

sustaining relations to all the people and spaces described above are clear, and we might see now where changes must—and can—be made to these relationships. Being in the midst of pandemic parenting gives certain access to seeing these complexities. We trust that much more will be learned and recognized about these experiences in the months and years to come.

ACKNOWLEDGMENTS

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NOTES

1. For one account, see MacLachlan, "Conceiving Differently within the Ethics of Assisted Reproduction."
2. Cooney, "The Parents Are Not All Right."
3. Cohen and Hsu, "Pandemic Could Scar a Generation of Working Mothers."
4. Lewis, "The Virus and the Home."
5. Gunraj, "Gendered Impacts of Coronavirus."
6. Topping, "Covid-19 Crisis Could Set Women Back Decades, Experts Fear."
7. See Miranda Pilipchuk's contribution to this issue (pp. 14–21).
8. Flaherty, "No Room of One's Own"; Frederickson, "Women Are Getting Less Research Done Than Men During This Coronavirus Pandemic."
9. Schulte, *Overwhelmed: Work, Love, and Play When No One Has the Time*.
10. Paul, "What You Can't Expect When You're Expecting."
11. Springer, "Parents in Lockdown Are Quietly Falling Apart—I'm One of Them."

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Planning in the Void: Autonomy amid Pandemic Constraints

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In early July, our daycare announced that it would be reopening at the end of the month. The daycare had already polled parents about priorities for reopening, and about whether we would send our kids back should a spot become available. I replied, at the time, that the circumstances under which the staff felt safe to return would be the circumstances under which we would be happy to send our kids back, provided there was a space for our kids. My partner wrote to tell them that we would not want to take a spot away from a frontline worker, nor from a child whose family needed it more than we did.

The daycare listened to our concerns. After a few weeks of planning and reorganizing the space for physical distancing, they contacted us again. They emphasized that the health and safety of both children and staff were their utmost concern. They would be reducing the number of places in the daycare by more than half. There would be eight kids with two staff members in each age cohort. The daycare prioritized spaces for children of frontline workers; the next set of spaces would be prioritized based on need; and they would hold a lottery for remaining spots.

They would be removing all carpets and soft or porous toys, and covering all couches with plastic sheeting to help to implement new cleaning protocols. They would seat children at tables with plexiglass dividers for meal and snack times, and set out individual rather than shared art materials or crafts. There would be no singing. No mixing of cohorts. No sharing of snacks. No hugs. Obviously.

Their priorities were our priorities. They had taken great care in coming up with a plan that felt safe enough for both staff and families to consider coming back.

We got the email. They had a spot for each of our kids! Our kids would be returning to daycare. We would be returning to some semblance of our old life. I took a deep breath.

Perhaps I could start applying for jobs again? Maybe do a little bit of writing? Hopefully, working in August wouldn't be the constant stream of interruptions that it has been since mid-March. Perhaps for both of us, our careers would buck the trend and survive the pandemic. Or maybe, for at

least one of us. So many possibilities seemed to open back up with that one email.

We thought about what it might mean for our kids. A chance to see and play with kids their own age, notwithstanding the ban on hugs. Or the limitations on types of play, for that matter. Our kids' bedtime might revert to quasi-normal! Fewer tearful bedtimes. Fewer tantrums. Fewer days spent in the blue or red zone. A chance to spend some time in the care of a trained professional who cares for children, but isn't as invested in everything as a parent. A chance to try to balance work and life once again.

Since March, I now realize, I have been holding my breath, waiting for something to change. At some point, I noticed that I had stopped even checking the weather forecast. What would be the point? We take it one day at a time. One tantrum at a time. One book at a time. One bout of despair at a time. One crisis at a time. Living in the moment. But also stuck in the moment.

I exhaled. It felt good.

Naturally, we started to plan, just a little.

My unexpected reaction to the daycare reopening was to feel the weeks and months ahead opening up to possibility. I started to look forward, after months of looking down, of watching my feet, glued to the ground.

Many philosophies suggest that a good life includes making choices, developing a direction, and plotting a route from here to there. We live a meaningful life by working towards meaningful goals, a meaningless life by working towards superficial goals, or by not working towards any goals at all. First, we are supposed to consider our options; next, we set goals; we make appropriate plans for achieving them; we follow through. Completed goals or "achievements" may be considered and evaluated in an attempt to answer the question "How is my life going?" We judge ourselves, and are judged by others, through an accounting of the quality of these choices.

Many modern philosophers add a condition about living authentically. Not just any plan will do. It has to be our own plan, a reflection of our True Self. Externally imposed goals, even if fulfilled, don't count as "achievements" or don't count in the same way. Death and taxes are not chosen, so they rarely qualify as achievements. For most of us, they are not what makes our lives meaningful. External constraints, such as the pandemic, don't change the underlying calculus. We have to do our own choosing, bounded by whatever constraints the world imposes on us. We have to act for ourselves.

In her book *Self, Society, and Personal Choice*, Diana Tietjens Meyers explains these connections between self and choice. She explains: "to be in control of one's life is . . . to live in harmony with one's true—one's authentic—self."¹ In the pandemic, I am not in control of my life. None of us are. But also—as a result—I am not being true to myself. I am losing my concept of who I am, of who I want to be. To be stuck in the moment is also to be stuck in tension with one's true self.

Although I continue to set goals, my ability to work towards them is extremely limited. In the pandemic context, I am not in control of my life plan. I am not even in control of my daily plan. The pandemic—and pandemic parenting in particular—precludes so many different types of planning. The constant stream of interruptions is so much harder on me than I recognize on a daily basis.

Constant interruptions are a pandemic parenting problem. The closure of schools and daycares—or the ill-thought-out proposals to reopen as though there were no pandemic—are pandemic parenting problems. But the loss of self is a much broader phenomenon.

Meyers continues, "[c]ompleting a part of one's life plan does not simply add an item to a person's roster of accomplishments; fulfilling a particular plan insinuates itself into the individual's personality by weakening or reinforcing some of the individual's traits, by modifying the relations among them, or by engendering new ones."² I am no longer the type of person who moves forward. I am stuck, and this is becoming Who I Am. Holding my breath. Waiting. Looking down.

Part of my pandemic problem, then, is that my life plans—and my ability to fulfill them—have been taken completely out of my control. We have collectively spent months worrying about whether, when, or how to reopen schools, universities, restaurants, churches, or barber shops. How can any of us work towards our goals in the context of so much uncertainty?

To the extent that I can still formulate goals, there is one set of goals that continues to take precedence: my children's. Even if I want to wallow in the uncertainty of it all, my kids have other plans. They certainly have up and down days. But their days are my days. Pandemic parenting means that the shapes and contours of my plans are set by the children. Of course, the children's plans are, and always have been, important to me. But under different circumstances, there is a little room for a Me to fit around them. Pandemic parenting certainly means that someone else's wants, needs, desires, and values take precedence. Maybe this is true of pandemic life in general.

Meyers says, "Autonomous people must be able to pose and answer the question 'What do I really want, need, care about, believe, value, etcetera?'; they must be able to act on the answer; and they must be able to correct themselves when they get the answer wrong."³ Here is the pandemic dilemma. We have time for introspection. We have moments of deep recognition of our wants, needs, desires, and values. But the pandemic makes acting on the answer next to impossible, for too many of us. For those of us unable to leave our homes. For those of us unable to pay rent. For those of us unable to say no to work that feels unsafe. For those of us unable to say yes to help that feels unsafe.

In *The Ethics of Ambiguity*, Simone de Beauvoir wrote: "It is apparent that the method we are proposing [. . .] consists, in each case, of confronting the values realized with the values aimed at, and the meaning of the act with its

content.”⁴ What we claim to aim for is important, but what we do—and how it relates to our aims—is fundamental. It demonstrates our true values. What we *really* want. Our true choice, and our True Selves.

What de Beauvoir and Myers agree on is this: what we do affects, or builds, our identity. What we do defines what we want, need, care about, believe, value. In short, what we do is who we are.

Striving for a goal, and genuinely taking steps towards that goal, is part of living a meaningful life. Daycare’s planned reopening allowed us the space to take those steps for the first time in a long time. It helped us see a light at the end of the tunnel, and simultaneously helped us perceive the tunnel.

Three days after daycare offered us a spot, they sent another email. They would not, after all, be reopening. There was not enough interest. Other parents had faced the possibility of sending their kids back to daycare and had decided against it. Many are frontline workers who may worry about the risk they pose to the rest of the daycare. Many have preexisting conditions. There are many layers of vulnerability in each family’s story, and each family has a complex decision to make. All have good reasons for their decisions. We were, nonetheless, heartbroken. The hoped-for August disappeared. The plans evaporated. The self that I was starting to see on the horizon receded back into the fog.

Many of our school districts, states, and provinces have made decisions about whether, or how, to reopen schools in the fall. But no matter how conscientious and well-thought out they may be, they will not address everyone’s concerns. They may be just as conscientious and well-thought out as our daycare’s plans. With any luck, they may be backed up by promises of funding for PPE and physical distancing and masking. But, even with a plan, the pandemic will likely shift the goal posts once again. A second wave, or a sudden surge in cases, will certainly force us to reconsider any plan.

My attempt to form a plan sits in the shadow of our collective efforts at forming a plan. Each plan sits enmeshed with other people’s plans, with institutional plans, with government plans. And that means that each layer of the plan remains out of any individual’s control.

I find myself once again holding my breath. Perhaps you do, too. After all, we are all in this together.

NOTES

1. Diana Tietjens Meyers, *Self, Society, and Personal Choice* (New York: Columbia University Press, 1989), 19.
2. *Ibid.*, 60.
3. *Ibid.*, 76.
4. Simone de Beauvoir, *The Ethics of Ambiguity*, translated by Bernard Frechtman (New York: Citadel Press, 1948), 152.

“Surviving and Getting Your Life Back Are Two Different Things”: COVID-19, ICU Psychosis, and the Coming Mental Health Crisis

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It is a positive and active anguish, a sort of psychical neuralgia wholly unknown to normal life.

– William Styron, *Darkness Visible*

I have PTSD.

When I say that I have it, what I really mean is that it is my nearly constant companion, sometimes choosing to remain as a manageable background hum, while other times unceremoniously inserting itself into whatever I happen to be doing, thinking, planning, and fearing. I should probably give it a nickname, but I am afraid that it might disapprove.

It is difficult to reduce the source of my PTSD to a single event—I was not suddenly and violently attacked by another like Susan Brison,¹ nor did I bear witness to something similarly scarring and traumatizing, like wartime atrocities. Instead, I became ill—seriously, life-threateningly ill—in February of 2018. While I was not conscious for some of the worst parts of the illness’s progress (awareness fell to my partner, whose witness-and-caregiver trauma deserves its own analysis), what I do remember about my ICU experience seems now to be a permanent part of my internal wiring. That, and what came after, make up a PTSD-constituting process that did not end once I was wheeled through the hospital doors back into the world in which I no longer felt at home. While I appeared to have survived the illness, what came after continues to unmoor me.

A brief digression: As advertised, this is a paper about COVID-19, the life-and-stability-threatening virus currently at odds with American narratives of independence, autonomy, and individual choice (with all evidence suggesting that the pandemic is winning the argument). But I am not going to devote any time to analyzing how, and why, the American onslaught of COVID-19 is so especially severe—these analyses abound, and I am not sure what my perspective would have to add to them. Instead, I focus on the virus’s largely invisible victims—those who endure the worst ravages of the illness behind the curtains of critical care units, and whose deepest struggles remain mostly hidden to outsiders, especially after the fortunate few are celebrated as survivors. That is, because the suffering of those who experience the worst of COVID-19, both *in the ICU* and *post-discharge*, is so significant and life-altering, my focus is on their particular traumas that are largely hidden, and even when known, mostly ignored, even by those in a position to offer assistance. And given the additional failure of many dominant media narratives to directly contend with the reality of these traumas (with some exceptions), I hope that the story of my own (non-