotonous, no longer pleasurably interrupted by vacations or community events. It is hard to remember when, exactly, trivial things happened, or to put everyday events in temporal order.

Phenomenologically speaking, then, it is not surprising that the onset of this epidemic should be an event, in Dastur’s language. The unexpected upending of

the shared world and the radically new and uncertain future ruptured ordinary time. We have not been able to incorporate it into experience, and so we can understand it only as it recedes. Here the permanent phenomenological possibility of “surprise” meets the politics of crisis. The time of emergency is also the time of the event. We trip over ourselves trying to make time function as it should: looking back self-critically at public health experts who warned us that a pandemic was imminent and imagining a world in which we had planned better; or obsessively reviewing graphs that show trends in case numbers or death rates, trying to put together a temporal line from past to future; or searching for news stories about putative vaccines and their possible launch dates. These are of course all reasonable attempts to make sense of assorted failures (and some successes) of governance on the hoof, while trying to be epistemically agile about what is coming next. Given the almost complete futility of any average citizen having any influence over these things, however, I think we also have to understand them as existential attempts to eradicate a peculiarly extended event and restore ordinary temporality, in order that our experience can again become our own.

“Think of an *epidemic* as the start of something,” recommends Dictionary.com. A disease comes upon (*epi-*) a *dêmos*—a people in a place—and dislocates time. Many COVID patients in the spring did not get to hospital quickly enough, did not recognize—or could not get others to recognize—the seriousness of low oxygen levels or the damage to their lungs and hearts; many elderly people, in particular, died extraordinarily quickly. Similarly striking was the speed at which new (and sometimes contradictory) information arrived: droplet spread versus aerosol? Risk of surface transmission? HVAC systems that infect half a restaurant and not the other half? Masks—useless or invaluable? The pace of epidemic time is fast, and its mode is *acute*. By definition, however, the event cannot endure. “Ordinary experience presupposes an originary faith in the stability of the world and the presumption that experience will always have the same ‘style,’” writes Dastur (invoking Merleau-Ponty), while the breakdown of this coherence comes with the inability to remain open to the event and then integrate it—a disposition that Dastur describes as definitive of “psychosis” (Dastur 2000: 185–6). An event, phenomenologically speaking, cannot endure, while politically speaking the costs of quarantining and remaining in emergency mode became quickly apparent.

At the end of the eighteenth century, Michel Foucault suggests, a focus of emergent biopower became not only the very long-standing problem of plagues, but the *endemic*: “the form, nature, extension, duration, and intensity of the illnesses prevalent in a population.” These became

permanent factors which . . . sapped the population’s strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive. . . . Death was no longer something that suddenly swooped down on life—as in an epidemic.

Death was now something permanent, something that slips into life, perpetually gnaws at it, diminishes it and weakens it. (Foucault 2003: 243–44)

Lauren Berlant famously coined the phrase “slow death” to describe the ongoing exhaustion—in both the sense of wearing down and of running out—of populations marked as expendable. Slow death, then, is the form of ending life that the endemic adopts. I suggest that this shift is not solely or even largely a function of the actual impact of disease or the deaths it causes. COVID infection rates in many regions are actually considerably higher in the later months of the pandemic than in the first frenzied weeks of lockdown, but the unsustainability of the event as a rupture in lived experience, as it maps to the inability of political and economic systems to maintain their goals, drives a transition from epidemic to endemic time.

This dominant temporality becomes, in Jasbir Puar’s terms, the temporality of debility rather than either health or disability, of the *chronic* rather than the acute: “Not nonnormative, not exceptional, not that which is to come or can be avoided, but a banal feature of quotidian existence that is already definitive of the precarity of that existence” (Puar 2017: 16). Some mass deaths, especially those resulting from acts of terror or other singular crises, are figured as catastrophic and consequential. They are sudden, “unexpected” (even when they have been predicted), traumatic not only for their victims and those close to them, but for a much wider public. On September 11, 2001, 2,977 people were killed in New York and Washington as a result of terrorist hijacking and crashing of four commercial aircraft. These deaths were deeply shocking and widely publicly mourned, as well as catalyzing radical changes in how the US state conducted security and surveillance. By September 11, 2020, 193,320 people had died of COVID-19 in the US alone (nearly 917,000 globally)—a number that is still rising rapidly. These deaths are now (and how soon!) a feature of the social landscape, personal tragedies for those who die or lose their loved ones, but also shrugged off by opinion leaders. As the premier of the province I live in announced on September 9, 2020, “The average age of COVID-19 related fatalities in Alberta is 84. The average life expectancy in the province is 83. And the vast majority of those who we have lost to COVID-19 were not only the average age of 84, but they had one or more chronic health conditions or comorbidities.” In this neo-eugenic moment, slow death must yet again be made part of normal life, something that old and sick people had coming anyway, if it is acknowledged at all.

Thus the mapping of epidemic-and-endemic to event-and-duration that I’ve been elaborating, finally, helps to explain the erasure of sufferers of the aptly named “long-COVID”—a poorly understood syndrome that afflicts COVID survivors in which the first acute phase of viral infection subsides, only to be replaced by the intermittent return of old and new symptoms, especially intense fatigue and breathlessness, low-grade fever, and cognitive deficits like “brain fog” (Callard 2020;

Yong 2020). As cases multiply and medical knowledge improves, our ontology of disease experience will certainly diversify. Refusing to acknowledge the non-linear, cyclical, persistent, enduring time of post-viral life, however, is also an existential response to the “psychosis” of a prolonged event and the need for a more “normal” temporality (see Baraitser 2017). Slow death has long been a quiet background condition of late capitalism and, crucially, is conditioned by inequities that we have spent decades concealing (including from their victims). If the transition to COVID as endemic and part of ordinary lived experience is still jarring, it is in part because the political modes of concealing its slow death are still imperfect.

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