The Writing Program Has COVID: Community Pacing as Praxis

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Our humanity—and our humanism—compels us to recognize and treat each writing program coworker as a whole person, honoring each individual's relationship to time, as well as the relative pace of their labor within the collective. Instead of requiring disclosure of disability or family dynamics, we advocate for and enact flexible guidelines and policies, access-centered development and communication, and the abolition of unnecessary labor constraints and policing of such—all practices informed by an inclusive understanding of temporality. We maintain our early pandemic core value of first tending to basic physical, emotional, spiritual, and intellectual needs, which must be addressed before workers can labor at their own individual, sustainable paces within a constellation moving at its own viable tempo. Work does not require unrelenting engagement and unflagging excellence, with no room for rest, respite, or dreaming. Academics—chronic people pleasers—perennially need this reminder, repeated and modeled at every turn.

As mid-level managers, WPAs wield less power than upper administrators, but we do possess the latitude to interpret and query due dates imposed on us, to set our program's calendar, and to evaluate how workers adhere to deadlines. These powers became especially evident in March and April 2020, when we offered more accessible virtual meetings and trained instructors and consultants in more inclusive online instruction and support than before. We developed digital modes of delivery, engagement, and assessment for program activities while maintaining those HyFlex practices in person, accommodating our colleagues' labor when and how they needed, in accordance with their individual energy levels and rhythms. The result? Our student retention and success rates are relatively steady, we've both received raises and promotions or longer contracts, and we're seeing positive feedback from all constituents. Thus, we maintain a dedicated praxis of flexible work place and time, resisting calls for a "return to normal."

Surprisingly, as the pandemic crawls into its fourth year unmitigated by effective organized response, its persistence nevertheless generates data and discourses that expose narratives of debility exacerbated by complicity. Patterns of *effect* and *affect* may be of interest intellectually to us as writing instructors, literary scholars, and researchers; for those like Mark who live and work with Long COVID (LC) and those like Sara with other autoimmune and chronic disorders—in fact, for the disabled community more broadly—these patterns illuminate how *pathological disruption* irresistibly contorts the ways we live and work. A perpetual inflammatory state hinders healing and worsens trauma, a touchpoint statement that resonates for us on many human levels.

COVID, ME/CFS, and Sick Programs

Clinical research clearly links COVID's long-term autoimmune interference (post-COVID sequelae or LC) and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), among other conditions. In response, social movements act in solidarity to promote awareness and action, like the disability justice advocacy campaign #MillionsMissing, comprising those with LC and ME/CFS. Meghan O'Rourke emphasizes resemblance in her study *The Invisible Kingdom*, noting that while such illnesses are distinct, "They are often characterized by dysregulation of the immune system and/or the nervous system, which are powerfully intertwined in our bodies" (5). Deficits in cognition, focus, memory, temporospatial perception, mood, and energy (not to mention concomitant physical impairments) are common and, so far, mostly resistant to treatments and therapies. The implications for those who work in public are sobering; when those implications remain unaddressed in meaningful ways, we find our programs literally disabled, with no staff well enough to run them. This would have been the case for AY 2022–2023, absent the option to offer online sections at our institution.

While administrators and bureaucrats persistently discount the cumulative effects of uncontrolled spread of an airborne, long-term disease, those who experience disability daily may feel alienated, as if they have willed themselves into this place of struggle. Too often, as O'Rourke contends (citing the work of Susan Sontag), "illnesses we don't understand are frequently viewed as manifestations of inner states. The less we understand about a disease or symptom, the more we psychologize, and often stigmatize, it" (6). When symptoms present in waves or cycles, sometimes subsiding, they generate false hope of relief—until the next episode of weakness, lethargy, or malaise sets in. This may increase a person's sense that they are imagining its severity and must remain silent in their suffering, particularly if they fear being met with very real discrimination or ridicule.

As we navigate each semester, these cycles impact staffing; we anticipate them, for example, by training instructors to create nimble course calendars and lesson plans (e.g., open deadlines/submission windows, multiple modes of engagement, and increased in-class writing time), explain to students what a shift in class mode will look and feel like, and grant themselves and their students compassion. As WPAs, part of our job is to design accessible labor conditions. Without those, the psychological and emotional repercussions of repression have their own insidious side effects, as we know from discourse in critical disability studies extending ideas from Goffman's *Stigma*.

The Role of Trauma

Once the eugenicist narrative of mutation and adaptation (i.e., variants) infects social discourse, we may seek patterns to cope, accommodate, assimilate, and navigate creatively this treacherous new paradigm. It opens a generative space for acceptance that we are all survivors of ongoing shared trauma. To acknowledge our own trauma in tandem with that of others offers some self-compassion; however, much of the pain we share remains coded, unseen, unspoken, hidden, invisible. Like COVID spike proteins, it pools elsewhere in the organism, silently manifesting in myriad ways that mask themselves as symptoms far removed from their causes. In parallel with O'Rourke and her own experience of illness, we realize that "the silence around suffering [is] our society's pathology" (7). Trauma precludes moving forward or even laterally away from the inciting ordeal; we remain stuck at onset of the unanticipated unthinkable, convinced there was a way to avoid it that can and should be excavated, exposed, internally reinscribed—perhaps even retroactively punished—before recovery can occur.

Like a novel neurodegenerative pathogen, however, trauma alters accustomed pathways to full recovery (minimized as a "return to normal") with defamiliarizing tactics, insisting that we adapt to conditions we cannot control but which have devastating effects on our ability to function, often to simply think and feel. Time and again we find we must replenish ourselves from within ourselves, a conundrum. To be cast as the patient, diagnostician, and caregiver simultaneously is daunting. If, in response, we intentionally position the writing program as being "sick" (with that word's manifold valences), the implications for ourselves and our collectives sharpen while simultaneously manifesting as new vectors of distress themselves.

Institutions inherently are traumatizing. They typically exhibit a dehumanizing tendency to deactivate or amputate parts of themselves assessed as "broken" or "sick" via rubrics prioritizing harmful notions of "timeliness" founded on labor of a human who is always well, available, ambitious, and unencumbered by care work—or who is otherwise disposable. In contrast, we reframe the "sick" program as neutral, normal, and natural. If it has a chronic illness, like LC, then the program itself needs accommodations in the form of various negotiable, long-term supports, most crucially those that remove barriers related to synchronous time and physically shared place, both of which relate to pace of work.

Effective response, however, may be constrained by diminished energy for problem-solving after workers struggle simply to get through the day, much of that energy having been consumed by volatile swings between feeling numb and rising to confront the perceived threat. Judith Herman asserts in her influential study *Trauma and Recovery*, "The dialectic of trauma gives rise to complicated, sometimes uncanny alterations of consciousness" (2), suggesting that we honor and attend to these alterations, not deflect them as symptoms to be palliated or ignored. Likewise, a productive way to frame pandemic-induced trauma emerges from the concept of "cripistemologies," or, "[encountering] experiences of time, space, and place shaped by practices of survival rather than by an ableist aspiration toward an idealized horizon of recovery" (Critical). "Cripping" an entire writing program lends us a workable vocabulary for articulating how it adapts to new challenges and ways of being that arose through crisis, for describing our "practices of survival" (Johnson and McRuer 128). If the *program* exhibits qualities of unwellness, then we turn an individual burden into a structural one: we see that sick people are not the pathology and that eradicating them—however passively—is not the "one quick trick" to resolve staffing issues and assure quality. During the early pandemic, before the vaccines were ready, we ran the program based on the premise that we are all under duress and must find ways to educate in emergency conditions—ways that involve rethinking the measures of teaching and learning. Now, at the lifting of the COVID emergency declaration, we retain the premise that the program is chronically, often invisibly, ill to justify keeping features of the emergency redesign that successfully accommodated for flexible time, place, and pace.

Adaptation and Accommodation

In the absence of institutional relief, writing program workers develop compensatory strategies within their discrete academic and pedagogical spaces. Some people *in extremis* simply sit or sleep; others keep moving even though they too feel depleted. We share workloads when and where we can and pace ourselves to conserve what energy remains in order to meet obligations we cannot defer or refuse. And that, perhaps, gives us a metaphorical framework within which we can craft meaningful adaptation—one of collective pacing.

Pacing in all its forms and connotations implies self-care that is responsive, responsible, and, in small but effective ways, rejuvenating. Another way of thinking about pacing is suggested by Laura R. Micciche's concept of "slow agency," described as the "arts of productive stillness, resource preservation, and slowness" (73). In this sense, moving at an intentionally slower, more sustainable pace is a method of resistance against the demand for production, performance, and "progress."

Clinical interventions include pacing as a treatment for post-exertional malaise (PEM), a telltale symptom for both those with LC and ME/CFS. Health experts recognize similarities between LC and ME/CFS, "chronic, multi-system disease affecting millions of people worldwide," one of which is PEM, distinguishable from typical tiredness by its "immediate or delayed onset," "prolonged duration," and "disproportionate intensity" (Bateman et al. 2861–2). Further, PEM is "associated with poor energy production and can be instigated by a variety of stimuli (e.g., physical/cognitive exertion; emotional, orthostatic, and sensory stressors)" (2871–2). Pacing, or carefully budgeting energy by limiting the number and duration of body-mind activities, is one of the non-pharmaceutical interventions for PEM. Applying energy management techniques to an organization and its infrastructure provides built-in flexibility and a more realistic workflow. In a writing program, these techniques include something as simple as sharing "living" instructor handbooks in Google Docs form, with permissions open to comment, so workers can share their valuable perspectives and inputs when they are able.

In "Cripping Time in the College Classroom," Tara Wood refers to normative speed as "commonplace pace" (261). As WPAs and faculty with backgrounds in performance, we draw on concepts of pacing from the realms of performing arts, athletics, and hospitality. Teaching and leadership are performative, too. Such recognition inspired us to develop a structural compensatory strategy, *community pacing*, which we define as setting a group pace that centers or defaults to those who typically are at the margins of the "commonplace pace," specifically those with LC. Pace, in this context, neither references linear movement nor readily serves Western binary notions of progress, instead denoting movement in plurality, like a murmuration. Community pacing holds space for every worker's pace without casting those who participate out-of-sync as, "slow," "lazy," or, "at the back of the pack."

Community pacing as praxis aligns principles and positions with intentional actions such as keeping time and building in rest—readers may recognize these as support for executive function skills related to time management. Whereas the normative sense of pace is distorted by commodification, under which thoughts, time, work, and bodies are conscripted as products for someone else's profit, community pacing is a skill emergent in care work, in which laborers must work at the pace of those they support. In a culture that diminishes "pink collar labor," the communication, patience, flexibility, multitasking, and decision-making required for matching or cultivating pace are deeply restorative but rarely appreciated as professional work. Community pacing praxis includes valuing the talents required to organize a group with diverse relationships to time because we value those whose work is lost when barriers of time interpose between them and teaching and learning. Further, embracing neuropluralism (Perry) supports the presence of underrepresented voices in writing program leadership and teaching positions.

Finding a flexible group pace requires ongoing conversation, relationship building, and multimodal communication—body language, facial expressions, well-timed words, nudging or cueing, etc. It also cultivates a culture of mindfulness of one's working pace and what supports (e.g., screen readers, childcare, daily schedule, amount of sleep/rest, etc.) one needs. Normalizing variances in pace and support needs thus relocates any perceived pathology from the individual to the program and reconceives the relationship between academia and the body-mind. We offer this concept of community pacing as a means of pursuing equity, a method of resistance that fits within the concept of slow agency, not only as a cripistemology and practice of survival, but also as political and cultural action—for instance, recognizing and making space for the #MillionsMissing.

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