

Narrative care: Unpacking pandemic paradoxes

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Abstract

During the coronavirus disease 2019 pandemic, public health has issued three interrelated dominant narratives through social media and news outlets: First, to care for others, we must keep physically distant; second, we live in the same world and experience the same pandemic; and third, we will return to normal at some point. These narratives create complexities as they collide with the authors' everyday lives as nurses, educators, and women. This collision creates three paradoxes for us: (a) learning to care by creating physical distance, (b) a sense of togetherness erases inequities, and (c) returning to normal is possible. To inquire into these three paradoxes, we draw on our experiences with Ingrid, an older adult who requires in-home physical care, and Matthew, a man with multiple disabilities including severe oral dyspraxia and developmental delays. We outline how narrative care is a counter-story to the dominant narratives and enables us to find ways to live our lives within the paradoxes. Narrative care allows us, through attention to embodiment, liminality, and imagination, to create forward looking stories. Understanding narrative care within these paradoxes allows us to offer more complex understandings of the ways narrative care can be embodied in our, and others' lives.

Keywords

Autobiographical inquiry; care; COVID-19; narrative inquiry; pandemic; pragmatism

Introduction

Since early 2020, three dominant narratives regarding the coronavirus disease 2019 (COVID-19) pandemic, and the public health measures taken to prevent, and reduce, the further spread of the virus, have been issued through daily multiple and insistent news outlets and social media. We see these public health messages as dominant narratives in so far as they are characterized by "collective representations of disembodied types of actors" (Loseke, 2007, p. 663). In this paper, we take up these three interrelated dominant narratives that have been produced and reproduced throughout 2020 and into 2021. We name these dominant narratives as "caring by keeping physical distance," "we are in this together," and "we will return to normal." The first of these, "caring by keeping physical distance," has been repeatedly communicated by The World Health Organization (WHO) since the start of the pandemic. The WHO explicitly states that to "protect yourself and others from COVID-19," you should "maintain at least a 1-m distance between yourself and others... [and] maintain an even greater distance between yourself and others when indoors. The further away, the better" (WHO, 2021). This message has been taken up and further communicated by national and regional health authorities (cf. Government of Alberta). The second dominant narrative, evident in the WHO Director-General's opening remarks at the media briefing on COVID-19 on March 11, 2020, in which he stated, "we're in this together" (WHO,

2020), has been taken up by national governments (Nolan, 2020) and companies (Sobande, 2020). The third dominant narrative, “we will return to normal,” has evidently been taken up by many, as the World Economic Forum-Ipsos survey reports that “a majority of people expect life to return to something like ‘normal’ within the next 12 months” (World Economic Forum, 2021, np).

These dominant narratives create multiple complexities as they collide with our everyday lives as embodied and situated people, as nurses, educators, and women. It is the inquiry into our own lives that provides the empirical basis for this paper. We think of the encounter between these public narratives and our everyday lives in the midst of the pandemic as paradoxes. In this paper, we think of and with narrative care. For us, narrative care is an active, embodied, relational, dynamic, and dialogic cocomposition of experiences. It is a way of making sense of the world together (Blix et al., 2021). Elsewhere, we have written about narrative care, both as a way to engage with people in ways that are marked by relational ethics and concerns for equity and social justice (Blix et al., 2019), and as an intervention in care settings (Berendonk et al., 2020). In this paper we think with narrative care as a way to respond to, and live within, pandemic paradoxes. We delineated the three paradoxes that arose for us by first attending to Charlotte's experiences during the pandemic.

When “staying at home” was the main order to prevent the spread of COVID-19 in Alberta, I started to organize weekly outside gettogethers on a neighborhood street with neighbors. At one gathering in April 2020, an older woman walked by our small group - she seemed determined. I was immediately intrigued by her appearance and decided to approach her. In response to my “Hello,” we exchanged a few sentences. I learned that her name was Ingrid and I invited her to join us. However, she declined my invitation and continued her walk. From our brief conversation, her accent appeared to be German. I continued to engage with our neighbors that afternoon and, after some time passed, Ingrid reappeared, as she was on her way home. This time I asked her if she had German roots, like me. This second conversation initiated a new friendship. She gave me her address and, not long after, I left a letter in her mailbox with my phone number. I was delighted when Ingrid called. We had a lot in common - we are both nurses by training, love gardening, eating traditional German dishes, being in nature, and traveling, and we had both started a new life abroad. May and June passed and we did not reconnect. I walked by her house often and noticed if her lights were on or not, but we did not talk.

Paradoxes that live in the spaces created by dominant narratives

A paradox is defined as a situation or statement that seems impossible or is difficult to understand because it contains two opposite facts or characteristics (Cambridge Dictionary, n.d). It is the colliding of dominant narratives with our everyday lives that create opposites and seemingly impossible ways of being. Gardiner and Fulfer (2021) help us understand the ways paradoxes are created and how they become embedded in our understandings of vulnerability and interdependence. For them, the paradoxes created by the COVID-19 pandemic call attention to social connections, and social responsibilities, marked by deep and persistent structural injustices and inequities. The three paradoxes we experience and

inquire into are: (a) learning to care by creating physical distance, (b) that a sense of togetherness will erase inequities, and (c) returning to normal is possible.

Paradox 1: Learning to care by creating physical distance

One paradox is created when a dominant narrative of COVID-19, that is, the public health message that tells us that to care about others, we, ourselves, must stay at home and be physically distant from others, collides with our notion of care. It has been difficult for us to connect notions of care with physical distancing and social isolation. It is within the relations, the back and forth of reciprocity and mutuality that a space for caring is created. Staying distant feels uneasy, as we know through our embodied knowledge (Johnson, 1987), and is not how we care. Our bodies know that to care we need to stay close to each other, sometimes close enough to touch each other and be touched. Staying distant, staying away, is a counterstory to our familiar knowledge of how to care, to our story of caring. We are reminded of Tronto's (1993) notion of care, that is, that care is "a species of activity that includes everything we do to maintain, contain, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment" (p. 103). This sense of care, as finding ways to live in the world in good ways, calls forward Addams' (1902) notions of care as linked to social concerns. For Addams, care requires us to be involved in the lives of others, to touch the lives of others. We yearn to see each other, to touch, to hug, to occupy close physical spaces with others.

In Charlotte's story, we saw her search for imagining new ways to care, "to live as well as possible" (Tronto, 1993, p. 103), while she composed her life within the bounds of public health measures. She reached out to people in her community through organizing outside neighborhood gatherings with people staying the required physical distance apart. As Charlotte reached out, she sought connection as a way to engage in care for herself and for others who lived in nearby proximity. However, her action of reaching out, a way of engaging in care, lived in tension with the public health measures that storied isolation and physical distance as care. Her first attempt to connect was welcomed by some neighbors but rebuffed by Ingrid. Driven by a longing to spend time with others as a way to care for herself and others, she did not give up and reached out to Ingrid again. Initially caught within the paradox of caring by staying apart and caring by being connected, she discerned a connection: Ingrid's accent appeared to be German, and Charlotte herself is from Germany. Does this possible connection create an opening for Charlotte to live within the paradox of living out, and living up to, the public health orders, at the same time as she imagines different ways to care for herself and for others in her community?

Paradox 2: An assumption that a sense of togetherness erases inequities

A second, interrelated, public health narrative around COVID-19 tells us that we are all in the same boat. We all live in the same world and are all experiencing the same pandemic. Yet, we know this does not speak to what is happening. This disjuncture creates another paradox for us. While it is true that we are all living through a pandemic, our experiences are not the same: For those with more financial, personal, and community resources, experiences are buffered from the pandemic. We know the frequent claims of being in the

same boat hide the inequities that are visible through wide awakeness (Greene, 1995) in these pandemic days.

Charlotte was also caught in this second paradox, as she worked to establish ways in her immediate neighborhood that created connections that foster a sense of community. She has personal agency, resources, and imagination to create such a gathering place. When Ingrid first appeared, Charlotte intention was to strengthen the community gatherings as a public space in her neighborhood - a space of welcome, a space of togetherness. Ingrid appeared, initially, as someone who was without the material and physical resources to join the gathering. There was a glimmer of inequity, of a difference in the experiences of Ingrid and Charlotte in the metaphorical boat.

Paradox 3: Returning to normal is possible

There is a third paradox created by the public health orders: The pandemic is limited to a certain (yet temporally uncertain) period of time after which we can return to normal. When people hear the message, they may assume things will drop back into the same patterns that existed before the pandemic. Perhaps it is akin to the on/off switch. Sooner or later the pandemic will be switched off, normality will be switched on, and our lives will return to the ways life was before the pandemic. This, too, creates a paradox as we know experientially that we cannot return to what was after living with the uncertainties in our lives for an extended period of time. The experiences we, our families, and our communities, have undergone have changed us and will continue to stay with us, as we live in changed ways. Clandinin and Connelly (2000) remind us that experiences grow out of other experiences, which lead to further experiences. We cannot erase what we have experienced during the pandemic. We have lived with, and through, the pandemic and have adapted our living in multiple ways. The lives people now live include the losses experienced during the pandemic (loss of loved ones, loss of income, loss of the sense of security, and perhaps, for some, even the loss of hope). We also know that, even with vaccinations and medical treatments, what was possible before may not be possible again. Further, even though vaccines and medical treatments have been developed and refined, they are not equitably distributed and available for all. The pandemic has exposed inequities inside our countries and between countries. Could we possibly go back to ignoring the inequities in our institutions, such as long term care facilities, schools, and hospitals, and social structures that have been made visible and deepened during the pandemic? This paradox raises questions for us as to how we can work with others to shape a new normal. Will there be ways to create more just structures?

As Charlotte acted on her idea of creating gathering places for care through connections, she, too, was caught in the paradox of returning to normal. Was this a 'for now' gathering, we wonder. Was she, too, assuming that by the time winter in Western Canada and dropping temperatures made the gatherings impossible, that we would have returned to 'normal'?

Thinking with paradoxes: Turning to narrative care

Care itself is a narrative endeavor (Berendonk et al., 2017) within which the cared for, and the carer, make sense of the world together, with or without spoken words. Meeting with others in relationships of narrative care allows for the active creation of shared worlds. It is in meeting with others, coming alongside others, that playfulness (Lugones, 1987) in narrative care becomes evident (Blix et al., 2021). We draw on Lugones as we see playfulness as giving “meaning to our activity” that includes uncertainty that is

the openness to surprise. [...] We are not selfimportant, we are not fixed in particular constructions of ourselves, which is part of saying we are open to selfconstruction. We may not have rules, and when we do have rules, there are no rules that are to us sacred. We are not worried about competence [...] playfulness is, in part, an openness to being a fool, which is a combination of not worrying about competence, not being selfimportant, not taking norms as sacred and finding ambiguity and double edges a source of wisdom and delight (pp. 16–17).

These understandings of playfulness allow for seeing new possibilities that are not marked by winning, or losing, or competition, but, rather, create a sense of community where we become attentive to what we do not know. Playfulness is not about controlling the other; it is rather about creating a space in which the other can unfold. Within this understanding of playfulness, we see the complex interplay of imagination, wonder, uncertainty, and liminality. Engaging in playfulness, with imagination and improvisation, is necessary to create spaces for shaping new stories (Caine & Steeves, 2009; Clandinin et al., 2018). Through playfulness and improvisation, we collaboratively expand our imaginative space and find new ways of being and becoming in narrative care.

Narrative care holds, at its center, an attentiveness to experience and relational ethics while the public health measures often constrain the spaces for playfulness and imagination. In a sense, they require that we don't ‘play’ and they tell us what (and what not) to imagine. Playfulness, understood within Lugones' (1987) framework, affords opportunities to remember, as we are always under construction and changing, and to imagine and reimagine otherwise.

In this paper we think with, and about, narrative care during the current COVID-19 pandemic. As we inquire into the paradoxes we are experiencing, that is, into the absurd, fantastic, seemingly contradictory and illogical statements (Online Etymological Dictionary, n.d), we show how narrative care allows us to tell different stories and to disrupt dominant narratives being told. As we think with narrative care, we know that the stories we tell show that care requires closeness, that we are actually not in the same boat, and that the normal we will return to eventually, is not what we experienced before COVID-19. And it is within this capacity to disrupt dominant narratives that the politics of narrative care lies. The (political) power of narrative care is in attending to ordinary and everyday experiences, those experiences and stories that are most often silenced by the dominant public narratives. It is the memory of these experiences that help us imagine a new future, one which is grounded in the embodied and situated lives of people.

I continued organizing the neighborhood gatherings and waited to see Ingrid walk by again. I did not have contact with her for 2 months but in late July, she phoned me. She was desperate because she needed some support after sustaining an injury and being denied Home Care arrangements. I could hear the frustration and anxiety in her voice. Living alone she needed help with some basic things to recover from her injury. Being in the midst of a pandemic, she did not want too many different people in her house. Close relatives and friends were busy over the summer - therefore she was desperately looking for somebody who could support her. She recollected that I am a trained nurse - and that I only live a couple of blocks away. However, I can only imagine the courage it took her to reach out for care in a desperate situation: What if I denied her the requested support? What if I told her that I was too busy or that I did not want to take risks because of the pandemic and the public health measures?

I considered overnight if I could commit to providing the needed support. And then I decided that not only could I do it but that I wanted to do it. This call set in motion almost daily lunch-time visits to her home in late July and August, where I was able to provide some assistance. Most of the time we shared stories. In doing so, I realized how much I missed relationships with older adults, listening to their stories, learning from their experiences, and sharing my own stories with them. The pandemic had created a space for me to connect with people I did not know and to reconnect with things I love.

Charlotte found a way to compose a story of care through nursing Ingrid who needed assistance. She was composing a story to live by, a story in which she could care by attending to the life in front of her, that was counter to the dominant narrative to care by keeping your physical distance. However, as Heilbrun (1988) teaches us, it is "a hard thing to make up new stories to live by" (p. 37) and so Charlotte knew that composing a new story to live by would be difficult. She began to compose a new story of care through composing outside gatherings. She imagined a new way for the community to gather frequently to care for others, to create spaces for others to gather, but also because she needed a space where she could be cared for. As we considered Charlotte's actions, we saw it was, for her, a way to provide narrative care, for herself and for others. With Ingrid she also found a way to provide narrative care, that is, while providing some in-home daily assistance, she and Ingrid collaboratively created a space for telling and responding to each other's stories, and for collaboratively creating new stories to live by that could sustain them through the pandemic and beyond.

We see a similar sense of seeking community in Pam's story about her son Matthew, a man who lives with multiple disabilities.

Matthew loves people and is very outgoing, despite his extreme challenge speaking in simple sentences, with even single words often hard to understand. He is 46 years old and has lived with this situation all his life. In his younger years when myriad therapists and educators dominated his life, I noticed that he was able to enter into relationships with those who "played" with him. He came alive at these times. In

these moments the relationships were marked by mutuality and reciprocity. Since leaving school, Matthew has experienced individualized support for several hours a week to assist his participation in the community. As Matthew and his support worker had fun together, they became friends and he was able to do many things. However, community support friends/workers come and go and this is difficult for him and the workers.

Part of the rhythm of Matthew's life for the last 13 years is to go to Dalby's, a nearby restaurant on Tuesday mornings for breakfast. I drop him off and pick him up. It's a place where Matthew feels at home. Debbie, his server, sits with him when she has a moment. It's especially fun when Matthew becomes Elvis at Halloween or appears as Santa on a Tuesday in December. Matthew gets to order his own invented cinnamon and French toast breakfast prepared by Jas. Robert, at the front desk, makes sure his interac goes through. Matthew loves making reservations to host visitors for breakfast when they come. It's because of Debbie, Robert, and Jas that he can do this and his visitors can take him there! They all play along!

But Dalby's is now closed. The pandemic sealed its fate. Matthew tried to keep in touch with Debbie, through texting, with my help. He's found out she is part time at another restaurant now, operating as take out. He'd like to go to see her and we'll take him. But he asked me, "How will they know my breakfast?"

As we attend closely to Matthew and Pam's experiences, we see that the pandemic makes it particularly difficult for Matthew to sustain himself in his communities, as well as be actively involved in creating and sustaining communities. While he has always had support workers stay for somewhat uncertain periods of time, the pandemic brought even more uncertainty. As public health orders closed restaurants, there were ripples into many lives. For most people, however, the loss of a restaurant is not the loss of a community even when it is a favorite place to go. But for Matthew, whose unique situation grants him only 5% intelligibility for unfamiliar listeners concomitant with developmental delays, it is the loss of community that for Matthew is so hard to build, and sustain.

Matthew's story makes visible that it is through embodied relationships that he "comes alive" to be, and to become. Matthew's friendship with Debbie, Jas, and Robert at Dalby's did not happen quickly. The threads of connection happened without conversation as Matthew persisted, with gestures, verbal attempts, laughter, and welcoming approaches. Debbie, Jas, and Robert also persisted. In Dalby's Restaurant, an imaginative space was playfully and collaboratively cocreated by Matthew, Debbie, Jas, and Robert every Tuesday morning. Within this imaginative space, Matthew could be the host, Elvis, or Santa. He could sit with Debbie and enjoy his invented toast.

In Charlotte's story, Ingrid is not left outside of the neighborhood group. Although reluctant to engage at first, Charlotte persists in making time to meet with her. They discover, in conversation, how their stories of experience intersect. In these conversations, where their storied memories were shared, an imaginative space for being and becoming was collaboratively created. Later in the summer, Charlotte recalls Ingrid's distress when "the

system” does not respond to her calls for assistance after injury. We wonder, how does a system, positioned at a distance, respond to a human being in such a story?

Narrative care as a counter-story: A response to the paradoxes

As she planned her neighborhood gatherings, Charlotte intended that diverse people, who lived in the same physical neighborhood, would gather without an immediate and explicit purpose. They would be, in Lugones (1987) sense a playful space. Within such a space, connection might be possible. She saw possibilities: She could envision new ways of coming together. Through imagination, she was able to navigate uncertainty.

Matthew also desired and thrived on connections across time. He, too, sought connections with people who carried a shared history and places where people knew him well enough to be understood, to recognize who he is. Gilligan (1982) reminds us that “moral action requires knowledge of the particular other and their circumstances, not a universalized case” (Hamington, 2001, p. 108). Being known, and knowing the other, is critical for Pam and for Matthew. Part of moral action is creating connection through the particular other. Perhaps most importantly, moral action is critical to shape a space that creates a sense of human togetherness. In Matthew's experience, Dalby's Restaurant is a place where Matthew feels at home.

Drawing from Thomas Mann's novel, Greene (1995) described two possible ways of attending to the world: seeing big and seeing small. These two ways are helpful to us in understanding Matthew's life during the pandemic. Greene's idea also reminds us of our earlier point of the political power of narrative care. During the pandemic, public health directives are issued to show care for our physical well-being. These directives, for distance and separation, are constructed from the perspective of a system, concerned with trends and what is measurable. They see the world from “a detached point of view” (p. 10), that is, they are about seeing small. This kind of “seeing from a distance” may be necessary to deal with large numbers of human beings, to get a certain kind of information. On the other hand, when we attend to people's storied lives, we attend up close, that is, we see big. Storied experiences are anchored in time and allow us to understand each person's experience. As Greene (1995) writes, in seeing big “[o]ne must resist viewing other human beings as mere objects or chess pieces and view them in their integrity and particularity instead” (p. 10).

Gardiner and Fulfer (2021) suggest that the virus has interrupted our “unreflective assumptions about the world” (p. 2). What if we interrupt the way we attend and inhabit our world so that “the particular” in our lives has equal sway? What if we told a counterstory to dominant narratives? We draw on Nelson's concept of counterstories as “narratives of resistance and insubordination” that can “reconfigure dominant stories” (Nelson, 1995, p. 24). In this way we can confront what we see as the paradoxes posed by the three dominant narratives of the pandemic. For us narrative care is a counter story to the constraints to caring imposed by the dominant narratives and by the imperative to only continue to see “small” rather than seeing “big.” We are provoked to act when we see, and hear, Matthew's and Ingrid's stories up close, that is, when we see them in their particularity. Our understanding of narrative care embodies this idea.

Returning to normal assumes we can go back to a time and place before the pandemic. It seems to be a perspective of change derived from a detached point of view, from seeing small, rather than seeing big, that is, up close and particular (Greene, 1995). Viewed up close, from the particular, Matthew's story of going to Dalby's shows us returning to normal for Matthew would mean returning to a time and place where he is known, where he is comfortable, and where he feels included. But how can this be?

With the pandemic, Matthew's individualized support is curtailed and many opportunities in his community have closed. His volunteer places, the hair salon, local video shop, social groups, and others, are no longer accessible or have gone virtual in a way that does not work for Matthew. How does he live out his life now? How does he continue?

As Matthew's parents, we struggle to figure out ways forward. Although each situation appears to be a little thing, they contribute to Matthew's life-making in this pandemic. Playing Matthew's favorite card game, Too many Monkeys, makes him comfortable. Matthew finds joy in playing the game with someone else, someone who also likes to play. Playing with the computer is not the solution. Playing has to be fun for both. Keeping the importance of the relational fun in mind, they have devised a way for Matthew to play the card game in a socially distanced way that involves two decks of cards and using carefully crafted tilted boards for each separated table so each player can see and play across the space. They devised a way to make the game work using Skype, which gives additional opportunity for connection. Playing this game with the small amount of time he now has with his support worker each week has meant the world to him. His support worker tells us how much it means to her as well.

Embodiment, liminality, and imagination within narrative care

Turning towards embodiment in narrative care

Attending to Matthew's story, we think with a notion of embodiment in narrative care. Matthew's story illustrates that ethical relations are always embodied, as well as always situated in place (Clandinin et al., 2018). The places Matthew likes to go, and the spaces in which he feels safe, are no longer accessible or have gone online. Yet the narrative of "returning to normal" after the pandemic is everywhere. While a return to normal is impossible, we can return to what we know, what Matthew and his parents carry within their embodied knowledge. Embodied knowledge provides the possibility for continuing to compose our lives even in the transitional times and places from "normal" through "pandemic" to the uncertainty of what follows in transition (Clandinin et al., 2013).

Embodied knowledge entwines remembering with imagining to reimagine. Sarbin (2004) suggests our imaginings are emplotted narratives. Reimagining a new way to continue his relationship with his support worker was imagined out of embodied memories of Matthew and his love of playing. We learn from Pam that playing cards with the computer is not the solution, as she knew what mattered to Matthew was the playful relationship, an embodied relationship, within which Matthew felt included. Matthew and his parents' embodied memories revealed their knowledge. Playing his favorite card game with his support worker

expresses the embodied knowledge that held the promise for Matthew that he could continue on his way. It is from our embodied knowing, implicit in narrative care, that new ways of becoming start to emerge.

Charlotte and Ingrid shared embodied stories that deepened their caring relationship in the pandemic. During her regular summer visits, they talked about Germany, their family members living in familiar places known to both of them, as well as their preferred German dishes. Whenever Charlotte prepares a German dish, she brings some to Ingrid. Sharing food is a form of narrative care that can form an embodied relationship within the pandemic. We consider the embodied nature of narrative care and the embodied nature of participation in a shared world.

In our wondering, we imaginatively think with the work of Addams (1910) whose lifelong commitment to social ethics and democracy was provoked through her experiences living at Hull House in Chicago in the late 19th century. As a pragmatist, feminist philosopher, Addams chose to see things and people up close (Greene, 1995) by living amongst impoverished immigrant families at a time of systemic injustices in an emerging industrial world. She did not see herself as dispensing charity but sought to live face-to-face with diverse others so that through practices of embodied care, a feeling of comfort and community might lead to everyone's greater participation in a public space. For Addams, embodied care was something to be actualized intentionally, to break down silence and bring about a more just world where all voices are recognized. She was mindful of the political dimension of engaging in this study, described by Hamington (2001), as proactive embodied care.

Turning towards liminality and imagination in narrative care

The collision between our experiences alongside Ingrid and Matthew and the dominant narratives of the pandemic created paradoxes. These paradoxes prompted us to pause and wonder what we should be doing, and reminded us of the state of liminality (Heilbrun, 1999). Heilbrun depicts liminality as a transitional threshold fraught with ambiguity and unsteadiness. She sees these thresholds as spaces to wonder about what to do and which way to turn. Unlike dominant narratives, which are public directives and declarations issued as scripts to follow, or dispensed to offer reassurance, there is no prescribed story to live out in the context of liminality. Heilbrun writes of the possibility that such spaces offer for imaginatively creating new ways forward, such that we have the opportunity to recreate our lives, to write our own stories. But as the pandemic continues to impact us we wonder if imagining at the threshold of exhaustion might wear thin. Stopping at a liminal waystation is supposed to be a temporary situation.

We see an urgency to imagine otherwise in how we understand the experiences of Ingrid and Matthew. We consider the need for courage to keep inventing something new. Coles (1989) uses literature to define moral life and to help others imagine what is both right and meaningful. As we try to imagine anew, we are drawn to stories told long ago, stories that now help us imagine what is right. Yet, a turn to books is not enough. We need, too, to be in relation.

Being grounded in relationships offers the possibility of imagining new ways to continue to recreate our lives. We have previously written that “[r]elationship ignites imagination even as imagination ignites relationships. Relationships provide the grounding from which to feel at ease, to make up other worlds, other ways of being” (Clandinin et al., 2013, p. 222). It is through our embodied sense of the relational that we begin to see “as if,” drawing our rememberings, and our experiences into our imaginings (Sarbin, 2004). But with the pandemic, our embodied sense of the relational is challenged. Restrictions on gatherings continue, or are made tighter, and, in some contexts, are in place indefinitely. Technological remediation is “less than” because it diminishes the perceptual knowing that becomes embodied in face-to-face relationships. Under pandemic restrictions that keep us away from one another, the ethical intertwining of the relational in imagination, which is at the heart of narrative care, is vulnerable to unraveling.

It is in these moments, moments of unraveling, that we turn to the moral imagination (Johnson, 1993) and in this turn, we need to imagine endless possibilities, never losing sight of the human conditions and ethics at play. If we attend carefully to the endless possibilities, we can see that there is possibility for adaption and change in lives. For Dewey (1934) ethical deliberations are fundamentally imaginative. As Dewey turned his attention from knowing to learning, imagination was critical. For Dewey, certainty cannot be the ultimate goal of the human condition. He reminded us to see the actual in light of the possible, which is the very definition of imagination.

It is our moral imagination that calls us to care. Johnson (1993) points out that “our moral understanding depends in large measure on various structures of imagination” (p. preface). Since the pandemic is often described in metaphors reflective of war (Meretoja, 2020), it is important that we create a counter dialog that emphasizes a language reflective of care and social solidarity. We must imagine new ways of social togetherness. Gardiner and Fulfer (2021) “[d]rawing on feminist scholarship, suggest an additional risk is that democracy may be undermined if we do not change the system in ways to make political togetherness more inclusive” (p. 4).

The pandemic heightened our awareness of situations where people might be excluded from being a part of a community, people such as Ingrid and Matthew. As Matthew became comfortable at Dalby's, and Ingrid became comfortable with Charlotte, we saw how narrative care shaped belonging spaces in community, a community that might begin with two and grow to many more. Gardiner and Fulfer (2021), drawing on Arendt's (1958) conception of political community, highlight that a sense of community emerges through our acting and speaking together. For us, imagination is critical to this process.

Looking forward: Thinking with narrative care within paradoxes

For us, narrative care is a counterstory that acknowledges the paradoxes created when the dominant public narratives collide with the everyday lives of embodied and situated people. First, as demonstrated in our stories about Ingrid and Matthew, narrative care requires closeness in the sense of involvement in the spaces between our and other's experiences. For us, narrative care goes beyond the telling of, and listening to, each other's stories. To care narratively is to attend to the worlds in which people live, to actively and dynamically

imagine and cocompose stories that have the capacity to change all those involved. In this lies the reciprocity of narrative care. Charlotte and Ingrid cared for each other by sharing stories about their lives, and by collaboratively shaping new stories to live by in the midst of a pandemic. Matthew and the people at Dalby's Restaurant, cared for each other, as they knew each other's stories and became characters in shaping new adventures every Tuesday morning.

The involvement in each other's storied lives makes it impossible to uphold the public narrative that we are all in the same boat, that we are all equally affected by the pandemic. To care narratively is to seek out face-to-face experiences with others, as Charlotte and Ingrid did. Differences and inequities that are easily overlooked when seeing people from a distance, that is, when talking and thinking about people as disembodied groups of actors, become impossible to ignore when we come alongside.

Narrative care acknowledges that we are all in a process of being and becoming, and our experiences grow out of other experiences, which lead to further experiences. Our experiences during the pandemic become part of the stories of experience we are continuously living and telling, reliving and retelling. In that sense, the "normal" we will eventually return to, if and when the pandemic is over, is not the world we knew. Both we, and the worlds we knew, will be changed. It is up to us to imagine a world marked by care. A world that is not steeped in the metaphors of war, but steeped in care that is reflective of love and kindness; care that seeks human connections amidst a global pandemic.

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References

Addams, J. (1902). *Democracy and social ethics*. University of Illinois.

Addams, J. (1910). *Twenty years at Hull House with autobiographical notes*. MacMillan.

Arendt, H. (1958). *The human condition*. The University of Chicago Press.

Berendonk, C., Blix, B. H., Hoben, M., Clandinin, D. J., Roach, P. M., Compton, R. M., Cave, M. T., & Caine, V. (2020). A narrative care approach for persons living with dementia in institutional care settings. *International Journal of Older People Nursing*, 15(1), e12278. <https://doi.org/10.1111/opn.12278>

Berendonk, C., Blix, B. H., Randall, B., Baldwin, C., & Caine, V. (2017). Care as narrative practice: Theoretical considerations on the importance of embodied narratives and co-constructed stories in long term care. *International Journal of Older People Nursing*, 12(4), e12156. <https://doi.org/10.1111/opn.12156>

Blix, B. H., Berendonk, C., & Caine, V. (2019). Theoretical foundations of narrative care: Turning toward relational ethics. *Nursing Ethics*, 26(7-8), 1917–1927. <https://doi.org/10.1177/0969733018808079>

Blix, B. H., Berendonk, C., Clandinin, D. J., & Caine, V. (2021). The necessity and possibilities of playfulness in narrative care in older adults. *Nursing Inquiry*, 28(1), e12373. <https://doi.org/10.1111/nin.12373>

Caine, V., & Steeves, P. (2009). Imagining and playfulness in narrative inquiry. *International Journal of Education and the Arts*, 10(25), 1–15.

Cambridge Dictionary. (n.d.). Paradox. In *Cambridge University.com dictionary*. Retrieved March 6, 2021, from <https://dictionary.cambridge.org/dictionary/english/paradox>

Clandinin, D. J., Caine, V., & Lessard, S. (2018). *Relational ethics in narrative inquiry*. Routledge.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. Jossey-Bass.

Clandinin, D. J., Steeves, P., & Caine, V. (Eds.). (2013). *Composing lives in transition: A narrative inquiry into the experiences of early school leavers*. Emerald Group Publishing Limited.

Coles, R. (1989). *The call of stories: Teaching and the moral imagination*. Houghton Mifflin.

Dewey, J. (1934). *Art as experience*. Berkley Publishing Group.

Gardiner, R. A., & Fulfer, K. (2021). Virus interruptus: An Arendtian exploration of political world-building in pandemic times. *Gender, Work and Organizations*, 28(S1), 151–162. <https://doi.org/10.1111/gwao.12510>

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.

Gorman, A. (2021, January 20). The hill we climb: The Amanda Gorman poem that stole the inauguration show. *The Guardian*. <https://www.theguardian.com/us-news/2021/jan/20/amanda-gorman-poem-biden-inauguration-transcript>

Government of Alberta (2021). *Help prevent the spread*. <https://www.alberta.ca/prevent-the-spread.aspx#jumplinks-1>

Greene, M. (1995). *Releasing the imagination: Essays on education, the arts, and social change*. Jossey-Bass Publishers.

Hamington, M. (2001). Jane Addams and a politics of embodied care. *The Journal of Speculative Philosophy*, 15(2), 105–121. <https://doi.org/10.1353/jsp.2001.0017>

- Heilbrun, C. (1988). *Writing a woman's life*. W.W. Norton.
- Heilbrun, C. (1999). *Women's lives: A view from the threshold*. University of Toronto Press.
- Johnson, M. (1987). *The body in the mind: The bodily basis of meaning, imagination, and reason*. University of Chicago Press.
- Johnson, M. (1993). *Moral imagination: Implications of cognitive science for ethics*. University of Chicago Press.
- Loseke, D. R. (2007). The study of identity as cultural, institutional, organizational, and personal narratives: theoretical and empirical integrations. *Sociology Quarterly*, 48(4), 661–688.
- Lugones, M. (1987). Playfulness, “world”-travelling, and loving perception. *Hypatia*, 2(2), 3–19. <https://doi.org/10.1111/j.1527-2001.1987.tb01062.x>
- Meretoja, H. (2020). *Stop narrating the pandemic as a story of war*. <https://instrumentalnarratives.wordpress.com/2020/05/25/hanna-meretoja-pandemic-story-of-war/>
- Nelson, L. H. (1995). Resistance and subordination. *Hypatia*, 10(2), 23–40.
- Nolan, R. (2020). ‘We are all in this together!’ Covid-19 and the lie of solidarity. *Irish Journal of Sociology*, 29(1), 102–106. <https://doi.org/10.1177/0791603520940967>
- Online Etymological Dictionary. (n.d). Paradox. In *etymonline.com*. Retrieved from <https://www.etymonline.com/word/paradox>
- Sarbin, T. (2004). The role of imagination in narrative construction. In C. Daiute, & C. Lightfoot (Eds.), *Narrative analysis: Studying the development of individuals in society* (pp. 5–20). Sage.
- Sobande, F. (2020). ‘We’re all in this together’: Commodified notions of connection, care and community in brand responses to COVID-19. *European Journal of Cultural Studies*, 23(6), 1033–1037. <https://doi.org/10.1177/1367549420932294>
- Tronto, J. (1993). *Moral boundaries: a political argument for an ethic of care*. Routledge.
- World Economic Forum (2021). When will life return to ‘pre-COVID normal’? Moral boundaries: A political argument for an ethic of care. *World Economic Forum* (2021). <https://www.weforum.org/agenda/2021/04/normal-pre-covid-post-pandemic/>
- World Health Organization (WHO) (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19—11 March 2020*. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-11-march-2020>

World Health Organization (WHO) (2021). *Coronavirus disease (COVID-19) advice for the public*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

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