



## **‘Covid-19 and Me’: A Serendipitous Teaching and Learning Opportunity in a 1<sup>st</sup> Year Undergraduate Medical Anthropology Course**

Andrew Russell, Lucy Johnson, Emily Tupper, Alice-Amber Keegan, Halima Akhter, Jordan Mullard.  
*Department of Anthropology, Durham University*

### **Abstract**

‘Covid-19 and Me’ was a blog post exercise assigned to 1<sup>st</sup> year undergraduate students taking a medical anthropology module at the start of academic year 2020-21. We present it as a case study demonstrating how personal reflection and affective pedagogies matter in ‘making sense’ of something like a global pandemic. The exercise presented here better enabled understanding the experiences of both an erstwhile ‘other’ and the affective positionality of the learner themselves that moved students from passive recipients of knowledge to the active generators of new meanings for anthropology. As such, we argue that affective learning creates a form of pedagogical consciousness that generates a greater depth of engagement, learning and understanding, which ultimately recognises the contribution anthropology makes in our world. We describe the way in which a collective analysis of the accounts was undertaken and how these were presented and discussed in a set of online and face-to-face seminars. We discuss whether students’ personal experiences enabled them to better understand Covid-19 as a ‘portal’, in Arundhati Roy’s use the term, meaning an opportunity, like anthropology itself, to ‘imagine the world anew’.

### **Keywords**

Medical anthropology; Covid-19; affective learning; blended learning; pandemic as portal.

### **Introduction**

It would have been impossible to teach a 1<sup>st</sup> year undergraduate course in medical anthropology during the Covid-19 pandemic from September to December 2020 without adapting to the circumstances occasioned by the pandemic. Covid-19, as Roy (2020) suggests, offers a ‘portal’ through which we can ‘imagine the world anew’. We argue that by taking advantage of what in pedagogical terms was a serendipitous moment (Rivoal and Salazar 2013) and making the Covid-19 pandemic a central element of Part 1 of the module ‘Health, Illness and Society’, we could apply Freire’s notion of conscientization and ‘affective learning’ for students both to process their experiences of the preceding six months and to render the subsequent content of the module more engaging and meaningful. We were also able to use their work to investigate with students the extent to which the pandemic could be seen as a portal in Roy’s use of the term, offering an opportunity, like anthropology itself, to ‘imagine the world anew’.

Given the immediacy of the pandemic during the time this exercise ran, it was hard to avoid discussions about its impact on the lives of students and staff alike. Indeed, it demanded an attention and consideration as its reach had affected us all in some way. The exercise described here, though not intentionally designed with affective learning in mind, very quickly became a representation of it.

Building on Bloom’s (1956) taxonomy of learning in which the affective domain is one of three, ‘affective learning’ is a growing pedagogical field in Higher Education and has been linked to developing strong critical thinking skills improving engagement, retention and sustainability of learning (Beard, Clegg, Smith 2013; Shephard 2008). This is because the ‘affective’ signifies the emotional areas of learning that relate to experiences, attitudes, and motivations. It is an embodied process that draws on the positionality and intersubjectivity of the learner and teacher to generate deep connections to the matter being studied and in doing so generate new insights into the accent and timbre of that material (c.f. Mullard 2021). It is this process that is described here. It is serendipitous because it was not entirely planned to be such. Indeed, it was through a process of affective engagement with the pandemic that our 1<sup>st</sup> year undergraduate students were introduced to the possibilities of anthropology and in turn for its teachers to reimagine the multifarious ways our discipline contributes to our understanding of the world and how best to teach it.

This report first describes what we did on Health, Illness and Society (HIS), a module taught to nearly 200 students in the first term of 2020-21 when universities in the UK were permitted to run face-to-face classes with appropriate forms of hygiene and social distancing. The majority of students were taking HIS as a compulsory module on their single or joint honours Anthropology degrees; a slightly smaller proportion were taking it as an elective from other degrees. In what follows the first section presents a brief history of the module. The exercise adopted is introduced in Section 2, where it is presented as an opportunity to explore the relationships between personal history and ethnographic generalities. Section 3 offers an ethnographic account of the Covid-19 secure seminar at which the exercise was discussed, and the findings that emerged from a collective analysis of it (Section 4). A reflective section considers what was learned by the teaching team and what might be done differently as a result. It also questions the extent to which the exercise offered an entry point into Arundhati Roy's 'pandemic as portal' and how it presented student participants with other ways to 'imagine the world anew'.

## 1. History and structure of HIS

HIS is a module originated in Durham University's innovative Queen's Campus Stockton in 1992 where it was taught to undergraduates on the Human Sciences degrees. The degrees operated there until the withdrawal of undergraduate programmes in Anthropology in 2013, a precursor to the withdrawal of Durham University from all but a franchised Foundation programme at Queen's Campus from 2017. HIS migrated from Stockton to the University's Durham City campus where it continues to be a core module for all taking a single honours Anthropology degree, including those taking Health and Human Sciences, a programme which to the best of our knowledge remains the only undergraduate medical anthropology degree in the UK.

HIS is taught in two halves over the course of an academic year. The order in which they are taught is interchangeable but in 2020-21 Part 1 was social medical anthropology, theme: 'Medical Anthropology - anthropological perspectives on health, illness and wellbeing' and Part 2 was bioevolutionary medical anthropology. The arrival of Covid-19 was pedagogically transformative, both negatively and positively. After a full campus shutdown that lasted nearly six months and necessitated a sudden shift to only online teaching, the University reintroduced some semblance of campus life in September 2020. Our expectation in setting up HIS for the academic year 2020-21, like most course providers at Higher Education institutions in the UK, was that the bulk of our teaching would have to take place online. Face-to-face teaching could occur only with the proviso that it would be possible to pivot all such activities online at short notice if we needed to, and that no-one should be disadvantaged if they needed to take online only options. Our policy regarding face-to-face teaching was that no-one, student or staff, should be forced to attend a face-to-face session if they felt at all unsafe doing so.

Regardless of Covid-19 we continued the structure, established four years' previously, in which HIS was divided up into weekly two hours long plenary sessions, with fortnightly small group classes offering more in-depth discussion of particular topics. For 2020-21 we retained the plenary sessions, but as the University lacked a Covid-19 secure teaching facility that could accommodate nearly 200 students, the decision was taken that all these plenary activities would take place online, via Zoom. We began with the intention of making the plenary presentations 'live', with a recording to be posted afterwards. This was abandoned in Week 2 after an impromptu poll indicated respondents all preferred having the presentations pre-recorded and posted in advance. The risk with this 'flipped classroom' format is that some students come without having watched the prerecording in advance and hence get less out of an overly discursive session. For this reason, AR took the decision to go through the slide presentation orally in the 'live' session, in the interests of supporting and consolidating students' learning, before opening it up to discussion and other exercises. Other changes as a result of online teaching included dividing content into smaller 'chunks' where possible, and using the captioning system provided by Panopto to caption prerecordings.

Equally significant changes occurred with the group teaching arrangements. The previous system had roughly 15 students per class meeting fortnightly, facilitated by trained, part-time postgraduate teaching assistants (PGTAs). But the restrictions on face-to-face teaching occasioned by the Covid-19 (not least availability of suitably sized rooms) made it impossible to maintain such extensive contact. As an alternative we changed from four 'classes' per student per term to two seminars in groups of 30, each facilitated by a PGTA working jointly with a member of academic staff, either AR or JM. Eight groups were established, with six groups attending face-to-face one hour sessions held on campus, three groups per week for a two week period. We also offered one online only group, and an additional online seminar at the end of each fortnight for students who had unexpectedly had to forego a face-to-face option e.g. due to social isolation regulations.

HIS has also gone through various permutations of assessment styles and content over the years. For six years 2015-20 it was assessed with an end-of-year exam covering both halves of the module. However, feedback indicated this was not popular with the students and pedagogically was of limited value in preparing for assessments in years 2 and 3, the bulk of which were essays. So for the 2020-21 course, following a change to the module proforma, we introduced two 1500 word 'writing assignments', one formative and one summative, in each half of the module.

Throughout the module's history, there has always been a strong drive to organise an additional written element to HIS Part 1, be this a medical ethnography book review, a short piece 'My best and worst experiences with a health professional' or, in 1994 and 2019, a pilot research project where students interviewed up to three people in order to elicit their ideas about 'health' (Russell 1995). The important thing has always been to get students writing at an early stage. This was particularly important in 2020 when many undergraduate starters had not done any academic writing for at least 6 months following the cancellation of their A-level exams. Covid-19 had been present for and experienced directly or indirectly by everyone. So, to get students into the groove of writing, we added an initial piece of formative writing, a 750 word personal blog post titled 'Covid-19 and Me', to the mix.

One problem with adding an additional written element to the module was that, with such comparatively large numbers of students, it created a marking challenge. Despite their involvement in plenary and seminar delivery, the bulk of the PGTAs' contracted time was allocated to marking the formative and summative assignments. Students' blog post, which were given a due date of October 21<sup>st</sup>, needed to be read and commented on marked in time for them to be the focus of the first set of seminars which began two weeks later. The PGTAs were also expected to be available to students for one office hour per week. Three PGTAs (LJ, AK and ET) were employed in this role for the academic year, October – May 2020-21. An additional PGTA, HM, was employed for two hours a week (plenary time) to act as a digital facilitator, assisting the member of staff delivering the plenary that week by sorting out Zoom breakout rooms, fielding any technical problems students might have accessing Zoom, and monitoring the platform's 'chat' function. Each half of the module was led by a senior member of academic staff and his/her deputy. For HIS part 1 this deputy was JM. The overall module convenor was AR.

## 2. 'Covid-19 and Me' – Personal History and Affective Learning as a Route to Auto-Ethnography

'Covid-19 and Me' was the title given to the first seminar for this part of the HIS module. AR and JM wrote an outline for this session in the module Handbook over the tumultuous summer of 2020. In addition to the course handbook and study guide, further instructions were given to the students on the University's 'Blackboard' online platform as follows:

*Pretty much everyone has been affected by the Covid-19 pandemic in some way. It has been a dramatic example of the power of the non-human on human life (a topic we shall return to in Week 9). For your first writing assignment for the module, we would like you to write something about your experience of Covid-19 over the past six months or so. Alternative titles might be 'Covid-19: how was it for you?' or 'What was your experience of Covid-19?' There are clearly no right or wrong ways to answer this question, as there will be as many stories to tell about the virus as there are students on the module (and more!). As well as developing a repository of the accounts of the nearly 200 students at Durham University taking HIS, this exercise will be a useful primer for some of the themes that are likely to come up and be discussed in more depth during this and other modules. Please write no more than 750 words and upload your account to the HIS blog site...by the submission deadline of October 21<sup>st</sup>. The accounts you write will form the basis for further discussion and analysis at the first set of seminars that will be held between November 5<sup>th</sup> and 13<sup>th</sup>.*

We followed these instructions with the proviso that some people were likely to have had distressing experiences due to Covid-19. We asked students not to write about anything that was too hard to reflect on or that they felt uneasy about putting into the public domain, for whatever reason. Any students in this position were invited to discuss with their assigned PGTA or the module leader in the first instance. For students in this situation, an alternative, less personal but equally interesting and relevant way to approach the assignment was suggested, namely to write about how Covid-19 has been represented in the media. However, no students came forward in this way and no accounts of Covid-19 in the media were submitted. Of course, we cannot know whether the exercise might have triggered discussions at the University counselling service or other pastoral support services such as the students' college tutors or welfare offices. What we *feel* it shows, is that students wanted to share their experiences. They had things to say about Covid-19 and saw this as an opportunity to reflect upon them in a constructive learning environment that would support them to engage with this and other modules across their degree programmes.

Setting up a constructive and 'safe' learning environment is crucial when adopting an affective learning pedagogy. Not least because learners need to feel comfortable, but that their experience is appropriately scaffolded in such a way as to encourage a deeper level of engagement with the course material on *their* terms. By firmly situating the activity within their own fields of experience, and initiating the idea that doing so feeds into the broader range of discussions students were likely to have across their degree programmes, appeared to provide the right environment for affective engagement.

Affective engagement requires an investment and it is the transformative value of that investment that Paolo Freire (1972) so eloquently portrays in his *Pedagogy of the Oppressed* (Freire 1972). Paolo Freire called for personal experience to form the basis of what he calls 'conscientization' among learners. For Freire (1972), situating educational activity in the experiences of the learners helps develop greater consciousness of the topic under study. This in turn creates a greater awareness, or metacognition, amongst learners of their active involvement in the learning process. By placing one's positionality, or personal history, at the forefront of learning, the learner can then begin to claim ownership of that knowledge. In doing so, it becomes a lens through which to make sense of the world – an autoethnography.

This has been evidenced in virtual online learning settings by Professor of Educational Leadership, Nan B. Adams (2007). Adams shows how in the field of virtual learning the process of moving learners from knowledge acquisition, to knowledge application, to knowledge generation is not straightforward as many of the intuitive tools educators use in the face-to-face classroom are absent. Instead, she argues, that the educator must creatively generate student engagement that goes beyond what you can do in physical space. Through adopting a range of learner-centred approaches that feature affective dimensions, Adams shows how engagement is generated through a process of internalisation, which builds the learning into the positionality of the student. This relationality in turn leads to greater knowledge ownership and ultimately knowledge creation (Adams, 2007: 76) (Ibid.: 76).

As educators of anthropology reflecting on this exercise, we see very clearly the links between personal narrative, affective learning, and autoethnography. What is more, some of us have tried it out ourselves in their emerging work (Mullard 2021) Yet as Geertz (2000) noted of his own career, much of this realisation is through 'passage and accident' a form of pedagogical 'Bildungsroman' that reveals at the end the lesson learned (Ibid: 3). What we describe here, is not just the process of learning the students went through, but also the process we as educators went through in responding to the ever-changing reality of teaching medical anthropology during a pandemic. It is, therefore, a serendipitous learning experience on four accounts: for our undergraduate students starting their journeys into anthropology; for our research students undergoing their 'rites of passage' toward becoming fully-fledged anthropologists; to the Early Career Scholar trying out ideas for size; and for the senior academic to create ways to contain this flux and guide the way.

### **3. Seminar 1 – An Ethnographic Account of 'Blended Learning'**

Seminar 1 was the first of two seminars offered to students as a face-to-face option during the term. The rest of the module used the Zoom digital platform for weekly plenary sessions. Online learning was a new experience for most of the students and had both positive and negative outcomes. Some students faced difficulties logging in at the scheduled time with their student ID, and frequently the online pre-assigned breakout rooms failed to work. Detailed information on Durham University Online (DUO) did not stop some having difficulty finding course information including the Zoom link for the plenaries, reading materials, lecture slides, discussion board, and blog posts. If they asked questions and shared their difficulties in the Zoom chat feature they got immediate support from the team and most adjusted to the system over time. On the other hand, the opportunity to participate in the plenaries from their home/living space online, and getting the opportunity to discuss given topics and share their thoughts and experiences in the small group breakout sessions (when they occurred), was a definite bonus. Students were encouraged to put discussion summaries and questions in the chat feature and received answers and feedback within the plenary session. These questions and responses were put up on the DUO Discussion Board for students who could not attend the 'live' event.

More than 25 percent of the students opted to attend seminar 1 in one of the two online options offered, which we aimed to make as similar to the face-to-face seminars as possible. The six face-to-face seminars that occurred took place in a room prepared according to what the University termed a 'Covid-19 secure' environment. Students stepped into the one-year old Teaching and Learning Centre, with prominent signs on the door to ensure mask wearing and prohibit attendance by the symptomatic. Hand sanitisers and wipes were provided for every part of the building, and appropriate measures had been taken to limit numbers in the shared toilets. In the teaching rooms desks were spaced at least 2m apart, and the teaching console was now behind a sheet of plexiglass (Figs 1 and 2), the only place in the

room where members of staff were permitted to take off their masks. In fact, mask-to-mask might be a better term than face-to-face, since students, like staff except for this specific exemption, were expected to wear face masks at all times when in the building.



Figs. 1 and 2: the teaching room where the face-to-face seminars on ‘Covid-19 and me’ were held

Upon arrival students took an antiseptic wipe to clean down all the surfaces with which they were likely to come into contact. Once they were settled, we went around the room asking students to call out their name and college. Durham is a collegiate University but given that the opportunities for day-to-day interaction other than on Zoom were limited, this exercise promised to alert students to others in their college with whom they might have been living in close proximity but had not previously met. It also got them used to having to speak up clearly in order to communicate through a mask.

AR had led all the plenary sessions to that point, and through consultation with JM, we felt it would be best for the seminars to be led by the PGTAs to offer students fresh voices from early career researchers as well as an established academic. ET thus led four face-to-face seminars and LJ led two face-to-face and two online. Here they presented the findings of their analysis of the ‘Covid-19 and Me’ assignments. They introduced Arundhati Roy’s notion of the pandemic as portal, in which she argues Covid-19 presents us with an opportunity to reimagine our future.

*Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it. (Roy 2020)*

They also pointed out some of the exciting ways in which anthropologists have begun to think about Covid-19, such as the contribution to the Society for Cultural Anthropology’s ‘Fieldsights: editors’ forum’ (Nelson et al 2020) and the ‘Covid-19 Forum’ in *Somatosphere* (Lynteris 2020). The PGTAs asked students to think about what medical anthropology could offer to the understanding of the global crisis that was Covid-19. As one of the summary slides prepared to start the seminar put it “Is the pandemic a portal, a shut door, or even a revolving door, moving and developing faster than we can understand it?”

By drawing the different pieces of writing together as if they were analysing responses from a piece of research, the PGTAs then went on to show how the blog posts gave a sense of the students’ collective experience of Covid-19 to that point. The PGTAs divided their thematic analysis of the posts into six sections: A-levels, the chronology of lockdown, contact with family and friends, ‘luck’ and the impact of health inequalities (including Bamba et al (2000)’s notion of ‘syndemic pandemic’), medical and health knowledge, general conclusions about human experience, and sense of community and ‘togetherness’. The blogs, while not in themselves autoethnographic, could usefully be compared with examples of autoethnography conducted in other health fields (e.g. van der Geest et al 2012) or specifically about the Covid-19 pandemic (e.g. Munyikawa 2020).

#### 4. ‘Covid-19 and Me’ – Unpacking the Themes

Most students coming to Durham University are high school graduates from the UK, so the awarding of A-level grades was understandably a recurring theme in a large number of their blog posts. Students described mixed emotions, with feelings of anger, frustration, relief, hurt and shock all expressed. While many mentioned a sense of

lost purpose after their exams were cancelled, some found the cancellation of exams very liberating, using the new found time for hobbies. Some indeed were working in key-worker roles or for their families, work which expanded with the cancellation of the A-level exams.

Many of the accounts by students from the UK had a clear chronology that started with the date (March 23<sup>rd</sup> 2020) when the UK Prime Minister Boris Johnson made the lockdown announcement on television, although for students from other parts of the world their experience was different. This diversity provided opportunities to explore the different temporal and spatial dynamics of Covid-19 for people who had experienced it outside the UK, and reflect on the reason for these differences and the feelings they occasioned. The increased use of electronic forms of communication as a result of the pandemic raised the question of whether the way people communicate and travel is likely to change permanently. Was Roy's portal really giving people the chance to 'imagine their world anew?' or did they aspire to go back to pre-pandemic forms of communication and travel? Students' viewpoints differed on this question.

Contact with family and friends was problematic, with the UK Prime Minister having said in his lockdown announcement 'you should not be meeting friends. If your friends ask you to meet, you should say 'No'. You should not be meeting family members who do not live in your home' (Johnson 2020). This raised physical human contact, loneliness and the use of technology to counteract it as key issues during the year. Many wrote at length about the value they found in spending time with family during the first lockdown period, while acknowledging how challenging spending so much time with others could be. Many wrote about keeping in touch with friends and family they didn't live with by electronic means.

Common phrases found throughout the blog posts centred on the topic of 'luck' and an appreciation among those who could that they were fortunate to be able to spend time at home with family. Many recognised how their position in the world impacted on their experience of the pandemic and talked spontaneously about an increased awareness of the problems of health inequalities and the impact of the pandemic on marginalised groups of people. Ideas of their own good fortune were tempered for some, though, by mental health challenges they experienced during lockdown and thereafter.

Different and developing forms of medical and public health knowledge came through in the accounts. For many, medical and lay knowledge had become increasingly intertwined through increasing awareness and use of terms and concepts that were previously unknown to them, such as the 'R' number, 'Long Covid', quarantining, social distancing etc. Many recognised the important role of the media in shaping their knowledge and perceptions. As the seriousness of the pandemic became more apparent, their placing of the virus itself shifted from 'far away' to something very close to home. Even closer to home were the experiences some had from actually having the virus or being forced to self-isolate, for many once they had arrived at university.

Some accounts went a stage further in their reflections by putting forward general conclusions about 'human experience' based on evolutionary frameworks. Perhaps this was a reflection of their sense that they were writing for an anthropology module, but some described humans as essentially 'pack animals' having an 'innate need' for face-to-face contact. 'Herd immunity', based on evolutionary notions of the survival of the fittest, was also discussed in some cases. Such individualising notions were challenged by other students who wrote of a sense of community and 'togetherness', valuing how the virus had brought people and communities together. The 'Clap for Carers' phenomenon, where on ten consecutive Thursday evenings people stepped outside their homes for a ritualised clapping of NHS workers, highlighted this for many. One student though compared Clap for Carers unfavourably with a documentary we had watched in which Kulung Rai villagers in Nepal used cosmologically-informed ritual activities to counter the effects of the virus and develop a cohesive community response to it (Schlemmer 2020). Other examples of community-building and regeneration in the UK context that students commented on were the various volunteering schemes that had developed and social activities such as VE day celebrations, which many had held in their back gardens. In contrast to the competition implied in the notion of survival of the fittest, others brought out the emergence of mutual aid groups and acknowledged the interdependency of people.

Modelling the seminars on students' personal accounts in this way represented something of a power shift in how anthropology is conventionally taught. Students received individual feedback on their blog posts, although the volume of posts to read meant that not all could be given feedback before the seminars were held. As a result of our learning this year we are minded to guide students in developing their own coding and analyses of the blog posts rather than have this done for them by the PGTAs. The effects of the Covid-19 pandemic are likely to persist into

2022, although the pedagogical principles underlying this exercise could be applied in areas well beyond medical anthropology.

## 5. 'Covid-19 and Me' - Discussion

Following this analysis the floor was opened for discussion. Students were asked to read through as many of the blog posts as they could in advance and to bring a statement they had found particularly striking from one of them to the seminar. These were put onto large Post-it notes and put up on a Whiteboard for perusal. This provided opportunities to consider anthropological perspectives on the pandemic. In terms of health inequalities, the different experiences of people enabled an exploration of whether the coronavirus actually represented a syndemic rather than a pandemic (Singer 2009; 2017; Bambra et al 2020), its impacts intertwined with the wider social determinants of health. Those who had actually had the virus could see it as a form of 'embodied knowledge', with several commenting on the stigma they had felt as an infected person barred from leaving their home. The notion that the development of 'herd immunity' was somehow valuable in evolutionary terms was challenged as an unconscionable 'ableist' perspective, one contradicted by the many examples of interdependent help and support offered to people who might previously have been strangers.

The exercise also enabled students to see how personal histories such as they had prepared could be put together and used as a basis for anthropological study. As such, the exercise revealed not only the relevance of affective learning as a pedagogical tool for educators during such unprecedented times, but also offered students a lesson in methodology. Doing so, however, raised questions of generalisability and representation. To what extent were generalisations possible, both within such a rich corpus of material and vis-à-vis the student body as a whole? Similarly with representation – did the analysis fully represent the diversity of views and experiences within the group, and to what extent were the students representative either of students at Durham University or students in general? What characteristics within the group might make their stories different from those of their peers? At the end of the discussion, the general conclusion was that, in common with all forms of qualitative social science research, it was difficult to be confident that the results spoke to more than just this particular group of anthropology students and those who had opted to take HIS as an elective at Durham University in the Autumn term 2020. They did, though, offer the students the chance to reflect on their own experience and to consider whether, and if so how, the pandemic was indeed a portal in Roy's terms either for them as individuals or collectively; to what extent did the writing exercise, marrying their own affective experiences with anthropological analysis and discussion, help them to 'imagine the world anew'?

## 6. Conclusion

This is a report of a novel student writing exercise developed as a result of Covid-19 that enabled students to reflect on and hence come to terms with the effects of the pandemic on them individually and their communities, and the diversity of these experiences. In doing so, students could reflect on their own positionality, as well as appreciate how reflecting on personal experience can be as valid a way of conducting anthropological research as understanding the experiences of others. We have presented the assignment in question, 'Covid-19 and Me', as an important opportunity for affective learning at the start of a 1<sup>st</sup> year medical anthropology module. While it is of its moment (students participating in the 1<sup>st</sup> year of the pandemic after six months of severe educational disruption) it is an exercise with the capacity to develop longitudinally. It will be interesting to see what and how students write about the virus in 2021-22, for example. Refashioning students' accounts as collective experience raised interesting and important questions about generalisability and representation for them to reflect on. In short, the Covid-19 pandemic has provided an opportunity for students' individual and collective accounts to be represented for pedagogic ends. However, we question whether Covid-19, in Roy's terms, has enabled the students to refashion or, at least, 'imagine the world anew'. Rather, as a piece of affective pedagogy, the writing, thematic analysis and discussion of their personal accounts has demonstrated to the students that anthropology is as much about using their own experience to contextualise and understand as it is about investigating the experience of an erstwhile 'other'.

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