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TO SEE, WHILE UNABLE TO SEE: AUTOBIOGRAPHICAL PERSPECTIVES OF AN OPHTHALMOLOGIST ON THE COVID-19 PANDEMIC

ABSTRACT

The COVID-19 pandemic started spreading around the globe towards the end of 2019. In this mostly autobiographical reflection on the effects of the pandemic, vision and seeing are used as metaphors to create a narrative discerning different reactions and perspectives in a local and wider context. This narrative is augmented by excerpts and paraphrasing of literature originating during previous disruptions and times of uncertainty. The author uses examples from the Second World War, the Soviet Union in the 1950s, the civil war in the Balkans in the 1980s, and 9/11. The article consists of four sections. First, some medical and epidemiological perspectives are provided; secondly, the author's immediate milieu is described; thirdly, perspectives of places further afield are depicted, and lastly, a reflection on the pandemic and the future. The author concludes with thoughts on Christian faith, challenging believers to hold on and persevere, despite not seeing the final outcome of this disruption.

1. INTRODUCTION

I am an ophthalmologist in private practice in Bloemfontein, South Africa. I am no theologian.

My undergraduate training was in Medicine, and my postgraduate training was in eye diseases, optics, lasers, and surgery (objective science). My daily activities focus on vision and seeing. Now, paradoxically, I need to document a highly subjective view. A dialogue, or crosswalk between the "hard" scientific medical world and theology, from the paradigm of the Humanities, although disconcerting, can create new perspectives, and sharper visual acuity.

I took consolation from Hazelton (1979:408), who wrote from the theological perspective:

> Recently I have been trying to acquaint myself with the present state of research into its physiological and psychological functioning; [That of human seeing] this has required that I become initiated into the vocabulary of 'exact' sciences as well as into standing laboratory problems and theoretical issues, which I would not wish upon anyone who is not similarly inclined.

I need to make sense, on a spiritual level, of the global catastrophe that hit the planet in 2020. In March, dramatic limitations were placed on social, economic, political, and virtually all other activities in South Africa, with police and military personnel enforcing these strictly, in order to curb the spread of the disease. The two issues that need to be put under the microscope are disruption and uncertainty.

On 15 March 2020, a State of Disaster was announced and published in the *Government Gazette* (South Africa 2020:n.p.). On 26 March, a total lockdown of the country was announced by the President, Mr Cyril Ramaphosa. My professional society, the Ophthalmological Society of South Africa (OSSA), sent out a letter to members on 22 March 2020. Members were strongly advised to stop all elective consultations, and only see and operate urgent and emergency cases. "Urgent care" implies a medical condition, which, if left untreated, will lead to severe permanent morbidity within three months, and "emergency care" is care, which, if not provided, will lead to mortality, or permanent severe morbidity within days (OSSA 2020:n.p.).

Since then, my routine has, possibly irrevocably, been disrupted, as I have only been seeing and operating urgent and emergency cases in my practice. In order to reflect on this new reality that I am experiencing, I have decided to make use of two metaphors well-known to my profession, namely that of a microscope and that of a telescope, in order to guide and structure the description.

I would like to first give you a peep through my microscope (in the case of an ophthalmologist, a slit lamp) into my immediate world. A slit lamp is a microscope that utilises a slit of light to illuminate a small portion of the

eye, to magnify and enable close and thorough inspection. Then we can together look through a telescope, further afield, at the rest of the country and the world to try to possibly make sense of this total upheaval in our lives. While looking through my microscope and telescope, some people were looking over my shoulder and giving additional views, which augmented my observations. These are authors, whose work and words resonated into my Covid experience. Their words illuminated a dark space, and I shall refer to them from time to time.

2. GENERAL BACKGROUND

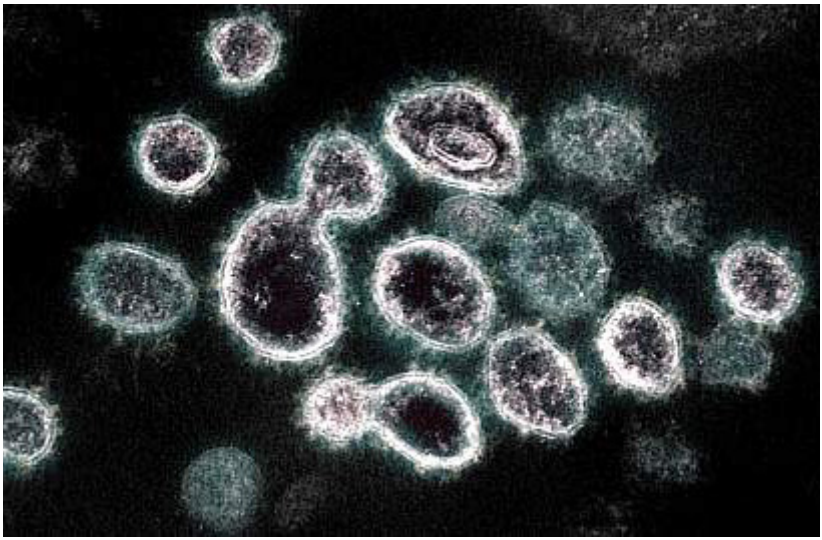
Viruses have been examined, not only under the microscopes of virologists, but also by philosophers. Some tantalising questions such as what viruses are, have been raised about these small germs. In general, they are so called due to negative definitions; they lack, for example, metabolism or autonomous replication, and they are not filtered out by a Chamberland-Pasteur filter. The questions do not end there, and seem to be more than the answers: Are viruses organisms, and are they alive? Where do giant viruses (discovered only in 2003, and larger than small bacteria) fit in? (Pradeu *et al.* 2016). The issue warrants further examination than what the scope of this paper allows.

Coronaviruses are a large family of viruses that mostly cause respiratory illness. There are thousands of coronaviruses. They usually circulate among animals such as pigs, camels, bats, and cats. But sometimes these viruses can make the jump to human beings and cause disease.

Seven coronaviruses are known to sicken people. Four of these cause only mild to moderate disease. Three coronaviruses have emerged over the past 20 years that can cause serious illness or death.

The first caused the outbreak of Severe Acute Respiratory Syndrome (SARS) in November 2002. The virus (SARS-CoV) was contained, and no cases have been reported since 2004. Middle East Respiratory Syndrome (MERS) was identified in September 2012. There are still small outbreaks of this coronavirus (MERS-CoV) nowadays. SARS has an estimated fatality rate of 9% and MERS, 36% (National Institutes of Health 2020).

COVID-19 (the disease), caused by SARS-CoV-2 (the virus) is an acronym, denoting coronavirus disease, ensuing in 2019. It is caused by infection by a coronavirus, so named because of its appearance of having a “crown” around a sphere.



SARS-CoV-2, the virus that causes COVID-19, isolated from a patient in the USA. The spikes on the outer edge of the virus particles give coronaviruses their name, which means crown-like. *NIAID Rocky Mountain Laboratories* (National Institutes of Health 2020:n.p.).

It is a zoonosis, an infection transmitted between animals and human beings. Its origins have been traced to the city of Wuhan in China (Naizhuo *et al*. 2020:1). The disease started in a "wet market", where live animals and unprocessed meat of domestic and wild animals are sold. It spread, possibly from a bat, to the first human being. Conspiracy theories about biological warfare by China abound, but up to now, no evidence has been forthcoming. There is no pre-existing immunity whatsoever in human beings.

COVID-19 is spread via droplet transmission and live viruses on hands, surfaces, and door handles. For reasons yet unknown, it is variably contagious, but conventional advice is to view it as highly contagious. COVID-19 causes respiratory and flu-like symptoms. Mortality is dependent on many factors such as age, immune status, and general health. In general, it could be as high as 2.7 per cent. There is wide variability in the mortality rate according to geographic spread, for reasons still being investigated (Banerjee *et al.* 2020:1717-1722). The disease behaviour exhibits many contradictions. It initially spread rapidly in first-world countries such as Italy and Spain, slower in nearby Germany, and even slower in Sweden, despite the virus' reported propensity for lower temperatures. Predictions of logarithmic growth in densely

populated indigent areas such as informal settlements in South Africa have thus far not materialised.

The diagnosis is made with a throat swab, on which polymerase chain reaction (PCR) tests are done. It has an incubation period of approximately one week. Initially, it is not contagious, and probably only when symptoms start, although even this, as with so many other aspects of the disease, is still uncertain. Between 50 and 80 per cent of infections may be asymptomatic. The duration of the illness is roughly two weeks and, as stated earlier, the vast majority of patients make an uncomplicated recovery. Symptoms vary from light to severe, with advanced cases necessitating intubation and ventilation. By then, the prognosis is guarded, with mortality rates in ventilated patients higher than in non-intubated patients.

COVID-19 is a pandemic defined as an epidemic that has spread over a large geographical area, namely multiple continents, versus an epidemic that is a widespread occurrence of an infectious disease in a particular community in a particular time. The pandemic spread within weeks from China to new hotspots such as Italy, Spain, and later the USA, particularly densely populated areas such as New York.

> As I'm writing here, the numbers of positive Covid 19-cases and deaths worldwide were still escalating. As a matter of fact, on September 29 2020, there were 33 602 729 cases of Covid-19 infection, 1 007 367 deaths, and importantly, 24 910 233 recoveries (Worldometer 2020).

3. WHAT I SAW THROUGH MY MICROSCOPE (MY WORLD IN CLOSE PROXIMITY)

In my practice, a new burden of responsibility was suddenly placed on the reception staff – they had to do telephonic triage to determine whether a patient's problem is urgent or emergency. This sounds simple, but in Ophthalmology, the initial history obtained from a patient often does not accurately reflect the urgency of the problem.[1] These staff members are not primarily medically trained, and the new responsibility that disrupted their usual scope of practice seemed almost unfair.

This manifestation of different fruits produced by different trees became more evident in practice and hospital staff. Some took initiative, and worked creatively on rescheduling appointments, communication with patients,

1 For example, an irritated, red eye could be extremely bothersome, but only due to an innocuous inflamed pterygium, a benign growth. But a few floaters could be the harbinger of a retinal detachment, which is certainly serious.

designing duty rotas, and so on. These people assisted, without being asked to, in designing protocols for patient safety and management during the pandemic. Others became reticent, anxious, and seemed to be paralysed. If one had been asked beforehand to predict who would shape up and who would fold, predictions would have been hopelessly wrong. Staff in consulting rooms, in the hospital, and colleagues managed their uncertainty by becoming hungry for information, security, dependable views on the future, and were prepared to cling to whatever sounded like solid views.

Patients' behaviour changed. I became aware of dichotomy, the deepening of dormant extremes caused by the pandemic, a theme that would surface repeatedly on different levels. Some were deeply appreciative and thankful. Others exhibited signs of severe anxiety, which manifested as aggression. These patients became demanding and manipulative, in order to get attention to non-urgent problems. Bonnhoefer (1979) had experienced the same while interned in Tegel during the Second World War. Some of his fellow prisoners exhibited unexpected charity regarding sharing of food and gifts, while others became uncontrollably anxious and irrational.

My own behaviour changed. There were obvious practical measures. We implemented physical distancing for staff and patients.[2] My staff and I started wearing face masks routinely, which certainly hampered communication. The repeated washing of hands became an irritating habit. One of our technicians fashioned a screen from rigid plastic for my slit-lamp microscope, to protect myself from patients, and vice versa.

There were financial challenges. The private eye hospital, in which I worked, had significant running costs, of which salaries was the biggest chunk, and precious little turnover.

The more important changes in me were psychological. I became uncertain about my own short- and medium-term future regarding my practice during lockdown, and particularly the financial implications of having salaries and other overhead costs to pay. I experienced anger at politicians, staff, patients, but for some reason, perhaps the suspicions that the unpredictable spread of this virus was manipulated by human beings, not at God. Fear surfaced regularly for my physical health, that of my family (we have two children who are frontline junior doctors), and for my financial well-being.

Paradoxically, I received an unexpected time of rest and reflection during the lockdown. The sudden and unexpected rest from exhausting constant face-to-face proximity in my practice, 20-30 times a day, was a refreshing relief. It was good to have a respite from constantly taking responsibility for

2 For some obscure reason, this is called 'social distancing' in the media.

people's (eye) problems. A perpetually rushed lifestyle ground to almost a halt (and a new, pleasant routine of sleep, quiet time, housework, hobbies with no deadline, and communion with family was quickly established). The freedom from the physical and mental stress of multiple surgical procedures, which I had to manage regularly, seemed like a perfectly timed gift from above.

Thanks to more time to reflect, the opportunity arose to ponder on the meaning of my own life as a "wounded healer" (Nouwen 1994). Qohelet did this much more methodically thousands of years ago, as meticulously described by the jurist and lay theologian Jacques Ellul, in his study of Ecclesiastes, *Reason for being* (1990). Layers of sham values were peeled away: success, financial security, academic and professional acumen, social standing, and even wisdom, which I had previously erroneously viewed as my fallback ace up the sleeve. Ecclesiastes' intellectually challenging, cryptic conclusion became more digestible. Whatever the question is, the answer is God. And, of course, the ubiquitous question about the reason for suffering reared its sceptic head. Possibly due to my constant exposure to suffering in my professional capacity, over the years I had read everything I could lay my hands on dealing with this question. Dissection of the question, described by Lewis in clinical, academic style in *The problem of pain* (2002), and painfully personally in *A grief observed* (1961), in which Lewis relates his experience of his wife, Joy Davidman's cancer diagnosis and subsequent death, came to mind. I recalled that I could never really make sense of Kreeft's *Making sense of suffering* (1986), but I started making peace with my incomplete understanding, and tried to simply accept that Qohelet was right with his assertion that, irrational as it may sound, God is the answer.

However, the complete disruption of society and the resulting uncertainty also made me see different things – close to home; through the lens of my microscope.

Bonhoeffer wrote about disruption and how he managed it during his incarceration, as mentioned earlier. His letters from prison were published posthumously by his brother-in-law, Eberhard Bethge, in *Letters and papers from prison* (Bonhoeffer 1979). Bonhoeffer focused on particularly three things. First, practical work – he wrote large parts of his treatise on Ethics in Tegel. Secondly, beauty around him, for example, the music of Bach, much of which he had memorised, gifts such as baked treats received from his family, and books. In a letter to Bethge, Bonhoeffer (1979:133) wrote:

> Every week I get from you the most marvellous things to eat … I wish I could play the G-minor sonata with you and sing some Schutz …

Thirdly, supporting those around him, even his captors, whose respect he earned in the process.

In order to survive, I needed to live, like Bonhoeffer, mindfully in the here and now. To me, this presented opportunities to enjoy things I never before had the time to do: the warm, oblique rays of sunlight on a Free State morning (ordinarily, I would have been slogging away, looking through my microscope in a dark room), clearing up the filing system on my desk, and the luxury of a garden and ample space. My own eyes turned momentarily away from a microscope to see rain, wind, plants, water, and ironically, to notice health. The "theory" regarding how to live with uncertainty, encountered in the writings of Bonhoeffer, had in my world propelled me to "action".

In Alexandr Solzhenitsyn's *Cancer ward* (1968), set in 1955 in the Soviet Union, the chief character, Oleg Kostoglotov, is diagnosed with cancer. He had just been released from prison where he had spent time as a dissenter (much like the author). But he sojourns through life with eyes wide open and, despite his uncertain future, he acutely sees fresh snow, trees, and the tragi-comic relationships of people around him.

Talking of which, the lockdown forced a renewed focus on relationships with my spouse and family in close proximity. (This had mostly, but not always, good outcomes!) The lockdown presented the opportunity to engage in long-neglected hobbies. I did woodwork, read books and (unwillingly) did house chores. One of the latter was spring-cleaning our house, which turned out to be most gratifying. During the lockdown, new mechanisms were utilised to maintain our family relationships and fellowship of believers.

The fourth industrial revolution had created mechanisms to enhance social interaction. In *21 Lessons for the 21st century*, Harari (2018) predicts, among others, three things: Progress in IT and artificial intelligence,[3] advances in biotechnology, and human genetic manipulation/engineering. The first of these three predictions had kicked in, and we reaped the benefits.

My family had long audiovisual gatherings using Zoom software, and even had "House Parties" (an app available for cellular phones). In our congregation, telecoms and social media enabled virtual communal worship. From across the country, pre-recorded YouTube sermons abounded. A paradox surfaced: physical distancing led to enhanced social interaction. In the broader church, online church services and audiovisual messages from spiritual leaders became the norm. After some debate, my own congregation even held online Holy Communion, with worshippers participating at home.

Let me turn to the telescope, the broader picture.

3 Artificial intelligence (AI), and for the foreseeable future, AI-augmented human function; Harari predicts that the making of complex decisions will rest progressively more on algorithms.

4. OBSERVATIONS THROUGH THE TELESCOPE (SOUTH AFRICA AND THE WORLD)

We were overwhelmed by virtually unlimited information and social media.

Exponentially increased traffic was recorded on digital platforms Facebook, Twitter, and WhatsApp, and service providers noted increased data utilisation. This obviously enabled contact with loved ones and family across the globe. It also granted access to more data on the pandemic, including factual information and opinions, than what the average human being could process. Unequal access to data created another dichotomy, as the digital divide accentuated the chasm between people enjoying the benefits of telecommunication and those with no access to the technology. The lockdown greatly affected students and learners, and the education sector responded quickly with online lectures, tutorials and virtual group tasks. New technologies were embraced and lecturers met their students and colleagues routinely with Zoom, Skype and FaceTime, all of which enable real-time audiovisual communication.

Another paradox emerged: The deluge of information also had negative effects. All people with access to digital communication also had ample access to what might be fake news and endless polemic debates, including:

- BCG immunisation (Bacille Calmette Guerin, used routinely in South Africa for immunisation against tuberculosis) as possible protective factor against COVID-19 (Medicalbrief 2020).
- Should masks be worn or not, and by whom?
- Should gloves be worn, by whom, and under what circumstances? Does wearing gloves provide a false sense of safety, because hands are not disinfected as often as when gloves are not worn?
- Questions regarding re-infection with coronavirus.
- Cytokine storm, which happened in some patients at around day 8 to 10 of the disease, and strategies to prevent and treat this. A cytokine storm is an exaggerated immune reaction of the body against infection where inflammatory mediators are released into the blood stream and not only combat the coronavirus, but also inappropriately “attack” the body of the infected person.
- The role of chloroquine as oral prophylaxis or treatment for COVID-19.
- The use of anticoagulants, steroids (dexamethasone) and antibiotics in the treatment of COVID-19.
- Different strategies in an attempt to flatten the curve of the incidence of infections.

- Value of isolation versus development of herd immunity against coronavirus (Randolph & Barreiro 2020).
- Biological warfare gone wrong as cause of pandemic.
- The role of fact-checking websites.

Harari writes about society's bombardment with more data than it can process. He implies that the result of being inundated with overwhelming, contrasting, and variably dependable information cannot but cause uncertainty. COVID-19 has painfully elucidated our uncertainty in the face of a torrent of information.

> If you feel overwhelmed and confused by the global predicament, you are on the right track. Global processes have become too complicated for any single person to understand. How then can you know the truth about the world and avoid falling victim to propaganda and misinformation? (Harari 2018:215).

Miscellaneous effects were observed, and I would like to mention the following. A refreshing respect for healthcare workers emerged, and this enhanced the public image of doctors, nurses, and expert epidemiologists. Perspectives shifted, and the public began to view healthcare workers differently. The medical profession enjoyed a more positive profile in media, after years of sensationalist reporting mostly about malfunctioning hospitals, medical malpractice, and overcharging of fees. Stereotypical images were suddenly transformed, illustrated by the language used during the pandemic: the tag of "essential worker" was attached to healthcare workers, and became a title of honour. The controversial artist, Banksy, produced an uncharacteristic work, paying tribute to nurses. Banksy can be regarded as an outlaw, a vandal, an activist, a provocateur, and a revolutionary. The medium for which he is best known is grafitti (Ellsworth-Jones 2020). In the work, stereotyped views of heroes are discarded and, instead, a fresh way of looking at people fighting the pandemic is portrayed. It was displayed at the NHS hospital in Southampton, UK.[4]

4 "The largely monochrome painting, which is one square metre, was hung, in collaboration with the hospital's managers, in a foyer near the emergency department. It shows a young boy kneeling by a wastepaper basket dressed in dungarees and a T-shirt. He has discarded his Spiderman and Batman model figures in favour of a new favourite action hero – an NHS nurse. The nurse's arm is outstretched and pointing forward in the fashion of Superman on a mission. She is wearing a face mask, a nurse's cape, and an apron with the Red Cross emblem (the only element of colour in the picture). The artist left a note for hospital workers, which read: 'Thanks for all you're doing. I hope this brightens the place up a bit, even if it's only black and white'" (Gomperetz 2020:1).

People reacted to the disaster with humour. There was an abundance of cartoons, video clips, particularly of amusing activities during lockdown, and songs by comedians about the disease and the lockdown.

The planet suddenly enjoyed an ecological breather: less economic activity led to reduced emissions and a greatly reduced carbon footprint. Photographs demonstrating the lifting of smog in big cities such as Los Angeles and Shangai, and the clearing of pollution in the canals of Venice featured in social media.

Massive altruistic drives to feed the hungry started. Three wealthy families, the Ruperts, Oppenheimers and Matsepes each donated a billion Rands to the Solidarity Fund started by the President. On a smaller scale, multiple projects such as those of Towers of Hope in Bloemfontein were launched. Different Christian denominations started social upliftment projects such as soup kitchens and other feeding schemes. After restrictions had been downgraded to Level 4 on 1 May, the government began a process of centralising the distribution of aid and refusing civil society and NGOs the right to distribute food parcels.

Emergency units in hospitals reported a dramatic drop in cases of violent assault, possibly due to a ban on alcohol during lockdown.

Conversely (paradoxically), there was a dramatic increase in gender-based domestic violence (Gould 2020:n.p.).

An economic tsunami hit the world. Small, micro and medium enterprises (SMMEs) suddenly had no income, and only expenses. Bigger companies with significant reserves could survive, but even big multinationals with large debt burdens would probably flounder in the medium term. This led to a greatly and rapidly reduced tax income for the fiscus of the vast majority of countries, causing a ripple effect that will affect every person on the planet. South Africa was in technical recession even before the pandemic, the JSE was performing poorly, the Rand was in decline, and joblessness on the rise.

There was an accentuation of inequalities (dichotomies) in society: rich people with ample resources lived behind high walls and electric fences, while homeless, hungry people tried to survive in close proximity. This inequality erupted in aggression from probably indigent groups against schools, of all places. In South Africa, over 1,500 schools had been vandalised by 19 May 2020 (Mvumvu 2020:n.p.).

Xenophobia again appeared against foreigners, women (see point 3), and minority groups. On 8 April, the mayor of a Free State town, Welkom, Mr Nkosinjani Speelman, was placed on paid leave after a racist rant against Coloured people (Radebe 2020:n.p.).

South African society was effectively placed under the control of the South African Police Service and the South African National Defence Force. These two structures have differing approaches to the maintenance of law and order during the lockdown. Incidents of aggression by police and soldiers were reported. In the township of Alexandra in Gauteng, soldiers were alleged to have killed a member of the public, Collins Khosa, unlawfully (Mohamed 2020:n.p.). Complaints about a police state abounded in the media.

After observing through the microscope close by and the telescope further along, where do we move from here? What did we learn?

5. A PERSONAL REFLECTION

I need to state a proviso at this stage. Everything we know about COVID-19, and what we predict about the future, is provisional. The telescope is no crystal ball.

The COVID-19 story will be far from over come end of June 2020, but the world will be irrevocably changed. We will function in a totally new paradigm, truly “postfoundational”. Van Huyssteen (2006) uses this term in a theological sense. The interface between science and faith, applied particularly to the COVID-19 crisis, offers an even wider application of the term. Not only are scientific facts influencing our understanding of God and our faith, but during

a crisis such as COVID-19, the very foundation of both science and faith are challenged.

Ironically, (paradoxically) there will probably be no herd immunity, due to physical distancing and other measures (Randoph & Barreiro 2020). There might even be only weak personal immunity and the possibility of re-infection looms. In the Spanish flu pandemic in 1918, there were three significant waves of infection, in May, October, and November of the same year. It is likely that the H1N1 virus, which was the culprit, was also a zoonosis, with an avian origin. Healthcare systems will have to change. Preventative medicine and community health will probably cease to be the forgotten stepchildren of specialities and gain deserved prominence. Paradoxically, there might be progression (or regression, depending on one's perspective) from treatment to prevention! Equitable funding systems that distribute resources more evenly will have to be developed without removing the incentives for excellence in service from healthcare providers. Closer cooperation between public and private sectors (PPPs, or Private Public Partnerships) should facilitate this sharing of resources.

The world economy will be in tatters. Many entrepreneurs will have their businesses liquidated, creditors will suffer, and the GDP of the vast majority of countries will decline. The dichotomy of the deep chasm between haves and have nots will remain and become even larger. Greed will rear its head again, and altruistic sentiment will fade away quickly. In his book, *Shantung Compound*, Gilkey writes about his time spent in a Japanese civilian internment camp in northern China during the Second World War. He had grown up in a liberal society in the USA, where the concept of original sin was politely and condescendingly frowned upon. In the concentration camp, he realised that, when faced with adversity, people mostly regress to care only for themselves, and he began to understand original sin as a result of the Fall. "For even saintly folk will act like sinners, unless they have their customary dinners" (Brecht, *The Threepenny Opera*, quoted by Gilkey 1966:n.p.). Gilkey (2020:x, 4) added:

> All men – each in his own way – need the forgiving grace of God if they would be whole. This is an essential note of the Christian gospel, and it has certainly been the continual lesson of my own life.

Some politicians would have grown in stature, and some would have shrunken.

It is hoped that racial divides in South Africa will be less distinct, with more understanding and tolerance than previously was the case.

Miroslav Volf is an ethnic Croat, who had a harrowing personal experience of a civil war, in which Croats and Serbs confronted each other. In his *Exclusion and embrace* (2019), he explores the concept that we have more in common with the "other" than we care to admit. He elegantly describes progression: from differentiation to exclusion, and even further, to judgement. Volf (2019:62) then states:

> a judgement that names exclusion as an evil and differentiation as a positive good, then, is itself not an act of exclusion.

This echoes the concept of a "rainbow nation" in South Africa, popularised by Archbishop Desmond Tutu, and creates a foundation upon which co-existence of people from varied backgrounds can be built.

Christian churches might have discovered the importance and value of fellowship and social involvement (i.e. a turn inwards, and a turn outwards). I would like to believe that the church will struggle through the trauma, experience grief, and find new hope, as described by Brueggemann in a post-9/11 USA. Brueggemann (2020:164) does warn, however, of the chasm between state and church:

> Thus, the prophetic tasks of realism, grief, and hope are not odd interpretations or incidental add-ons to the life of the church. These acts of realism, grief, and hope are everywhere present in the life, the talk and walk of the church. What the church does not do so well, I think, is to join issue in named ways with the narrative of death that is performed by the empire. We continue to imagine, much of the time, that somehow the narrative of neighbourliness (realism, grief, hope) and narrative of empire (ideology, denial, despair) can be at peace with each other.

Let me, in conclusion then, return to my professional world – ophthalmology – and the metaphor of vision and seeing. The gift of vision is used often in the Gospels, and particularly by colleague Luke. He uses vision metaphorically when describing the progression from blindness to being able to see, and then to believing:

> when Luke presents Jesus either as enabler or as object of physical seeing, he does so in a way that symbolises the deeper seeing which is the faith that perceives Jesus' true identity and acts upon it (Hamm 1986:458).

Physical vision is one way of perceiving reality (importantly, not the only way), which raises questions about the nature of reality.

In *Surprised by the man on the borrowed donkey* (2014), Ackermann relates that she had been diagnosed with an eye condition, macular degeneration.

This condition causes gradual and, in some cases, sudden loss of central vision. Macular degeneration makes it difficult for her to read, previously her most effective microscope/telescope. Despite this loss to her, she carries on reading with an iPad, and prepares for when friends will read to her.

> Perhaps, when my sight goes, I may just 'see' differently and that 'seeing' will be something more than what the eye can tell me … I am slowly learning that seeing can make place for a new way of listening, that hearing the inner movements of the Spirit is a different way of 'seeing' and a new-found blessing (Ackermann 2014:179).

The paradox features strongly in the work of Ackermann. She assisted in making sense of all the paradoxes I had noticed through my microscope and telescope. Our perception of truth is determined by our perspective, and often the same person has paradoxical perspectives on the same object: "How is contradiction different to paradox?" According to the *New Shorter Oxford Dictionary*, a contradiction is "a statement containing elements logically at variance with one another". Paradox, however, is "a statement that seems self-contradictory or absurd but in reality expresses a possible truth". Paradox promises that apparent opposites can come together in our lives and that we can replace either/or thinking with something that is closer to both/and. I now know that contradiction and paradox are part of human nature and of our circumstances.

> It is, therefore, important to be aware that holding the tensions of opposites (either/or) in our lives can open doors to a new acceptance of things the way they are (both/and) (Ackermann 2014:55).

During the COVID-crisis, our ability to "read" is impaired, but it would be good to practise listening, inwardly, to ourselves, to others, and to nature, which is being abused by mankind's unbridled greed. This is a fitting metaphor for progression from first seeing (pre-COVID), to not seeing (COVID-19), and finally to seeing (post-COVID, but also per-COVID!), but seeing differently.

So, did I manage to make sense of the disruption and uncertainty? Not really, but I am in the process of learning to view the situation differently. I am also making peace with the effects of the pandemic. In months and probably years to come, physical distancing, frequent washing of hands, wearing of masks and other measures will be part of my life.

Did an interdisciplinary crosswalk aid in my finding enhanced visual acuity? Absolutely.

In *Alone in the world?*, Van Huyssteen (2006:5) writes:

> In the light of the rather complex history of the theology and science dialogue, these questions ultimately focus on the very last issue: Would it be possible to identify, between radically diverse disciplines, something like a common issue, a shared problem, a kind of mutual concern, or even a shared, overlapping research trajectory that might benefit precisely from interdisciplinary dialogue? ... I rejected the idea that the domain of religious faith and the domain of scientific thought are in any sense exemplified by rival or opposing notions of rationality. I also argued that different, and seemingly incompatible, reasoning strategies actually share in the resources of human rationality.

I am in the process of learning that science does not have all the answers, and that, paradoxically, to live step-by-step and day-by-day in faith is the only rational way to carry on.

In his first letter to those congregations caught up in confusion like "strangers scattered throughout the world", Peter (1 Pet 1:24) reminds them:

> All men are like grass, and their glory is like the flowers of the field; the grass withers and the flowers fall, but the Word of the Lord stands forever.

Paul, the probable author of 2 Corinthians (2 Cor 5:1-10), calls our existence "living in a tent", to poignantly illustrate its temporary nature. COVID-19 has brought this painfully, but also liberatingly into focus.

This image of a tent enables me to view my own existence differently. It looks back to the tabernacle as forerunner to a temple of bricks and mortar, implicating that "preliminary" is probably a better description of my life on earth than "temporary". We are on our way, without a long range road map, but journeying towards a destination. And is this not the essence of faith? In the hall of fame of the faithful in the letter to the Hebrews (11:39), the author describes certainty, despite the invisibility of the ultimate goal. In fact, these heroes of faith did not even receive what was promised to them.

It is difficult. We cannot see the destination clearly, and crises such as COVID-19 force us to continue "believing without seeing".

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