Journaling the COVID-19 pandemic: Locality, scale, and spatialised bodies

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Abstract

COVID-19 has reconfigured, reaffirmed, and revealed socio-material geographies in Australia and around the world. The pandemic is international but experiences of it exist in situated contexts. From strategies organising the human body by placing tape on supermarket floors to those using helicopter surveillance to identify illegal Easter barbecues, the impacts of COVID-19 are mediated across different scales and are not experienced equally. In this article, I show how the COVID-19 pandemic has revealed and compounded injustices and presented an opportunity to confront them. COVID-19 is expressed via the production and circulation of meaning and diverse practices involving or implicating bodies, localities, and scales; among them one might include the advent of social distancing, the invention of “Fortress Tasmania,” from whence this work is written, and the constitution of bodies as dangerous yet vulnerable. I use autoethnography as an early career researcher and student trying to make sense of the COVID-19 pandemic. This situated experience offers empirical diversity, context, and evocative narratives to enrich understandings of COVID-19. The autoethnography is both a therapeutic outlet for a journaling, isolating honours student in suburban Tasmania and an attempt to make sense of body, locality, and scale in the geographies of pandemic.

Keywords

autoethnography, COVID-19, embodiment, journaling, locality, scale

INTRODUCTION

“Researchers do not exist in isolation” (Ellis, Adams, & Bochner, 2011, section 4.3). In theory I agree but this sentiment has been complicated in literal terms. Although I struggle to call myself a researcher, as a young, hitherto unpublished honours student, I do grapple with isolation. Imagine: In early 2020, I am finishing my undergraduate degree and transitioning out of my parents’ house. I casually journal the transformation of my life. The journaling that begins in the my personal backstage is reformed and revealed as autoethnography after the developing sidenote of COVID-19 refuses to go away. Global crisis seizes my honours year, just as it holds the reins of my future. I use autoethnography to navigate my confusion and insecurities in an ongoing pandemic and as an outlet for academic analysis.

My motivation is therapeutic wayfinding in the experience of uncertainty. My hope is to provoke questions for future research, reflecting on its re-emerging localities and its varying scales as a 22-year-old, White, Australian-born, male student caught between the simultaneously dangerous and vulnerable bodies of the COVID-19 pandemic. In so doing, I find myself returning to three themes related to bodies, locality, and scale.
1.1 | Navigating concepts

I refer to bodies in three ways. To politicise bodies is to politicise unique intentions, ideas, and identity by codifying body and appearance through a political ideology (Gray, 2018, p. 64). To medicalise bodies is to quantify and govern of bodies using biomedical, technoscientific authority, particularly by means of risk assessment and surveillance (Clarke, Shim, Mamo, Fosket, & Fishman, 2003; van Dijk, Meinders, Tanke, Westert, & Jeurissen, 2020). To spatialise bodies involves surveys of bodies as protruding, perhaps risky units that are mapped and navigated as material factors in space. The 1.5-metre radius of social distance is an example. These three practices dominate the pandemic experience.

Locality is an expression of scale involving intimacy, familiarity, and community allegiance (Clarke, 2013, p. 495; Levinas, 1989; Towers, 2000). Mass communication and travel have complicated divisions of locality (Patiniotis & Raposo, 2016; van Krieken et al., 2017). The impacts of COVID-19 in reintroducing, reinforcing, and revealing locality exist at multiple scales. In thinking about these matters, I have drawn from Howitt’s (1997, 2002) division of scale into size, level, and relation and underscore the point that different scales emphasise distinct aspects of the same phenomenon such as biological health, mental health, and the economy in the COVID-19 pandemic.

My journaling begins weekly to bi-weekly, longhand, before transitioning to a digital format in late March 2020. Subsequent entries are written on most days. This transition marks more deliberate transcribing, reflecting, theorising, and venting about COVID-19. Journaling combines real-time experience with autoethnographic reflection, presenting COVID-19 phenomenologically in a life-like and recognisable way (Denzin, 2018; Johnston, 2020). I reflect on my experiences while readers do the same. I have collated poignant entries in my journal, rewritten for relevance, and close off the writing in May, which allows some depth in conjunction with an eye to the word limit provided and which also showcases the jarring incompleteness of the COVID-19 experience.

2 | JOURNALING THE COVID-19 PANDEMIC

2.1 | The lost year

It is January 2020 and the start of something new. “Best of the 2010s” music playlists circulate online. My undergraduate degree is nearing its end. In only a few months, I will begin my honours study. I make plans for my research topic and for moving out from my parents’ house in the rural municipality of the Huon Valley, Tasmania.

I feel trepidation about the new decade. My mind is back with Australia’s Black Summer bushfires and what I hope they mean for the climate change debate in Australia. Simultaneously, my mind is driven far forward to the United States’ presidential election in November. I read news articles about each subject, relentlessly. In the process, I see travel advice headlines about some new disease in China. In January, I develop a map for 2020 complete with a pathway, scenic attractions, an orderliness outside of time and other badly placed assumptions. My map will feel nostalgic by March.

2.2 | A shadow of doubt and the old normal

The 16th of February: I am at my niece’s first birthday party, a barbeque with almost 50 guests. All four of my siblings are here, including my brother, who is visiting from Victoria for mere days. Homemade foods are served and shared across my niece’s two families. We are strangers to one another, yet there is normalcy in our shared space, shared food, and interstate travel practices. These are yet to be politicised and medicalised, and our bodies have yet to be spatialised as part of the treacherous geography of face-to-face festivities.

After chatting about holidays, one conversation turns to the news stories that have not gone away. “It’s totally fucked,” a family friend says. “Imagine being out of work and locked up for weeks. And the scary thing is the only reason coronavirus isn’t worse is because the Chinese government can make you do that.” We marvel at the

Key insights

COVID-19 is not a “great equaliser.” Marginalised groups have their inequalities and insecurities compounded. The novelty of the novel coronavirus presents an opportunity to recognise injustices by recognising how bodies are politicised, medicalised, and spatialised. The scales implicated in asking, discussing, and learning about the pandemic are not just biomedical or technoscientific and are also revealed in autoethnographic writing, which is an interpretive, emotional, and embodied negotiation of meanings and practices.
Sounds of laughing and shouting echo behind me. I look over my shoulder. A hundred children and teenagers play on a sport oval. They wear white t-shirts. The shirts are dusted with colour as organisers throw wave after wave of coloured powder in the air. There is not much, but enough to be seen: red, green, and blue. The dust spreads like a fast miasma. The children dive through, hitting the colours and carrying them on their trousers, shirts and hands, not much, but enough.

2.3 Coming of age in the narrative of COVID-19

The 14th of March, my birthday: today, I move from my parents’ house to my sister’s, north of the capital city of Hobart. I have begun my honours year. I am not the only thing coming of age. On the 11th of March, the World Health Organization declares COVID-19 a global pandemic (WHO, 2020). I listen to a trending COVID-19 pandemic playlist on Spotify. Songs include Toxic by Britney Spears, It’s the End of the World as We Know It by R.E.M. and Don’t Stand So Close to Me by The Police.

Fifty guests were at my niece’s birthday. There are eight risky bodies at mine. Only 27 days have passed, yet I live in a different Australia. It is not much of a gathering, but it is the last we each will have for a long time. I will see no family but my sister for three months.

I follow news stories about clusters in Australia, lockdowns in China, triage in Italy’s hospitals, and global infections and deaths (Davison, 2020; Leslie et al., 2020; Levett & Torpey, 2020; Tondo & Giuffrida, 2020). A greater phenomenon is awkwardly divided into the narratives of individual states. Repatriated Australian citizens are flown from Wuhan and escorted into enforced isolation by uniformed defence personnel. The maxim “fortress Tasmania” circulates publicly. The convict frontier identity of Australia, and Tasmania especially, is reintroduced with a twist. This isolation is not a penal tool from the outside world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. The island is fortified to be safe from the world. In April, the island narrative becomes fractal as Tasmania’s Northwest COVID cluster forms an island within an island.

2.4 Navigating bodies in supermarket aisles

The 24th of March: I walk the supermarket aisles in a Woolworths store. An uncanny buzz of activity echoes in the essential activity of shopping. I feel eyes of other patrons watching me. Discreetly, I do the same to them. A woman approaches from the opposite end of my shopping aisle. She sees me, then turns and wheels her trolley away. Once spacious aisles are now claustrophobic. Two trolleys can pass, but two frightened bodies cannot.

Toilet paper and hand sanitiser are out of stock. Few bags of rice are available. All remaining pasta is gourmet or gluten-free. There is a maximum two-can purchasing policy. Staff members circulate the aisles with spray cleaner and cloths: white blood cells for business.

I am directed to one of many red Xs on the floor. There has been no time to create formal floor signage. Tape is used instead. No one queues with me, yet I stay within my assigned 1.5 metres. A spot opens at a fast-track queue operated by a cashier. We trade items across the counter. The cashier frowns as I show cash. We are careful not to touch the other’s hands. The cashier reaches for hand sanitiser as I turn to leave. I feel embarrassed and slighted, as if I were dirty. Nevertheless, I make a note to wash my hands as well. In the future, I shop online.

2.5 The locality of local businesses: The takeaway economy in an isolation pandemic

The 30th of March: a pamphlet for the Horseshoe Inn is dropped in our letterbox, including information about new opening hours, health protocols, and a new menu. Restaurants have shifted to takeaway meals. My brother-in-law and sister swear to support local businesses, particularly at lunchtime. Despite including a kitchen, their home office mimics the lunchtime takeaway routine of their Hobart workplaces.

A4-printed signs stuck with tape direct us through the Horseshoe Inn’s parking lot. We have ordered ahead and now wait for signs of life. Eventually, a woman emerges from the old entrance with a plastic bag. She hands it awkwardly through our car window and presents us with a portable card scanner. Further signs direct us out through a STAFF ONLY lane behind the inn.

I live with connoisseurs of the local in this time of COVID-19. My brother-in-law fears the closure of small businesses such as the Horseshoe Inn. Regular news stories circulate about the impacts of COVID-19 on them (Fuller & Stewart, 2020; Knaus, 2020; Worthington, 2020). I am not much drawn to local loyalty, but today I am scared. Locality once again matters, but will the locals pick up the baton?
2.6  Situating myself in the body of COVID-19

Easter Sunday, the 12th of April 2020: those entering Tasmania are isolated for 14 days. Non-essential services are closed. Most students study from home, including me. Social gatherings are limited to two. Fines may be issued for leaving home or gathering without an acceptable reason (Butterworth, 2020; Kelly, 2020). We avoid being within 1.5 metres of those outside our household. The Australian Government advertises the COVIDSafe App, which records close, sustained proximity to others running the app with a digital handshake (AGDH, 2020).

Prime Minister Scott Morrison (2020) tell us “Easter will be different this year.” It is marked by helicopters dissuading and dispersing public gatherings around barbeque areas and suburbs, including mine. For me, there is no Easter shopping, no Easter eggs or bunnies, and no family meal. Aside from a Zoom call with my immediate family, there is nothing to resemble the Holiday. The date passes, yet Easter never comes.

My body is policed. What I choose to do with it has been made political. Leaving my home can be a political statement. It is a difficult thought to wrap my head around. My privilege shows, as I consider how many already experience the policing and politicising of their bodies. I think of the black, disabled, trans- gender, and immuno-compromised body, among others. Although it has been called the great equaliser, COVID-19 is the opposite (Brennan, 2020; Timothy, 2020). Fear of the “China virus” results in a spike in slurs and assaults against anyone of Asian appearance (Fang, Renaldi, & Yang, 2020; Zhou, 2020). I read news stories about homelessness and domestic violence and what these realities mean for self-isolation (Florez, 2020; Hegarty & Tarzia, 2020; Taub, 2020; Tuffield, 2020).

2.7  Age, media, and fear for a loved one

The 19th of April: I am told two stories about who I am as a young person in the pandemic. First, I am a potentially reckless body needing education and control. I am told “don’t be complacent” (Taylor, 2020) and reminded that I must realise that in addition “to endangering their own health, more coronavirus infections among young adults could mean more risk to older people” (Maragakis, 2020, section 3). The Conversation publishes an article titled “Party on! Why some young people are more concerned about their reputations than catching coronavirus” (Mahdavi, 2020).

Second, I am a victim. I read that young people “are likely to be hardest-hit by the economic impact of COVID-19. But there are other ramifications … social isolation and a loss of those rites of passage that we took for granted just a few months ago” (Richards & Skujins, 2020); “barriers young people already face are being compounded by the impacts of these challenging times” (FYA, 2020) and “young people are likely to be disproportionately impacted by pandemic-induced job losses … the longer they are out of work, the more likely it is that their skills and productivity deteriorate, as does their self-esteem and mental health” (Dimov, King, Shields, & Kavanagh, 2020). The young body is up for discussion in the COVID-19 pandemic.

My sister receives a call from our father. A COVID cluster has been rapidly developing in the Anglicare Newmarch House nursing home in New South Wales. Many staff and residents are becoming infected. My grandmother is a resident there. Updates on the cluster become a new component of my daily routine, which I share with my physically distant family. She is the last of her generation in my family. As I think about my own generation’s experience of the pandemic, I try to prepare myself in case a different generation is lost.

2.8  Work, life, and work-life in an isolation pandemic

The 21st of April: I hear my brother-in-law and sister speaking separately. My brother-in-law uses his computer room as a work office. My sister uses the dining room table. Each workday, the house becomes an office. Conference calls echo, keyboards are typed vigorously and at 1:00 pm lunchbreak is my only respite from the risk of being televised across similar home offices throughout Australia. Working for the same company, my sister logs tickets so that her husband can assist her IT issues from several rooms away.

I try aligning with their working hours. Nevertheless, I stay awake later and later each night, procrastinating, avoiding sleep, postponing an unwanted tomorrow. Studying from home feels empty and disorganised. Attached to the university by a few overworked strings, my motivation becomes empty frustration at a blank page rather than passion or spirit. I have no peers, no class, and am the lone shepherd of my motivation.

In late March, Tasmanian renters become temporarily protected from eviction for failure to pay rent (Archer, 2020). I joke with my sister that she cannot kick me out if she tries. I feel guilt. I apply for Youth...
Allowance in the first week of March. Due to increased demand, the Australian Department of Human Services delayed processing my application. My sister is generous, saying I need only pay rent when I can. My parents transfer me money for groceries. I feel like a parasite, hiding in a room I cannot afford. I apply for the AU$550 Coronavirus Supplement as a student but cannot access it until my Youth Allowance application is processed. My applications are accepted on the 5th of May, two months after my application at the beginning of the pandemic.

2.9 | Space and the sense of guilt in the COVID-19 pandemic

Mother’s Day, the 10th of May: I know it is extremely unlikely I will catch COVID-19 if I visit Hobart’s central business district or my mother. Tasmania has few current cases. Yet the scale of the front door is enforced on me. I follow the social and governmental expectations for the pandemic. Like a good citizen, I am lonely and afraid. I think about the Australian Broadcasting Commission’s Coronacast, a podcast that discusses COVID-19 each day while disseminating health advice (ABC, 2020). The presenters, Dr Norman Swan and Tegan Taylor, try to keep a cheerful demeanour. The message remains the same: be ready; stay focused. You are only safe if we all remain cautious. We have more to learn. At any moment, COVID-19 cases can surge if we do not collectively treat this medical problem with respect.

The experience of COVID-19 trails into the competing geographies of weariness and wariness. How long are we supposed to be afraid? I feel I see a pattern in news coverage. As some people become weary of self-isolation and begin to challenge it, media coverage on the dangers of reckless people increases, encouraging more fear. In turn, the disenfranchised are encouraged by increasingly “alarmist” and hostile news coverage. How long can this cycle continue?

2.10 | Responsibility, aged care, and apple cider hand sanitiser

The 24th of May: my dad works at an aged care facility. The health of the residents is indistinguishable from his use of space. He fears being the one to introduce the virus. Staff members’ and residents’ temperatures are taken every day. He must change gloves each time he changes rooms. He polices his actions outside work and is expected to declare if or when someone he has been in contact with develops COVID-19 symptoms. As he does, he loses working days. With low wages typical of the industry, I am uneasy about the incentive for some to overlook this self-policing.

The COVID-19 pandemic has reconfigured the relationship between the facility and its surrounding community. Families can no longer visit loved ones and are separated, despite their physical distance remaining the same. Yet this changed relationship involves more than disconnection. A shortage of product means my dad’s workplace now relies on hand sanitiser from a local cider brewery. This brew did not exist before the COVID-19 pandemic. He tells me the hand sanitiser smells offensively like apple cider. My fears manifest from my risk to others, so I must pay respect to those caring for the most vulnerable and coping with the fear it may be them who spread the disease.

2.11 | Authenticity and grief in the COVID-19 pandemic

The 31st of May: I feel more guilt. Am I entitled to be sad? I know I am not impacted like others nationally and globally, or even in my family. My other sister has experienced chronic pain waiting for surgery, effectively delayed by the hospital’s COVID preparedness measures. My dad is an aged care worker, both my parents are older people, and my grandmother has narrowly avoided catching COVID-19 in her care facility.

I am scared I will sound like one of the COVID-19 themed advertisements I hear every day. More breathy hot air blathered in a pandemic. Corporate music plays and a manicured voice speaks. “In these trying times COMPANY knows the health and happiness of your loved ones is important. Even when we are apart, we are together. PRODUCT brings us together. Buy PRODUCT today.” Thank you for reminding me how benevolent yet necessary your banking, software, earphones, or whatever product is. You defend your business interests, whereas I listen to a voice actor. We are all in this together, except you capitalise on sickness and advertise to me whereas others must face it. Is that who I am?

I do not want to stand on a stage of grief. That spotlight must be used for shared understanding and seeing how COVID-19 compounds existing inequalities. Our experiences are different, yet something is becoming clearer. Sometimes we are alone, and in the information age, it is hard not to be a spectator. Yet we are never spectators alone. The pandemic will not be over for some time. By reflecting on ourselves, others, and our COVID-19 responses, perhaps we will learn what inequalities we took for granted.
3 | DISCUSSION

Writing on a topic while it actively evolves, and as it evolves you, is a task laden with difficulties. Bringing COVID-19 into my academic life in some ways feels like another avenue of escapism being lost. I live, feel, and think COVID-19. Despite some personal benefits such as the Morrison Government Coronavirus Supplement stimulus payments, the COVID-19 pandemic is a quasi-apocalyptic mental space. Already presenting with anxious tendencies, I am uncertain I can discuss COVID-19 with any guise of detachment. Like the rest of the world, I am not finished experiencing and processing what COVID-19 means for me. I cannot present this article in a bowtie. I can only reflect on the embodied, localised, scalar incoherence of each day.

COVID-19 is shared economically, socially, and biologically but it is not shared equally (Randolph, 2020). Autoethnography deepens our engagement with social justice, curiosity, and empathy (Bochner & Ellis, 2016; Denzin, 2018; Ellis & Bochner, 2000; Johnston, 2020). Quantitative, biological, and technoscientific analyses for COVID-19 already have coverage (Giang, Vo, & Vuong, 2020; Khanna, Vittoria Cicinelli, Gilbert, Hobavar, & Murthy, 2020; WHO, 2020; Zeb, Alzahrani, Erturk, & Zaman, 2020). My experiences cannot stand directly for anyone else, especially considering the inequalities of COVID-19. Nevertheless, experiential and evocative autoethnography adds nuance to the medicalised, utopian, and sometimes uncritical assumptions situating COVID-19. Like Vallee (2020), I think the COVID-19 pandemic is an opportunity for new perspectives. I reflect on my experiences and positionality in the COVID-19 pandemic to help encourage this (re)defining (Herrmann, 2012, 2017; Stephens, 2020).

This is not the first interpretive study on COVID-19 (Barry, 2020; Tedeschi, 2020; Tyner & Rice, 2020; Vallee, 2020; Ventriglio, Watson, & Bhugra, 2020), discussion of its impact on young people (Collardo, Orozco, & Banaria, 2020; Mohamad, 2020), by young people (Dindoyal, 2020; Willis & Cockburn, 2020), or discovery of therapeutic journaling in the pandemic (Munyikwa, 2020; Ward, 2020). I combine these features in autoethnography, explicitly engaging with the unequal geographies of COVID-19.

I marvel at how isolation fluctuates from privilege to hindrance. What once was distant, penal Van Diemen’s Land is now sheltered, “fortress Tasmania”. The safety of the isolated home requires delivery and takeaway drivers, cleaners, and low-paying casual jobs filled by migrant workers with no financial or government support (Feng, 2020). With social isolation, even the home can be a kennel for the “black dog” of mental illness. COVID-19 exists throughout most of the world. Where it is controlled, professionals warn people to stay vigilant. Recall that on the 10th of May, I refer to the competing geographies of weariness and wariness, which contend over this hypervigilance. Perhaps, we must reflect on our experiencing of scale, both personally and in policy, to escape this vicious cycle.

Howitt (1997) expresses scale by reference to size, level, and relation. I experience COVID-19 in the world, Australia, Tasmania, locally, in my demographic, in my family … the simultaneous experience of the COVID-19 phenomenon across different scales has reinforced their unique features while showcasing their relations to one another. I know the virus on the scale of Australia with near-daily updates on cases and gossip on scandalous breaches of isolation and distancing measures. I read and live COVID-19 on the scales of the social and economic, the distinction between which has been made political (Burns, 2020; Tyner & Rice, 2020). I situate myself autoethnographically in the scale of the young while knowing no one truly represents a demographic. Learning to recognise, separate, and represent distinct scales is surely involved in coping with crisis and grief.

I seek to understand my life under COVID-19 by thinking and feeling about how the disease is reconfiguring, revealing, and reinforcing existing scales and experiences. Goffman’s (1956) dramaturgy analogy of the frontstage and backstage in our performance of life has proven useful. The old backstage of my bedroom has become the new frontstage of my life. The distinction between these stages is framed through technologies like the webcam and the microphone. The bedroom, library, study, lecture theatre, breakroom, and social hangout are not separated scenically or by travel. To generate different meanings and practices in the same space, I must harness self-control, cognitive dissonance, and the few processes outside my control (my sister and brother-in-law’s work hours, the day-night cycle and due dates).

“New normal” is the shorthand for the COVID-19 experience. Rose-Redwood et al. (2020, p. 8) define it as the negotiation of “altered social practices, truncated mobility, reconfigured labor relations, increased precarity, deepened inequalities, [and] more cooperative, communal, caring arrangements.” This definition summarises my experiences, but I note the new normal was never equal (Randolph, 2020). COVID-19 is not the great-equaliser (Brennan, 2020; Timothy, 2020; van der Miesen, Raajmakers, & van de Griff, 2020). Consider just one example of this assertion: Indigenous Australians are at higher risk for overabundant reasons, such as multimorbidity and sociocultural marginalisation (Smith & Judd, 2020). Remote Indigenous communities have additional issues including poor access to health services.
Underprepared, the National Aboriginal Community Controlled Health organisation called for restricted access to rural and remote Indigenous communities (Yashadhanaa, Pollard-Wharton, Zwi, & Biles, 2020). The varying types of isolation are part of Indigenous peoples’ colonial disadvantages. Conveniently, we now say their isolation is a strategy of care. The body is not only the site of medicine but of diverse discrimination.

I am expected to keep a wariness of the space my body occupies. I appear young and healthy, so I am perceived more as a risk to others than myself at risk, resulting in different public expectations. I police my use of public space in fear of how others perceive me. Like the panopticism referred to by Foucault (1984), my body is governed through self-discipline, coerced by assumed judgement, or surveilled from patrolling helicopters as on Easter Sunday.

The COVID-19 pandemic has been an evolving process of the make-do in the evolving scales of crises. Two examples are biomedical health (Henig, 2020; Pyper, 2020) and the second pandemic of mental health (Lake, 2020; Otu, Charles, & Yaya, 2020). For me, the make-do is most obvious at the local scale. Tape and paper have been used in tactics to rapidly redevelop the meaning and practice of space from store queues to takeaway foods. Breweries have made their own hand sanitiser following shortages and hoarding, striking local distribution deals such as with aged-care homes.

The rapid deployment of make-do change in Australia largely occurred in the 27 days between my niece’s birthday and my own. Adaptation to the COVID pandemic has been adaptation for the politicised, medicalised, and spatialised body. In thinking about my view of COVID-19 in February and March 2020, I have learned a 1993 quote by author Robin Marantz Henig (1993), “Ask a field virologist what constitutes an epidemic worth looking into, and he’ll answer with characteristic cynicism, ‘The death of one white person.’”

COVID-19 is already treated as both an experience to be survived and an opportunity to unsettle assumptions that perpetuate other crises, both social and environmental (Arcari, 2020; Howarth et al., 2020). This post-crisis paradigm shift narrative exists in the commentaries and analysis of academics emphasising a movement from commodification (Tyner & Rice, 2020) and neoliberalism (Burns, 2020), and the creation of a new geographical imagination (Rose-Redwood et al., 2020, p. 9). As the Black Lives Matter protests reveal, calls for change persist during the pandemic. Support for the demonstrations may in part be attributed to experiences of politicisation in traditionally non-marginalised bodies due to COVID-19 (Nakhaie & Nakhaie, 2020). Indeed, social and environmental injustice contributes to worse and more frequent epidemics (Leach & Dry, 2010).

Roy (2020) describes COVID-19 as a portal between worlds. We can walk through it, “dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies,” or we can step through lightly, imagining a new world and “ready to fight for it.” In choosing whether this shift is a paradise or mirage, we must reflect on the meaning and practices of embodiment, of different scales and locality. These are our avenues of change both personally and in policy.

Negotiating a better world from COVID-19 requires an awareness of our own positionality, marginalisation, and privilege so collectively the divide and conquer of crisis can become the define and empower of possibility (after Lorde, 1984). I have been repeatedly prompted to reflect on my standing in the new intersectionality of health and privilege under COVID-19. In scales of privilege, we must be self-aware and choose accountability over guilt: guilt for not paying rent, guilt for feeling sadness despite relative health and security, guilt in a favoured demographic. We must, then, reflect on what is within our power to change. The experience of disruption reminds us how our narratives of normality can be changed not only for the worse but the better.

4 | CONCLUSION AND QUESTIONS

Just as the collective experience of COVID-19 is ongoing, this article provides no bookend findings for the pandemic. I only offer several suggestions and questions. First, the ever-elongating experience of COVID-19 may continue to be involved in competing yet cyclical expressions of weariness and wariness. I wonder if solely fear and guilt-based policing of COVID-19 measures contribute to pandemic fatigue. Is this expressed in exacerbated mental health strain or disincentivising good health practices?

In preparing this autoethnography, I have witnessed COVID-19 as a cultural phenomenon. A discourse analysis of pandemic before and during COVID-19 could field compelling results in mapping the social imaginary of infectious disease, welfare, government responsibility, medicalisation, and trust in medicine. One outlet could be use of terminology before and onwards from COVID-19 such as ‘pandemic’, ‘new normal’, ‘flatten the curve’, ‘lockdown’, ‘self-isolation’ and ‘social distancing’.

Does the breakdown of uniform spatial expectations spell a renewed relevance for locality? Individual franchise branches have exercised independent flexibility, including purchasing limits detailed in my
autoethnography. Similarly, how are businesses and public spaces operating and how are they mediated (Fuller & Stewart, 2020; Knaus, 2020; Worthington, 2020).

Finally, does the blanket term ‘new normal’ overshadow the nuances different people face during COVID-19? How does its use overlook existing inequalities and encourage the idea of the ‘great equaliser’? How might COVID-19 be an opportunity for commonality among different backgrounds and collective learning about our differences?

Just as the narrative and experiences of COVID-19 are mediated through our body, locality and scale, we must recognise these mediums in negotiating answers to the questions above. Reflecting on ourselves in the current crisis is not only therapeutic, but a demonstration for understanding crises and injustices in general.

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ENDNOTE

1 Namely my honours supervisor.

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