

Biosocial Rehabilitation and Building Futures During the Global Pandemic

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For healthcare workers transitioning into new roles to help tackle the COVID-19 pandemic, there is not much time left to think. Some of us haven't been on the wards for years, our specialties leading us to explore different corners of health not even remotely related to infectious disease. Yet recent events have led us to bend out of our areas of practice and face head on this unknown entity. Working in healthcare is a tough job on the best of days - but what I mourn here is not just the loss of security, which is a common experience, but the fact that once the situation worsens, there will be not much time to reflect. The experience of this pandemic is going to be radically stratified in our society, posing particular problems for different groups depending on vulnerability, beliefs, socioeconomic security, occupation, grief. The 'slowing down' experienced by some is going to be experienced as an acceleration by us.

As a physiotherapist, I wonder if I can spend my last few moments of sanity to reflect about rehabilitation. In normal times, I work in pain management, and as a clinical researcher. Part of my job is thinking about how to enable people to come to terms with the past - be it after an accident when a bone needs fixing, or after a set of unlucky life circumstances have rewired a person's nervous system, leaving them with a sensitised nervous system. In all cases, there is a particular narrative, more or less straight forward, that tells us how we got to where we are. The stories vary, and the leading factors are not necessarily biological: an accident is the turning point in a plot, its lead up perhaps being the pressure of being late for work combined with the increased risk of cycling at rush hour in a city with submaximal infrastructure, or the cumulative strain of a bad relationship and the stress of socially imposed roles. Health is a biosocial, narrative phenomenon.

Even when dealing with pain and bones, the world seeps in - culture, the social environment, the political milieu, gender, beliefs. In a similar way, this pandemic is the result of a particular culture, and the long term effects of particular behaviours and relationships (Chuangcn.org 2020), like the capitalist practices of land use that are characteristic of our economic system. The viral pneumonia of COVID-19 is intimately related to commerce patterns and animal welfare. While it is important to learn how to contain symptoms on an individual scale, part of the rehabilitation is going to involve understanding the ecological narrative of this pandemic. Wellbeing is entangled with the environment, and in these terms rehabilitation - as the practice of reshaping our relationships with our surroundings - needs to take into account the specificities of the context it is faced with.

A useful concept from medical anthropology is eco-syndemics - the study of disease clustering and its relation to specific sociocultural and environmental factors (Singer 2013). When we think of humans and the environment, the mind goes to the drastic changes on the environment that derive from a belligerent exploitation of natural resources by humans during the capitalist timeline - yet the making of new worlds is not a human prerogative (Lowenhaupt Tsing 2015, p 22), as we are learning these days during the global coronavirus pandemic. The most visible form of world-making of this pandemic is visible in the shrinking of physical space as a consequence of self-isolation, social-distancing and restricted travel. At the same time, our social environment has morphed, to coincide with the emergence of community support networks, online social initiatives, rekindling of relationships. Vulnerabilities come to the forefront, in the form of existing physical conditions, social status, access to healthcare - resulting in certain people being subject to stronger eco-syndemic priming (Singer 2013). But the power of the virus is to reveal a particular not-only-human ecosystem at play. Understanding the narrative of this pandemic means considering different perspectives, taking into account the variance in human experience and

contextualising it through a posthuman approach to understanding change (Keeling and Lehman 2018), to recognise how human health is entangled with ecology and global capitalism (Singer 2013). Models of this work are seen in the One Health approach to healthcare that involves different parties to tackle zoonoses, from human medics to ecologists and veterinarians (Cunningham et al 2017). In particular, such a biosocial narrative can help counter the effects of the already mainstream tendency of anthropomorphising the virus to create an enemy, so that tactics used in wartime can be deployed (Smith 2020). Unrealistic considering that we are talking about particles that are not even a form of life (Crawford 2011), and that effective containment calls for coordinated cooperation rather than military intervention (WHO and R&D Blueprint 2020).

So, while rehabilitation is usually begun in the aftermath of an event, it may be useful to think of this pandemic as the systemic event that it is, and hence not circumscribed to a prescribed timeframe. Rehabilitation as a process should reflect the complex biosocial factors that characterise the pandemic. The physical rehabilitation of humans, that will have to rely on community support on the long term, as well as specialist services, needs to be supported by a rehabilitation of our relationships with labour, food and economy. Rehabilitation efforts should be embedded in the public health strategy for this pandemic, and address the biological, psychological and social implications of the pandemic, perhaps identifying resilience strategies, but more than anything re-imagining the world that we want to live in and re-establishing the relationships that humans entertain with their environment.

To summarise, the COVID-19 pandemic is the result of systemic issues in the relationship between humans and their environment. While healthcare practitioners are busy on the frontline, medical anthropologists are well positioned to explore what biosocial rehabilitation might look like. Existing literature regarding One health, eco-syndemics and posthumanism may be useful to this end. There is much rehabilitation that needs to start already now - in the form of production of alternative futures, establishing different ways of relating to the non-human world, and organising collaborative efforts of mutual support.

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