

## Research & Essays

### The Longest Blizzard: Pressure Cookers and Gifts from the Pandemic

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#### Abstract

Personal thoughts and reflections on navigating my own mental health, trying to do research and teaching pandemic ethics during a pandemic.

*Keywords:* bioethics, disabilities, mental health, contingent spaces, pandemic

#### The Longest Blizzard

One chilly March day in early 2020, my daughter reminded me that we have not had one snow day on Long Island in two years. *Not one.* We moved here 10 years ago this month. Having lived in Southern California half of my life, people thought I would never survive moving to the “the horrific cold” of the East Coast. *I came here for the pizza and bagels; I stay for the weather,* I tell them. Though I loathe de-icing the car to make the short drive to the train, curse the mess on the salt-laden platforms, and feel denigrated by pushes and shoves for a space on LIRR and New York MTA subways, each of these demeaning acts (as I try not to think of comfortable 70-degree California January days), intensifies my worship of the snow day. *Silly, Southern Californians. Horrific cold indeed. You will never know the joy of a snow day.*

The snow day forces you to stay put. You don’t have to de-ice the car. You don’t have to wonder if you will get a seat on the train. You don’t have to navigate the disgusting bathroom on the train to empty a catheter’s Foley bag. You won’t panic running from your office to catch the train, slipping on ice, falling ass over teakettle while the rest of Manhattan sloshes the brown slushy snow of gutters around you.

The southern part of New York is what I call the *banana belt* of New York. But since we moved here, until now, it was good for at least one to two blizzards which would equate to about three to four snow days at home with the family throughout the winter months, spanning from late December through late March. (Though popular television and film shows depict New York City covered in pure white snow before Christmas, since I have been here, the main large snows that stick occur mainly *after* Christmas.) Sure, as an academic, even when a blizzard hits, I am still expected to meet deadlines remotely, keep writing grant proposals, continue grading papers (maybe even grade more), and answer students' questions via phone, text, and email in between stoking the fire. Even with these persistent expectations, I can always find extra time—with no trains to run after and shove into—to enjoy the long, meditative motions of slow cooking a pot of steel cut oats over the stove, to watch “Hops,” my emotional support Labrador, frolic in the powder and track it in all through the house for me to wipe up off the couch, and to make hot chocolate for the family when they return from sledding. These are frigid days, but ones in which we all don't have to rush into the trains.

The winter snow day is a magical time for us to pause, go outside, build snow people, snow animals, snow forts and an igloo. We then figure out how we can lure the dog in the igloo with us, teasing him with beef jerky, juggling a cup of hot chocolate which we will sip inside, and engineering ways to build indents into the igloo walls that hold tea light candles. When the sun goes down, we leave the candles in the igloo on and watch the ivory glow of our candle lit igloo. Then Hops wiggles out of the small hole we burrow out, and we watch him pee on the igloo. It is the unscheduled holiday we all pine for and take bets on as to which day it will occur first—December 28? January 4? January 13? Hopefully *not* a Saturday or Sunday.

For someone with physical, emotional and psychiatric disabilities, the snow day sword can cut both ways. On the one hand, being at home reduces risk of multiple compulsions that play out in public (on a train, in a subway, in traffic) and the inaccessibility issues that public transit presents. On the other hand, some people who need to get away from shared living space, who mark calendars and occupy time with mental health programs and other services, can have issues exacerbated and pressures build when they are forced to stay inside.

I think about how my family longed for a snow day in February 2020, before the pandemic hit, as we were nearing the end of the official snow season. I recognize the privilege that event bestows on us, but the pressure it can create on others. Even after two days of a

blizzard, I recognize my own need to get back out into the world for my own mental health and that complaining and bickering can and often does occur within my household. Yet, I have the privilege of moving to another part of the house when that happens, reading a book quietly to escape, or even going for a long walk in the snow alone. So many do not have these options. So, many do not have extra space to move about or to isolate from others in.

“We haven't had a snow day in two years, Mama,” my daughter reminds me. “What the heck?”

Then, March 13, 2020 came.

Luckily, I had the forethought, before leaving my office in Manhattan March 12, to pack several library books, *just in case* I had to be at home Monday and could not access them electronically. Fortuitously, I was also messaged that three additional Inter-Library Loan (ILL) books I requested were at two other campuses nearby. If I walked quickly, I could fetch those books on a quick lunch break. Before my lunch walk/ILL scavenger hunt, campus announcements stated, “We will be closed for a protective deep cleaning for the virus on Sunday and Monday. You can expect to return to campus Tuesday.” Additionally, “Put food items in plastic bags to avoid exposure to chemicals,” our academic directors and deans told us. The library ILL circulation desks were still open, but as I walked through the city—Lexington down to Flat Iron, back up to the Empire State—crude notices in windows scribbled, “Sorry, due to COVID-19, we are closed until further notice.” *I wonder if we will really re-open Tuesday.*

“We may have a pseudo blizzard for a few days,” I told my daughter in a sing-song voice, trying not to frighten her. She said, “Mama, should I be worried? My friends said people are going to die; I could die; we could all die.”

“Well, as you know, Honey, like I've told you, we are *all* going to die *at some point*,” I said. “But this is not that bad, I don't think. We just don't know for sure how many people will get sick and what that illness will look like, so we need to stay home for a while so more people don't get sick. I am not sure how long it will take.”

Clearly, no one did.

Six months later, she says, “This has been the longest blizzard ever, but not as fun.” *I know.*

As the pandemic rages on through Spring and Summer, I think about whether we will have snow months from now, whether the fires in the West will receive rain, whether the riots will get worse before they get better. Most of all, I think about people whose contingent living spaces must be psychically bursting at the seams.

I am now checking in with participants from a previous ethnographic study and trying to enroll participants in my new study, an evaluation of the phenomenology of living in mental health housing during a pandemic. I fear that some people may be worse off than before the pandemic. Beyond the masks, the social distancing and the lack of “program” for mental health classes and services, there is the intensified isolation for those living alone and the increased aggravations for those sharing space.

“My roommates have had coronavirus, and I hope I don’t get it,” says Tao, an Asian-American male who was hoping to move out of a county-funded mental health “CR” (community residence) the last time we checked in. “I can’t move now because of the pandemic, but I can’t get along with my roommates and some of them have been sick.”

He went on to tell me how people taunt and tease him for seeming “slow” or “mental” and how this infuriates him and makes him feel even more alone.

Reavey et al. (2017) describe situations such as Tao’s as a “space pressure cooker,” a shared living space or a therapeutic landscape (TL) that is supposed to be supporting his mental health but is undermining it. A former homeless shelter resident, Steven Frischmuth (2013), details a similar phenomenon in his own biographical essay. He foregrounds how safe and secure accommodations are necessary to promote mental health, but often end up creating more social defeat. An individual often is rescued from the street and out of harm’s way, only to find new dangers inside the haven of a shelter or mental health housing site. These vulnerabilities are exposed even further during a pandemic. While navigating the *space*<sup>i</sup> in housing sites or in mental health programs, people like Tao report having to endure deeper pressure-cooker-type interactions with others than in housing before the pandemic.

Though he would normally go places to get away, like the library or even Target for a coffee in the Starbucks inside the store, Tao said has to stay at home. If he does go do grocery shopping, he has to shower immediately after entering the CR. Before the pandemic, when people moved in between scheduled time in program or part-time jobs if they could work, tensions arose, but there was at least some respite in between. With the pandemic, everyone is

home all the time, working a lot less or not working at all, and the pressure cooker top has lost its lid. Tao and others are forced, as Reavey et al. designate (2017), to manage the delicate emotional ecology of the CR occupying time in what I call a *chosen for* space (a venue “chosen for them” and not *by* them), while they wait (and wait) for some breakthrough in the COVID-19 numbers, while they wait for some word of program opening up, or someone coming to visit.

“Hell, even the Amazon delivery truck is exciting,” Ricardo, a CR resident notes. “I am sure it’s that way for people not living in a CR, but for us, it’s worse. You want one moment of joy. No family can visit.”

Ricardo, a Black Puerto Rican is transitioning from male to female and refers to himself as he/him/his. His CR staff “don’t know what to do with [him].” They are unsure how long he can keep rooming with a female as the transition is behind schedule because the pandemic. “So, am I a man or a woman still? I don’t care, but the teasing and mean looks I get is [sic] cruel.”

The coronavirus numbers—though encouraging—are still requiring caution, and because group CRs are considered vulnerable sites, people with mental health disabilities get further steamed in these pressure cooker sites.

While both Ricardo and Tao are in custodial, monitored housing, off the streets, they both note they have to work on what Reavey et al. (2017) describe as their “deferral of emotions” (p. 214), those reactions that could be triggered by living in close quarters with others managing with mental health disabilities. Some days, people do not succeed in deferring emotions. Ricardo said he yells at roommates for bullying him and saying mean things about his newly emergent facial hair. He tells them to shut up and that he wants to punch them; then he realizes this does little for his compliance and the CR protocol. He will not “move up on the list to get a new ATP [apartment treatment program],” he said. Without delaying his outbursts, he is sanctioned, “almost like being sent back to the start line again or the back of the line.” If he cannot move, he is forced to stay in this same site and work harder on the deferral of emotions. This is tricky in any environment, but add a pandemic, name-calling, gender discrimination and hormone treatments to the equation, and it is a real storm.

Another participant who was successful in deferral of emotions long enough to navigate her own ATP says the pandemic is still teaching her new lessons. She feels the staff

at housing sites now have more justification for letting services lapse. She has learned to ask different housing representatives different things and when not to ask at all. She requests housing accommodations with trepidation. “I know for valid reasons I can’t get certain things. I can’t expect my carpet will be cleaned. I can’t expect my toilet to be fixed. All of this [sic] coronavirus reasons are real, but I am still living with these inconveniences.”

After several attempts at suicide, living in her car, then hospitals and several larger CRs, she has finally arrived at the ATP. It has been a long stormy journey, she said, so she wants to make her home nice. “However, I am at the mercy of the agency people,” she said. So, while she waits for plumbing fixes, exterminators and mediation appointments for menacing neighbors, she tries to busy herself doing other things. During the pandemic in the early days, she said, she may not have made good choices. This lessened her ability to comply and defer her emotions, which led to arguments with neighbors and roommates. “Like many people,” she said, “I drank, I ate. I watched too much news. I gained weight. I normally go to the gym; no gyms were open. I drank instead. That probably did not help my relations with others. I could not hold my tongue. Now they often won’t help me, and I will wait longer.”

### **Back on (off) campus.**

Fall of 2020 certainly looks differently for all educators, especially those who teach. I normally spend my fall teaching at least one section of bioethics. This fall is no different. I have one bioethics section. I had already been teaching online off and on for years and recently began working full-time for a campus that has been the premier online campus of our university system and the state for 15 years. I transitioned here in January 2020, so when March 12 and 13 arrived and we were sent home *for cleaning*, I had already completed training in how to facilitate Blackboard courses, was using Zoom, teaching both Spring courses online, and knew how to create videos for my virtual, asynchronous classes. I studied the literature about online pedagogy and how to captivate people, what types of learning styles I had to be mindful of, how to use universal design in my course sites, how to use VoiceThread to engage students and what efforts online educators can use to try to cultivate online campus communities. Nothing much changed for me, except the delicate emotional ecology of my own home and an increase in questions I could not answer for my daughter.

What I really did not expect was how much my students would mature during this last six months. Neighbors and other colleagues tell me they believe this event will adversely affect students long-term. “Students will not be able to think or write after the pandemic,” one

community member said. I cannot say what it will do to their math and English skills, but I can say I have not ever seen a more perceptive and participatory group of introductory ethics students. I have been teaching introductory ethics and bioethics now for 16 years. Never have students grasped the theories so concretely. Never have they offered their own examples—such as delay of medical services, burying family members without funerals, fighting with insurance companies for coverage—without me prodding them. The discussions are not at all forced or deliberate. They are real-time ethical dilemmas. They teach me more than I can teach them. I am sorry for the reasons they have matured and are more engaged with medical, feminist, racial and environmental ethics, but it is an outcome of the pandemic I feel honored to witness.

The principles of utility and the greatest good for the greatest number, ethical subjectivist approaches, cultural relativism and concepts of deontology were normally very abstract content. I always worked hard to bring in examples for each. Often, I had nurses doing palliative care as guest speakers to drive home what end-of-life choices and lack of insurance look like in real time. This may have included a paramedic or ambulance driver to describe the embodiment of trauma care, and a physician assistant who worked in the 2005 earthquake in Pakistan to talk about triage and lack of basic medical supplies and running water. This year, I need none of that.

Students are reading the material and presenting their own lives as case studies. These vignettes typically begin with something like, “My disabled parent...” or “My disabled grandparent...” or “My sister...” or “I contracted COVID-19 and then I could not get to the doctor.” Or worse yet, “They turned us away...” or “We did not have medical insurance...” and “I did not get to see my [family member] before they died.”

When a student tells the class he recently lost his mother to COVID-19, he immediately offers what utility and consequentialism mean to him. This academic year, no one has to stretch their mind to think about what that means. It means his family could not see his mom in person before she died.

What does deontology mean to the student whose best friend just committed suicide? He tells me, “I am in a dark place.” He is wondering why his religion, a deontological approach to ethics, would condemn his friend for taking his own life, because out of duty, as deontology instructs us, one should never take their own life. But to know what his friend endured in tragedy and trauma, losing a number of family members to COVID-19, and not

being able to share their last moments with them, he asks, “There must be a more forgiving ethical theory to apply to this situation, right?” He is still pondering *the greatest good for the greatest number of people* and wants to consider what ethical futures for people with disabilities means to him and to his friend. What is an ethical future? And what does it mean to be disabled during the time of the pandemic? And now, to be disabled during the time of catastrophic unprecedented wildfires, to be Black during the time of civil unrest, to be a cop in Compton.

There is no stretching for ethical “case studies.” Our students have their lives and experiences, not merely simulations, to ponder. And, while I am profoundly honored to be facilitating the learning of theories to apply to these dilemmas, as with the climate and the civil unrest, I want it to change.

As my participants’ vignettes amplify, in between the *weighing in* and the waiting, conditions are ripe for potential harms like social defeat, trans-institutionalization, interlocking forms of discrimination, and long-term depression. Even the most idyllic spaces, like stand-alone homes in suburban or rural ecologies outside the asylum, these venues can and do promote containment, control and pressure-cooker situations. We hear the pandemic is bringing with it a new “mental health crisis.” As with the coronavirus, we may not have a vaccine for this crisis, and we may not know how to mitigate while we wait for more services for people. Meanwhile, the pressure cooker continues to boil.

## Breakthroughs

The other thing I love about the weather in New York is the fall. Summer in New York is oppressive. I want nothing of its humidity and mosquitoes. By late June, my daughter and I complain about mugginess and long for dry Southern California, mosquito-free nights. After my first dozen mosquito bites, I think of snow again. By the time mid-September is here, I feverishly watch the weather thinking, *When will the bloody humidity break? When will it be in the late 50s or early 60s at night? When can I turn off the swamp cooler, breathe normal air again and sleep well at night? When will this pressure cooker simmer and cool?*

I realize these questions hardly seem urgent as we watch the fires raging in the West, as people riot in the streets for change, and as I think of participants and those in my own family housed in contingent mental health disabilities sites trying to live within the confines of real pressure, real pressure cookers. I try not to fixate on animals and people I know in the



fires, literally cooking with no escape—disabled animals and disabled people who need help breathing, who may not be able to evacuate on their own. I want snow for them too, but I would be satisfied with some rain.

I concentrate on the morning's meditation:

Breakthrough:

In late summer, heaven's breath is damply hot.

It smothers the earth with dullness.

Suddenly, thick clouds gather.

A wave of polar air passes like a frigid rake.

Acorns fall like bullets,

And a new wind breaks through. (Ming-Dao, 1992)

I can open the windows this evening. The forecast calls for a low of 56 tonight. I am chilly and dancing through the house, taking these moments of joy, but I am also pushing raging fires, dying people, and contained residents with disabilities out of my mind.

“Will we have snow this year,” my daughter asks again? “When will the vaccine come? When can we stop wearing the masks?”

“I don't know Honey, but I am looking at this small breakthrough as a start.”

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As I learned of this article's publication (on December 11, 2020), the world learned of the Pfizer and BioNTech COVID-19 vaccine's emergency use authorization (EUA) in the United States, and the first doses were being arranged for deployment for the following week. This has us now wondering, to whom, when and how? We know people with disabilities are some of the most vulnerable, yet often the most overlooked or underserved. Though the vaccine is a remarkable accomplishment, my thoughts now turn to the following questions: *What are the most egalitarian approaches to immunizing people with intersecting vulnerabilities? Will people of color with physical, cognitive and/or mental health disabilities, and those living in public mental health sites or long-term care facilities be prioritized appropriately? And, will neurodiverse and other variations of human lives be honored and well cared for with this vaccine's rollout?*

Also, ironically as of this week, the weather gurus report a "nor'easter" storm carrying wind snow and rain may dump "up to between 12 and 18 inches of snow" on New York and New England for the first time in 11 years, and, notably *before* Christmas. Our family, fatigued by the pandemic, our own isolation, and bickering has some hope. A vaccine and some snow. Hops has taken extra rest, is waiting patiently by the sliding glass door, and of course, it is finals week for me. I have mounds of papers to grade, and I have a federal grant due the day the blizzard is forecast to shut down the trains. I know where the hot chocolate and everyone's gloves are though.

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<sup>i</sup> In emerging work, I describe how, in some cases, people endure community-based, state-sponsored mental health housing and programming while they occupy time in these spaces. I explore people's descriptions of living quarters with the analytic of "place versus space" (See Jennings) as a way to evaluate housing versus homes. I also consider the differences between those venues and occupations that I characterize as *chosen for* someone by others versus venues and occupations that are *chosen by* individuals themselves. The latter, I argue, renders them more of agents over themselves, and I consider what this means for their well-being.