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Viewpoint
Hope and despair at the time of pandemic

It was the best of times, it was the worst of times ... it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair.

(Dickens, 1859, 1)

With these words, Charles Dickens opens his most political novel, A Tale of Two Cities. Two hundred years later, we cannot but agree that, ‘In short, the period was ... like the present period’ (Dickens, 1859, 1), when hope and despair are inescapably entangled in the unfolding of a global pandemic. At the time when lives and livelihoods are lost, streets are eerily empty, shops are shuttered, schools are closed, cities are locked down, people are isolated from their loved ones and the spread of the COVID-19 virus is spiralling the world into multiple interconnected crises, many of us are searching for what Rebecca Solnit (2004) calls ‘hope in the dark’. But what is hope? Where can we find it? And is hope a social force for change? We will return to these questions after a brief account of despair whose roots go deeper than the current pandemic and its tragic consequences.

The worst of times

On 11 March 2020, the World Health Organization declared the COVID-19 pandemic, stressing that ‘we’re in this together’ (WHO, 2020). The trope, which is often elevated at the time of crisis, evokes different emotions and serves different purposes. On the one hand, it is an expression of solidarity and a call for global cooperation. On the other hand, it is an invocation of the parity of sufferings and sacrifices. In the context of the pandemic, it is used to suggest that the virus does not discriminate and can affect porters and cleaners as well as princes and prime ministers. However, this narrative overlooks the profoundly unequal health, social and economic impacts of the pandemic. More importantly, unlike the virus itself, which is novel and unknown, its uneven health, social and economic impacts are neither new nor unexpected. They mirror the inequalities which have been on the rise in the last few decades and...
particularly since 2010 in the UK. The date is important. It marks the UK government’s forefront position on austerity and the introduction of a series of ideologically driven policies that exacerbated social inequalities and reduced the capacity of the front-line sectors to respond more effectively to the current crises. A notable example is a decade of underfunding in healthcare and social care. The latter has faced major budget cuts and the former has been denied of funding that is needed for the rising demands on its services.

Contrary to its framing as an economic, and even moral, necessity, austerity was a political choice, aimed at, among other things, radical restructurings of the welfare system and public-service delivery. Faced with the 2008 financial crisis and a growing budget deficit (partly due to the bail-out of the banks), the UK government chose to cut public expenditure instead of, for example, raising the level of corporate taxation. Hence, at the same time that the UK economy grew by 5 per cent (2012–2018), public spending for low-income households dropped by 44 per cent (HRW, 2019, 14). Throughout the austerity period, the rich have been getting richer and the poor poorer. In 2017–2018, 44 per cent of total disposable household income went to the top 20 per cent of high-income households, while 5 per cent went to the bottom 20 per cent. The pre-COVID projection for 2020–2021 showed a further widening of income inequalities (McGuiness and Harari, 2019, 14). The period between 2010 and 2018 saw a rise in the number of children in ‘absolute poverty’ (DWP, 2018, 8), of food-bank users, of homeless people (Shelter, 2019) and of precarious and low-paid jobs. There is also a spatial dimension to the unequal effects of austerity. Some of the poorest cities and regions have been hit hardest due to severe cuts to their budget for public spending. These same areas often have a concentration of socially disadvantaged people who are heavily reliant on the public sector for both jobs and social services (Davoudi et al., in press).

Nonetheless, the government deployed the trope of ‘we’re all in this together’ (New Statesman, 2012) to justify its austerity politics. The claim was a fallacy then and is a fallacy now. Although it conjures up a sense of social solidarity, it is often used to mask the unequal exposure to, and impacts of, the crises on different people and places, which are becoming increasingly evident from the government’s official statistics. Mortality rates are higher among older people, men, ethnic minorities and those with underlying health conditions. The top occupations to be affected by COVID-19 are so-called ‘low-skilled elementary positions’ and ‘caring, leisure and other services’, while the largest cluster of deaths is in care homes (ONS, 2020). Perhaps, more socially alarming evidence shows that the rate of deaths involving COVID-19 is more than twice as high in the most deprived areas compared with the least deprived areas in England and Wales (ONS, 2020). This is not surprising because disadvantaged people are more vulnerable to the disease because of their poorer pre-existing health conditions and their limited ability to self-isolate, work from home, have adequate food, live in spacious houses with gardens and access health care.
The unequal impacts of the pandemic have been accentuated by the unequal impacts of the measures taken to fight it, notably the lockdown. It is estimated that ‘low earners are seven times as likely as high earners to have worked in a sector that is now shut down’ and they are less able to work from home than high earners (Joyce and Xu, 2020, 2). Further, ‘women are about one third more likely to work in a sector that is now shut down than men’ (Joyce and Xu, 2020, 3). Once again, there is a spatial unevenness, too. For example, the North East region has the lowest level of homeworking of the English regions, and within the region places such as Sunderland and Gateshead, which have been among the hardest-hit by austerity measures, have the lowest share of workers in high homeworking sectors (ONS, 2020). That the North East region currently has had one of the highest COVID-related death rates per population in England, with Sunderland and Gateshead having the highest rates in the region (ONS, 2020), therefore, comes as little surprise. Added to this sense of despair is that these places and social groups will also bear the brunt of the severe recession that is looming.

The COVID crisis has held up a mirror to neo-liberal austerity, revealing the devastating consequences of a decade-long programme of welfare reform, cuts in public services – especially healthcare and social care – and undervaluing of key workers. Although the pandemic might have taken us by surprise, its uneven impacts should not have done, because the epic tragedy that is unfolding before our eyes represents ‘the wreckage of a train that has been careening down the track for years’ (Roy, 2020).

The best of times?

In this ‘winter of despair’ where can we find the ‘spring of hope’? A simple answer is, everywhere. Being hopeful about the future is a ubiquitous human emotion. But if hope turns into fantasy, idle desire or escapism, it is hardly a force for change. It becomes what Ernst Bloch (1986, 56) calls ‘fraudulent hope’, which ‘is one of the malefactors, even enervators, of the human race’, a ‘booty for swindlers’. This is a kind of hope that transfers the present into an always postponed future (Dinerstein, 2015) and, hence, perpetuates the status quo. But, there is another kind of hope that can be transformative. Bloch (1986, 56) calls it ‘concretely genuine hope’ which arises from ‘informed discontent’ with the present. It brings the future into the present and enables a break with it (Wrangel, 2014). This kind of hope is harder to find, because it is the hidden and invisible drive behind sociopolitical calls for change, but it exists in the myriad of praxis-oriented activities in everyday life, in the streets, in the neighbourhoods, in the cities and in the commons, when various forms of collective action both challenge the normalisation of the present reality and engage with the reality of what Bloch (1986, 56) calls the ‘Not-Yet’.
In the midst of the pandemic, a good place to look for hope is in the emergence of numerous, bottom-up and self-organised civil society actions that are emerging almost every day. As the crisis is escalating, so is the community spirit. Up and down the country, people are volunteering to work at food banks, deliver goods and other services to vulnerable people, help in hospitals and care homes, sew protective clothing and raise funds for charitable organisations. These activities may be seen as examples of civil society having to step in to close the gap created by decades of austerity and failure of the government to protect front-line workers from the risk of infection. As such they may well be plastering over deep structural cracks. Furthermore, civil society organisations themselves seem to have been coopted into neo-liberal agendas as, under austerity, they have had to compete with each other to win government contracts to deliver what used to be public services (Davoudi et al., in press). There is, however, more to civil society than charitable works and service delivery, and that is where we may find ‘genuine hope’.

To show how hope as a force for change can be sought in unexpected places, we use the example of a seemingly mundane civil society action which nevertheless has captured people’s imagination, ‘clapping for carers’. Every Thursday at eight o’clock in the evening, people stepped out out of their isolation and join their neighbours – in windows, balconies, and front doors – to clap for those who put their own lives on the line to save the lives of others. Several weeks into lockdown, what started as a simple expression of gratitude turned into something more profound. It became a weekly ritual of performing a sense of belonging, a sense of community and a sense of doing public good which lasted for ten weeks. Although this example hardly resonates with Alexis de Tocqueville’s view of civil society as a form of organised associational life, independent of the state and the market, it has many of the hallmarks of Jürgen Habermas’s view of civil society as public sphere. Seen in this way, the synchronised applause can be interpreted as a form of collectivity that is steered by its members through democratically constructed shared meaning which, in this case is, gratitude and appreciation.

Was this emerging civil society action engendered by ‘concrete hope’? In other words, did it invoke our ‘anticipatory consciousness’ (Bloch, 1986, 18) and enable us to step out of the present and imagine alternative futures? The answer depends on how we understand the public sphere. If we see it as a static, essentialised and neutral space in which the politics of civil society relations and the tensions surrounding race, gender, class, identity and inclusion are unaccounted for; the answer is no. But if we think about the public sphere as a dynamic, contingent and political space, the answer is maybe, because the collective applause can be seen as the mobilisation of a contested public sphere underpinned by transformative hope. The applause can turn into a site of contestation in which people are not passive observers of a universal moral principle (gratitude and appreciation), but proactive political actors – with their own
visions of the common good – who are contingently engaged in shifting the discourse of what and who are, or ought to be, valued, as we emerge from the COVID crisis. Hope in this context is that which challenges the narrative of ‘there is no alternative’ and empowers people to imagine new options in the here and now, rather than in the postponed future. The political force of such hope comes from the possibility ‘to step out of the moment of hope, to change the present rather than to remain hopeful in it’ (Wrangel, 2014, 194).

In the case of clapping, this means channelling the energy and momentum created by it, to secure a raft of changes, including better working conditions for front-line workers, ensuring a living wage for all, stopping zero contracts, reversing outsourcing, reintroducing student bursaries for nurses (removed in 2016), improving junior doctors’ contracts (over which they had to strike in 2016), and reinvesting in public-sector services. There are already signs of ‘informed discontent’ with the regressive health, economic and social consequences of austerity policies, and of growing recognition that front-line workers ‘can’t eat applause’ (Young and Goodier, 2020). What began with a public outcry against inadequacies of personal protective equipment (PPE) may extend into demands for an alternative socio-economic order which better values key workers and encourages solidarity. Genuine hope as a force for transformation does not lie in feel-good street parties alone or in the more negative actions of morally policing social gratitude and appreciation. But if we understand clapping as a civil society action, such moments of rupture have the potential to change the narrative and sustain wider reforms. Questions about the kind of society we want to live in, as we emerge out of this crisis, are now raised in mainstream political debates, and that itself is genuinely hopeful.

References


