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Can compassion provide a lifeline for navigating Coronavirus (COVID-19) in higher education?

Abstract

The Coronavirus pandemic has caused considerable challenges for the higher education sector, leaving many students and staff to experience a sense of liminality as they cope with these challenges. This article, written by three disabled academics based in the UK, reports how during the Coronavirus pandemic, compassion and compassionate spaces could be nurtured when students and staff took the opportunity to recognise their common existence. We share insights from focus groups held with seven disabled academics and students on their encounters with the pandemic, such as managing the complexities of studying and working from home. We demonstrate that acknowledging and responding compassionately to feelings of vulnerability can offer a lifeline for individuals. Specifically, we propose the application of the social model of disability when seeking to embed compassion in the neoliberal academy. By so doing, the higher education sector can benefit in terms of navigating our extraordinary Coronavirus circumstances, and in building a future inclusive post-pandemic academy.

Introduction

For over a year, we have been confronted with not just managing the day-to-day impacts of the Coronavirus (COVID-19) pandemic in higher education, but also considering how the post-pandemic academy could look for educators and learners. We argue that the Coronavirus pandemic is an unpresented period of liminality (Turner, 1969) for universities. This emerges in part to the neoliberalist barriers that many staff and learners in the academy are encountering on a regular basis (e.g. Merchant et al., 2020; Olsen, Griffiths, Soorenian, & Porter, 2020; Mutch & Tatebe, 2017; Taylor & Shallish, 2019), on to which many responses to the pandemic have shone a revealing light (e.g. Ahmed, 2020).

This paper is written by three disabled academics within a UK higher education setting, who conducted and participated in focus groups exploring the immediate and potential long-term impacts of the pandemic. We begin this paper with a report on how the Coronavirus pandemic has shaped higher education and caused significant distress to disabled and non-disabled people alike. The acknowledgment of the power of compassion is a surprising and unanticipated possibility that we identified through our work. We give our account of how we opened up meaningful compassionate episodes, brought about by the opportunities we had to share our collective experiences as disabled people. In light of this, we propose that an understanding of people's needs, as well as a robust awareness regarding structural inequalities and barriers in society, are essential. The social model of disability (Oliver, 2013) integrates these factors, and its adoption could potentially advance embedding compassion across the higher education sector.

Background

The Coronavirus pandemic has caused significant disruption, challenges, and changes in the way that society operates and responds to its communities. In the UK in particular, on March 23rd 2020, the UK government announced a national lockdown which resulted in the immediate closure of universities, many of which had already pivoted to online delivery of all teaching and communications within the preceding two weeks. The lockdown impacted upon university staff through the introduction of emergency measures, such as working from home, the suspension of fieldwork for research activities, and potential furlough from employment. These measures were in accordance with the mantra adopted by the Johnson administration of ‘Stay home. Protect the NHS. Save lives’ (Public Health England, 2021). This directive was in place throughout the first wave of COVID-19 from March through to June 2020. It was replaced with a slightly less severe command ‘Stay home. Control the virus and save lives’ during the summer of 2020. The government reverted to the original in January 2021, and this remained in place until May 2021.

One of the measures instigated by the UK government was to categorise certain groups as ‘clinically extremely vulnerable’, as they were considered likely to experience severe illness if they developed COVID-19 (Department of Health & Social Care, and Public Health England, 2021). These individuals undertook ‘shielding’, being advised to minimise risk of contagion by avoiding meeting people outside of their family/support bubble, sanitising shopping and any items coming into their house, and not leaving their homes wherever possible (Department of Health & Social Care, and Public Health England, 2021). In effect, these individuals were isolated and faced with abnormally severe restrictions on their everyday life, as well as the turmoil of coming to terms with this newly ascribed categorisation that was deeming them to be particularly different in the context of the pandemic (Abrams & Abbott, 2020). For, while overtly targeting health status, this labelling implied that such individuals were deemed to be socially, emotionally and psychologically marginal in comparison to others during the pandemic. Moreover, the language of the labelling 'othered' these individuals, suggesting that they were in some respects to be pitied for their situation and blamed for this weakness (Deane, 2020). Responses to the COVID-19 pandemic are arguably perpetuating systemic health and social inequalities experienced, in particular, by disabled people, due to systems, decision making processes and communications devaluing the worth of disability and the 'disabled body' (e.g. Abrams & Abbott, 2020; Andrews, Ayers, Brown, Dunn, & Pilarski, in press; Goggin & Ellis, 2020). To foreground our paper, our focus groups were joined by several individuals who were labelled as being 'extremely vulnerable' to COVID-19, reflecting certain underlying physical conditions. One of our participants (Participant 4) described the potential writing off of disabled people as 'collateral damage' as deeply frightening at a personal level, while another described the profound and immediate unsettling effect that the pandemic had on them: 'the COVID situation has brought to some people who have never experienced it, this liminal space: will I live or will I die?' (Participant 3).

Notably, the neoliberal higher education sector has been described as embedding privilege for those individuals who closely resemble the normed archetype of higher education fitness (Taylor & Shallish, 2019). While there is no universally accepted definition of neoliberalism, for this paper, we view academic neoliberalism as values within higher education being assigned according to financial and market forces, whereby perceived individual exceptionalism and financial viability are valued (Olsen et al., 2020; Mutch & Tatebe, 2017). Consequently, this narrative within universities regarding individual competition, and the promotion of the authenticity and legitimacy of being non-disabled, has created a culture of exclusion for disabled students and staff (Dolmage, 2017; Olsen et al., 2020). Taylor and Shallish (2019, p. 1202) pointed out that these policies are ‘a function of maintaining the university as an able-bodied and able-minded space built on the persistent assumption that merit is the explicit function of biology’. Against this backdrop, and drawing on our personal experiences, we contend that without doubt, while the pandemic has been an unprecedented time, it is also an opportunity to challenge the taken for granted valuing of the ‘able body’ within the academy. The pandemic provokes a new discussion as it brings us to acknowledge the susceptibilities of all bodies, ‘able’ or not, in the face of COVID-19, along with recognition of the human connections we have with others that can be fostered through attending to each other’s vulnerabilities.

The notion of liminality reverberated throughout the conversations that our focus groups facilitated. Gradually, we understood that the liminal state necessarily entails a period of intense ambiguity when adjusting to, and embedding the norms of, emergent social structures (Turner, 1969). Specifically, as Participant 3 described, when inhabiting this liminal space that the pandemic engenders, individuals are struggling with unprecedented fears and traumas about their physical health, mental well-being, and their own mortality. However, at the same time, this liminality allows for the disrupting of established practices, standing back to reflect and navigating toward achieving new desired possibilities (Thomasson, 2009).

Sellars and Imig (in press) consider that the pandemic is providing a one-off opportunity to rethink the neoliberalism that is endemic across education: a way forward is to embed compassion. This necessitates challenging the disregard for care of one’s self and for others within the everyday life of the academy. Taking up this opportunity, we recognise that higher education has been a sector that has lived by the dehumanising maxims of surveillance, audit and performativity for several decades (Dolmage, 2017; Mutch & Tatebe, 2017; Olsen et al., 2020). We advocate that to establish an academy where compassion can be allowed to gain a foothold, we need to value ourselves as relational beings who are subject to human vulnerabilities (McCauley, 2013). Many disabled people and non-disabled people alike are (re-)discovering this as they seek to navigate the turmoil and ambiguities of living through the pandemic. We put forward our experiences of compassionate conversations in order to demonstrate instances where we could foster the flourishing of students and staff within the academy.

Compassion as a lifeline

It can be tricky to establish a clear practical definition for compassion as there is no universal way of ascertaining what it means to 'be' compassionate and behave compassionately (Crisp, 2008). Compassion towards another, in general terms, entails having an awareness of another's suffering and undertaking an affective response: emotions are combined with the urge to act (Gibbs, 2017; Gilbert, 2014; Jazaieri, 2018; Mascaro et al., 2020; Whitebrook, 2002). Strauss and colleagues (2016) built on prior studies to propose that compassion comprises five interconnecting dimensions: (i) that suffering needs to recognised as such; (ii) that all people experience suffering in their lives; (iii) having a willingness to feel and show empathy to another experiencing suffering; (iv) being able to tolerate any disturbing feelings, such as upset or disgust, that arise when faced with another's suffering; and (v) being motivated to engage in behaviours to relieve a another's suffering. We adopt this as a useful working definition for our paper.

When attempting to bring in compassion as a means of responding to the neoliberal and ableist backdrop of academia, we contend that scholars can benefit by drawing on disability studies, specifically, the social model of disability (Oliver, 2013), for this takes into account the structural inequalities faced by disabled people in academia. Advocates of the social model propose that the inequitable treatment and vulnerabilities that disabled people experience in and out of higher education can be explained by society not considering the diversity of need amongst all people. This model challenges traditional understandings of disability as a deficit or a problem for society to address. With regards to the five dimensions of compassion (Strauss et al., 2016), we find that these do not consider that readiness and willingness for compassion may be shaped by social and other external barriers caused by structural inequalities. However, when a social model of disability lens is applied to these dimensions, we begin to recognise how higher education settings can cause distress and suffering. At the same time, profound resilience and strength located within the recognised 'vulnerability' of the individual must not be overlooked. Read et al (2021) has previously shown how opportunities for disabled people in academia to come together to share their experiences of structural inequality in spaces of safety (e.g. those created within the focus groups discussed in this paper) can promote a sense of solidarity and empowerment. We contend that this collegiality and collective understanding of the barriers that disabled people may encounter in academia, and sharing of these experiences in a respectful and honest way, provides the space for fostering compassion. For students and staff who are experiencing barriers in general, and specifically during the pandemic, building these safe spaces or creating them by happenstance, as we did in our focus group conversations, can allow for compassionate moments to develop.

Methodology

During 2020, we convened a series of focus groups to examine the ongoing effects of the pandemic on our academic work, covering opportunities for studying and teaching, as well as our home lives. Our initial aim was to understand the experiences of the virus from our particular perspective, that of disabled academics and learners in higher education in the UK. Seven disabled people affiliated with different UK universities provided their informed consent to participate in these focus groups, which included the authors of this paper. No additional information about participants' characteristics, except for their self-identification as disabled, was recorded in order to ensure the anonymity of participants' experiences. Due to the UK-wide lockdown at the time, the focus groups took place virtually via Google Meet. The sessions were audio-recorded and anonymously transcribed. Ethical approval for this project was granted via the [School name] Research Ethics Committee, [University name].

We sought to learn about the impacts of the pandemic by sharing some exceptional personal experiences as disabled people within higher education. We imagined the future, initially asking whether, and if so how, novel practices adopted during the pandemic could challenge the entrenched inequalities of the academy: will the post-pandemic academy emerge as socially inclusive for disabled people, both learners and staff? We embarked on exploring the negatives and positives that we were experiencing because of the pandemic. We found ourselves on a journey that entailed crossing over many boundaries as we made public the private, namely, our emotional highs and lows, as we unmasked ourselves and showed these vulnerabilities to others in the focus groups, some of whom were strangers. Within our focus groups, regardless of our disclosures, we respectfully acknowledged and stayed with the potentially personal and painful stories that were being shared. This connectedness was something we gave freely, invariably motivated by a sense of solidarity, and the urge to alleviate in some way the pain that others were disclosing. As we gave the gift of making connections, in return we respectfully welcomed the kindness and care with which our own stories were received. We gradually became aware, as the conversations progressed and the depth of our relational understanding grew, that we were working through compassion and in compassionate ways.

Ethics of representation and data analysis

As authors, we took dual roles as participants and researchers (e.g. see Merchant et al., 2020; Read et al., 2021), and the forthcoming data describes our lived experiences as disabled people as well as those of the other participants who attended. Naturally, our dual roles meant that we were not impartial to the data (Merchant et al., 2020), and so our data analysis focused on ensuring that the stories shared by all seven participants were reported accurately and honestly. In accordance with the five dimensions of compassion (Strauss et al., 2016), the authors came to review the data, acknowledging that they were most likely at different points in terms of their own sense of compassion, and brought forward different biases, expectations, understandings and vulnerabilities regarding reading the data contents and its analysis. Firstly, we analysed the data independently, so that we could each gain an in-depth perspective of it. As we expected, and indeed welcomed, our independent analyses raised different topics for further discussion. Each of our independent analyses were completed in different ways according to our impairments and preferences as disabled people, and included use of reflective writing, note-taking and memos. We then met as a team to discuss the outcomes of this initial stage, and engaged in a further group analysis to enrich the narratives that we had begun to elicit independently.

For our group analysis of the data, we used the principles of thematic analysis (Braun & Clarke, 2006), whereby we focussed on exploring experiences pertaining to the pandemic as reported by the participants. As a group, we began with an iterative process of reading and considering of the transcript contents. This iteration allowed us to construct and record ‘codes’ of interest that resonated with the authors. For this, we opted to use ‘process coding’ or ‘action coding’ (Saldaña, 2015), whereby particular social actions are coded as meaningful, such as the ‘feeling’ of empathy, and the ‘doing’ of compassion to ourselves or others. By taking this stance, we were able to elucidate how the configuration of time and space, specifically, the being and participating in the focus groups, allowed us to generate deep relational understanding of each other’s situation. This provided insights into how compassion emerged, growing from our collective desires to help each other. We ensured that the themes of compassion that developed from the final thematic analysis came about through the complete agreement of the three authors. We recognise that we are unable to make any claims about the generalisability of the compassion journeys we experienced. Nonetheless, below we discuss how we saw the compassion emerge, using two example extracts from our focus groups.

Reporting the data: Compassion in our journey together

Sharing compassion can be problematic when we consider that disabled people have traditionally been silenced by society (Yoshida & Shanouda, 2015). The silencing of underrepresented voices exists within higher education, which Taylor et al. (2020) attribute to the neoliberal nature of the academy. Therefore, of key importance for our focus groups was creating a safe space amongst the disabled people in attendance, built on principles of mutual trust and openness to each other. We used this to challenge the entrenched culture of silencing by moving to a sense of caring for the other’s story. Our conversations focused on our individual perspectives, which allowed us to learn about and understand each other on a deep and personal level. While this was not overtly discussed during our focus groups, at the outset, internal conflicts were at play (at least within the authors) in terms of what this space ‘was’ and ‘meant’; what we would share in this space; and what would be shared by others in return. However, as our conversations continued, we began to recognise what was common to each of us, as well as nurture our sense of solidarity.

We paid particular attention to the positive and negative impacts that the pandemic had had on our lives, which revealed a highly complex picture. We collectively agreed that the pandemic had provided benefits to us in terms of the flexible working, and working from home opportunities that the UK-wide lockdown at the time of the research provided. However, significant challenges were also observed, with participants stating that they felt isolated, and/or that the care that they were required to have on a regular basis, such as food and medical deliveries, physical therapies, and university-based reasonable accommodations, had become very time consuming to arrange, and some of these had stopped altogether. The following extract between two members of the focus groups revealed these complexities. While the experiences shared were individual, Participant 1 and Participant 3 engaged in a reciprocal validation of each other's experiences regarding the enabling and disabling factors they had both encountered.

> Participant 1: So, I guess for me personally, when we think about COVID-19, it's almost a blessing and a curse in many ways for me … the working from home element has actually been really helpful for me. … in a sense that I'm not having to deal with all of the just day-to-day working elements that go with going into the office. So, things like for example, the commute every day, the having to get up at a certain time in order to travel, and I feel that I can … work when I want to, and wake up when I want to, and I don't really have to modify my working day around the expectations of others, or the diaries of other people. And so, that to me has actually been very helpful. But, I guess from a physical standpoint, it's (lockdown) actually

> been quite detrimental I would say, to my health, because obviously I do have a lot of [physiotherapy] intervention outside of work, and that's all disappeared now ... I've noticed that I'm a little bit less mobile than I was because I'm not doing as much walking ... So yeah, so overall, I think it's been a blessing and a curse for me, you know, in positive and negative ways. So, I think that's everything from me, so I'm happy to pass on to someone else.
>
> Participant 3: Yeah, if I could add something in, [Participant 1], I definitely agree with the blessing-side of the physicality. Not having to commute, it means that, you know, I'm not driving an hour or half an hour per day. It takes the stress [off] of the physical travel, but also the anxiety of am I going to get there, am I not going to get there on time because I just don't know the travel. But, there is the issue of the isolation and I think that's quite difficult because the sort of tentative grip that you have of being a member of a team when everything is about presenteeism, or to me it seems that there's a lot of presenteeism, that it's quite difficult to deal with that. Being in or out of a team is quite difficult in the current situation.

Back and forth conversations (as above) were empathic in their nature, but it was only through these discussions continuing that we were able to evidence compassion. Said differently, what we are suggesting is that these focus groups provided an opportunity for compassion between members, and provided a break from the potentially unkind and uncompassionate academic world and wider society in pandemic times. Being compassionate towards others in an appropriate manner is a complex undertaking for it necessarily means taking into consideration and empathising with people's circumstances. As the above extract exemplifies, this was evidenced through first allowing individuals to share in solidarity their lived experiences of vulnerability through the Coronavirus pandemic. This solidarity provided a basis for trust and we could listen and be respectful to the experiences of others. Our discussions became deeper as we moved as a group towards compassion, in that we sought to take action to address the suffering of those sharing painful aspects of their lives. The following dialogue between two members of one of our focus groups exemplifies the compassion towards the felt vulnerabilities, and how listening and acknowledging this pain created a sense of communal connection and further, provided validation to the experiences:

> Participant 7: I think somebody mentioned how they'd been struck by how vulnerable everybody was feeling in this time, so regardless of what constraints you might have, but there was this general sense of vulnerability and empathy. So I think it seems to me quite important to recognise that the support mechanisms that are normally there for people, whether that be informal personal ones or professional ones, it's not that they're not there at all but they've become much less easy to access and to just use spontaneously or to get that support.
>
> Participant 2: Yes, I think at the moment there's a lot of stuff that we can't process yet and we're being asked to process it quickly because it's important that we have reaction and action. And, that sometimes to be reactive is quite dangerous, and especially when people are feeling particularly vulnerable and overwhelmed … there's a lot of existential anxiety about feelings of being thrown under a bus and feelings of insecurity, and that's not just amongst obviously disabled people but generally. So I think it is a particular time of reflection but it's very hard to reflect calmly when … it's like being in rapids, you know? You're just trying to make it through to the next bit of calm water to think.

Pertinent to this reported discussion, and indicative of the focus groups generally, was that the felt vulnerability of our participants created a deep sense of unease. Given the uncertainty of the pandemic at the time of our meetings, individual participants spoke of not being sure how to process their current circumstances. Participant 2 spoke using analogies as a means of expressing their own concerns, but also hearing and responding to the thoughts of others in the group. These provided a sense of relatability across participants' experiences, as well as aiding interpretation of their uncertainties. Developing this trusted and safe space to express vulnerabilities provided clarity and reflection for the participants. In an unkind environment, such as the academy, these described Coronavirus pandemic pressures take on an additional dimension because disabled people constantly navigate having to respond to fast-moving and changing demands. However, the message that all rapids can eventually bring us to calm waters is relevant and helpful through the promise of respite, at some point in the future.

Discussion: Applying a social model of disability perspective to compassion

The opportunity to carry out research about the pandemic whilst it was happening and impacting upon academia was time-limited. In fact, our initial aim in instigating our series of focus groups had not been an exploration of compassion but instead, to generate contributions to debates about inclusion within the post-pandemic university. By happenstance the extraordinary liminal space of the pandemic brought together people and ideas in conversations where compassion featured prominently. As disabled academics, we took this opportunity to generate novel insights through taking forward the social model of disability (Oliver, 2013) to the compassion we found being expressed in the focus groups.

The compassion generated in the focus groups was remarkable in that it was unusual and out of step with our day-to-day experiences of higher education. Arguably, the origins of the academy, rooted in the pursuit of logic, have had the effect of relegating disciplines that offer rich interpretations of humanity. Similarly, practices that treat academia as a collegiate endeavour rather than self-regard, have been side-lined (Lynch, 2010). Despite this unforgiving landscape, the benefits of creating group-based cultures of compassionate cooperation have previously been observed for learners in higher education (Gilbert et al., 2018), and similarly, academics (Haynes & Macleod-Johnstone, 2017). Whilst we do not prescribe formulae for creating compassionate settings (e.g. through group work in safe spaces) that can be adopted for delivery across academia, we make several observations on compassion and its potential contribution to the debates concerning the post-pandemic university.

The excerpts above feature many powerful statements demonstrating that members of the focus groups did not remain silenced. Rather, compassionate communications encouraged the sharing of personal and painful experiences, and these were respectfully acknowledged, and support was offered. The practical insights that we garnered included the challenges relating to maintaining well-being. These were foremost considerations for participants as it emerged that there was insufficient attention being paid to the physical body by the academy (Titchkosky, 2008). Some participants explained that it was customarily difficult to operate as a disabled person in academia, and this situation had been exacerbated in the extraordinary COVID-19 times. Solidarity coalesced around managing troubles, with some participants explaining how the lockdown had led to increased pressures on them in terms of accessing services from their university, as well as the facilities and care that they personally required. As a result, they were forced to individually work around such issues by digging deep into their own reserves of resilience and taking up time that could have been spent otherwise, for example, on research tasks and other academic duties. The safe settings created during the focus groups encouraged some to disclose that vital accommodations were not being provided by their universities.

When considering the impacts of the pandemic across the academy, it was remarked upon that many non-disabled individuals who had previously not seen themselves as needing to give and/or receive support in order to maintain their everyday routines, were being forced to think again about caring and being compassionate towards themselves and others. These previously unimagined dimensions in people's lives have emerged: giving and receiving care and compassion have been inserted into hitherto relatively care-free academic lives (Lynch, 2010). That is, the COVID-19 pandemic has apparently brought to the fore the vulnerabilities of all human bodies. We propose that in the wake of the pandemic we need full acknowledgement of embodied human vulnerabilities as being common to all people. Further, we should value this as forming the basis for building compassion within the post-pandemic academy.

We argue that the application of the social model of disability allows us to advance debates concerning compassion. By taking the five dimensions of compassion (Strauss et al., 2016) as our starting point, we contend that people in the academy, and elsewhere, are not only likely to be coming from different vantage points concerning compassion, but are also liable to be expressing themselves in diverse ways. However, some forms of expression might not necessarily immediately be recognised as compassionate, particularly when we are working with the norms of the academy as a place for able-bodied people (Taylor & Shallish, 2019). By introducing these points about compassion, we realise that we are deepening the complexities surrounding the topic, specifically, around what being compassionate can mean. Moreover, use of the social model may be criticised as being of limited relevance outside of disabled people. This argument fails to accept that not only do we all share embodied 'vulnerabilities', but that the abilities valued as the normed archetype of fitness are transient: perceived privilege is liable to be lost during the lifespan as almost all will become disabled at some point (Buscherhof, 1998).

Acknowledging and consequently addressing the vulnerabilities of others have been offered as a progressive development in prior scholarship (Whitebrook, 2002). This is consistent with our adoption of the dimensions proposed by Strauss et al. (2016). We concur that simply observing the suffering of others can result in voyeurism and arouse a sense of pity for them (Zembylas, 2013). Pity tends towards charitable benevolence for worthy cases, rather than critical understanding of systemic injustices underpinning personal circumstances. These understandings are however, central to the social model of disability. We contend that the pitied individual is being objectified, with disabled people invariably receiving objectification in ways that non-disabled people do not encounter. In sum, when we adopt the social model perspective we strengthen the notion of compassion. It potentially moves us on from noticing suffering and perhaps sensing pity, to attaining the position where empathy and motivation to relieve another's suffering are engaged with, while at the same time, we are fully aware of the systemic injustices underlying particular vulnerabilities.

Concluding remarks

Compassion may emerge across aspects of the academy from the experience of navigating the challenges brought about by the Coronavirus pandemic. However, to carry compassion forward into the post-pandemic university, taken for granted individualism and self-seeking behaviours have to change, and a new stance towards our relational selves be adopted. In our focus groups, individuals were brave about telling their experiences, were kind to themselves as well as to others, and received compassion from their fellow participants. We consider the empowerment of staff and students to open up about our shared common human vulnerabilities to be a step towards creating an inclusive academy that builds on the affordances of the social model of disability. Nonetheless, in making this assertion, we recognise that the disabled people's narratives reported on in this paper pertain a UK higher education context, and may not be reflective of the international academy, nor the spectrum of experiences that disabled and non-disabled students and staff have experienced during the Coronavirus pandemic. Further research is needed to capture and understand a greater diversity of voices as we work towards a more compassionate academy than that of today.

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